

**FORENSIC PSYCHO-SOCIAL ASSESSMENT
INFORMATION TRACKING FORM**

Confidential-social worker attorney work product

FORENSIC PSYCHOSOCIAL ASSESSMENT

DATE: _____

PRELIMINARY INFORMATION:

1. **Date of Birth** : _____
2. **Place of Birth** : _____
3. **Social Security Number:** _____
4. **Race/Gender:** _____
5. **Date of Offense:** _____
6. **Date of Conviction:** _____
7. **Prison Number:** _____
8. **Client's Name:** _____

FAMILY INFORMATION

9. **Mother:** _____ **DOB:** _____

Address: _____

Phone:(H) _____ (W) _____

Occupation: _____

10. **Father:** _____

Address: _____

Phone:(H) _____ (W) _____

Occupation: _____

BIRTH, GROWTH, AND DEVELOPMENT

11. Any know complications with pregnancy (e.g. Bleeding, toxemia, maternal illness or disease, use of drugs while pregnant, physical violence, etc.):

12. Any complications at birth (e.g. full term or premature, respiratory difficulties, Jaundice, know defects, fever, APGAR score, etc.):

13. Any perceived difficulty in achieving early developmental tasks (e.g. smiling, rolling over, crawling, crawling, pulling to stand, walk, etc.):

CHILDHOOD ENVIRONMENTAL FACTORS:

14. List the client's family members in the same household from the time of his/her birth to the time he/she left the household:

15. Described the physical conditions in which the family lived, including any changes in Conditions, over this period of time:

16. With reference to items above, how did the conditions compare to the conditions Under which neighbors and /or nearby relatives lived:

17. List previous addresses from time of birth to adulthood:

Address:	Years lived there
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18. Describe fully the relationship between the client and his / her parents or parental Figures with reference to:

A) emotional support and nurturing, expressed and felt love:

B) praise for positive accomplishments or behavior:

C) Discipline (techniques, whether use seemed excessive or appropriate to the “offense,” Whether administered fairly between siblings):

19. Describe in detail any incidents of abuse / neglect between the client and his / her
Parents or parental figures with reference to:

A) Neglect (were parents unable or unwilling to provide basic food, clothing, and shelter
-
evictions, homelessness, utilities turned off, no food in house):

B) Physical abuse (did parents inflict harm or pain through beating, burning, cutting,
Whipping, etc. in a manner which was not associated with culturally appropriate
Discipline-include patters of behavior as well as specific events:

C) Sexual abuse (did parents do harassment, specific acts, or aberrant sexual modeling):

D) Were allegations of abuse or neglect ever made against the client's parents or parental figures?

20. Describe fully the relationships between the client and his siblings, with particular attention to the manipulation of parental authority to the benefit or detriment of other siblings, infliction of physical harm, and sexual relations (voluntary or coerced):

21. Describe the client's relationships (in general), while in the household in which he grew up, with

A) non-parent adults:

B) age-group peers:

C) older children:

D) younger children:

22. Indicate any close relatives who have died, including approximate date of death:

Name:	Relationship	Date/Cause of Death
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. List any family members who have ever been diagnosed or treated for any Neurological (seizures & epilepsy), psychological, mental, or emotional problems:

24. List any family members ever suspected (although not diagnosed) of suffering from The above problems:

25. List any family members having suspected of having an alcohol or substance abuse Problem and treatment, if any:

26. List any family members who have criminal records, their crimes, and periods of Incarceration:

EDUCATIONAL HISTORY

27. List all the schools the client attended:

School:	Address	Years

28. Did client progress from one grade to the next without being held back (if not, Explain):

29. Did client demonstrate unusual academic, vocational, or avocational strengths:

30. Did client demonstrate unusual academic, vocational, or avocational weaknesses:

31. Was the client tested and / or placed in a learning disability class:

32. Did the client demonstrate any behavioral difficulties in school:

33. Were parents consulted on any regular basis concerning the client's performance or Behavior:

34. Did the client participate in any extracurricular activities or receive any special recognition and / or awards:

35. Describe relationship between the client and his or her peers in school:

36. Describe relationship between the client and his / her teachers / coaches:

37. List teachers/coaches who might be helpful:

Name:

Address:

38.

39. Describe current education plans of client, if any:

ADULT RESIDENTIAL HISTORY:

40. List all residences (non-incarceration) since leaving childhood home:

Address:

Years:

41. List neighbors who might be helpful:

Name:

Address:

42. If the client moved around a lot during his or her adult life, explain:

EMPLOYMENT HISTORY:

43. List client's employment history:

Employer	Address	Years

44. If client sustained lengthy periods of underemployment or unemployment, explain Why:

45. Were any of client's job duties particularly dangerous or stressful:

46. Was client exposed to harmful chemicals on the job:

47. Was client ever involved in workman's compensation litigation?

48. Describe client's relationship with supervisors:

49. Describe client's relationship with co-workers:

50. List co-workers, supervisors, and employers who might be helpful:

Name:

Address:

51. Prior to his or her arrest, did the client have any avocational pursuits:

MILITARY HISTORY:

52. If client has been in the service, indicate branch, time of service, ID number, highest Rank, and type of discharge:

53. Describe client's experience in the military:

54: If client saw action, did he or she participate in killing or observe death:

55. Indicate any medical or psychological treatment received from the government
Listing diagnosis, physician, and location:

56. Was client receiving VA benefits:

57. Did client attempt to enter military and was denied entry:

SOCIAL/MARITAL RELATIONSHIPS:

58. How old was client when he or she:

A) Started dating: _____

B) Became sexually active: _____

59. List all marriages beginning with the most recent:

Name of Spouse	Years Married	No. Children	Reason Marriage Ended
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60. List any long-term relationships:

61. List current spouse:

A) Name: _____

B) Age: _____

C) Education: _____

D) Occupation: _____

E) Does current spouse have any diagnosed or suspected mental health problems:

F) Does current spouse use alcohol or drugs:

G) Does current spouse have a criminal record:

H) Have client and spouse ever been violent toward one another:

I) Have client and spouse ever been separated:

62. List all children (and stepchildren, if raised by client):

Name Of Child	Age	Address

a) Do any of the children have any physical or mental health problems:

b) Do any of the children have any arrest or a juvenile record:

c) What discipline techniques do client and spouse employ:

d) How does the client perceive self as a parent?

63. List all who live in the household or nearby that have a significant role in the family:

PHYSICAL HEALTH HISTORY:

64. Describe history of client's health in general and nature of any illnesses:

65. List all injuries which required hospitalization of outpatient treatments:

Hospital/Doctor	Date:	Description:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

66. List all surgical operations:

Hospital/Doctor:	Date:	Description:
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

67. Did the client ever experience:

a) rare diseases and episodes of high fever

b) any history of seizure:

c) any history of blackouts (alcohol and non-alcohol related):

d) any history of dizziness:

e) any history of sexually transmitted disease:

68. Does client have any physical disabilities:

69. Describe in as much detail as possible any head trauma suffered by the client, including severe blows to the head (any part, including nose) and occasions of loss of consciousness:

70. Has the client taken any medication on a long term basis prior to incarceration:

71. Is client currently on medication?

72. Is client receiving any regular medication while incarcerated?

MENTAL HEALTH HISTORY:

73. Has the client suffered mental illness or a disorder which has been:

a) Recognized by others (describe):

b) Evaluated by mental health professionals (describe):

c) Treated (describe):

74. List all hospitalizations for mental illness:

Hospital/doctor	Address	Year	Diagnosis

75. List all outpatient contacts for mental illness:

Clinic/Doctor	Address	Year	Diagnosis

76. Has the client ever been committed (voluntarily or involuntarily) to a mental health facility? If so, describe the circumstances, if not but commitment was considered or Proceedings were instituted, describe the circumstances.

77. Has the client experienced extremely stressful situations or events that may have Affected mental or emotional stability:

78. Has the client experienced any of the following (if so explain when, how often, and Describe the experiences):

a) Hallucinations (auditory, visual, or both)

b) Déjà vu or the opposite

c) Macropsia or Micropsia (seeing objects become larger or smaller):

d) Tics or repetitive “nervous movements”:

e) Feelings of persecution and/or victimization:

f) Feelings about self or others that clearly have no basis in reality (e.g., delusions that are grandiose or paranoid)

79. Has the client ever applied for or received disability for mental illness:

80. Name and dosage of all psychotropic medications taken in the past and currently:

81. Is the client currently seeing a psychologist or counselor in the corrections facility:

82. Has the client had a court ordered evaluation in the past:

Name of Expert	Findings	Date

Alcohol and Drug Use History:

83. Does client use alcohol or drugs? (If so, describe age use began, type, amount, and extent of use:

84. Has the client ever suffered blackouts, D.T.'s or other adverse effects:

85. Has the client ever been treated for alcohol/drug abuse:

Doctor/facility	Address	Year

86. Did the client successfully complete treatment and how long did the client stay Alcohol/drug free:

87. Whether a substance abuser or not, was the client under the influence of alcohol or Drugs at the time of the offense, if so describe:

CRIMINAL HISTORY:

88. Was the client ever charged as a juvenile:

Charge	Date	Disposition

89. Get location of incidents (counties), names of victims, names of co-defendants, Placed of incarceration, etc.:

90. What was the character of the acts of circumstances underlying the charges (e.g., was Intoxication, drug use, or mental illness an issue, etc.):

91. Was the client placed on probation, if so name of probation officer, county of Probation, and did client successfully complete probation:

92. Was the client ever charged as an adult:

Charge	Date	Disposition

93. Get location of incidents (counties), names of victims, names of co-defendants, places of incarceration, etc.:

94. What was the character of the acts or circumstances underlying the charges (e.g., was intoxication, drug use, or mental illness an issue, etc.):

95. Was the client placed on probation/parole, if so name of probation/parole officer, county of probation/parole, and did client successfully complete probation/parole:

96. Does the client criminal record reflect a history of violent crime against others:

INCARCERATION HISTORY:

97. Has the client ever been incarcerated:

Facility	Location	Length of Time
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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98. Since the client's current arrest/incarceration:

a) How has the client spent his or her time:

b) Does the client have any serious health problems (describe):

c) Did the client receive any disciplinary punishment, if so what were the circumstances and the consequences:

99. Since the client's arrest/incarceration who are the people who have come to know Him or have maintained contact with him (including facility staff):

RELIGIOUS HISTORY:

100. Does the client have a religious preference:

101. Did the client attend church regularly prior to incarceration:

102. Has the client ever experienced any unusual religious experiences:

103. Is the client attending services while incarcerated:

104. Is the client a licensed or ordained minister:

105. List any church contacts pre or post incarceration that might be helpful:

Name	Address	Phone

HOBBIES AND INTERESTS:

106. List the client's areas of interest and talent (art, music, sports, etc.):

107. What did the client do for entertainment:

108. Did the client participate in ay clubs or civic activities:

109. As a child and an adult, has the client regularly participated in family recreation:

MISCELLANEOUS:

110. Describe the client relationship with other persons involved in the offense:

a) The Victim:

b) The Victim Family:

c) Accomplices (including criminal record of accomplices and status of any

Charges filed in connection to the offense:

111. Ask the client to describe himself or herself as completely as possible:

112. Additional information not previously covered:

INTERVIEWER'S OBSERVATIONS:

116. Describe the interviewer's impression of the client in the following areas:

a) Appearance (posture, grooming, facial expressions, etc.):

b) Behavior (mannerisms, gestures, hyperactivity, etc.)

c) Orientation to Time and Place:

d) Speech (emotional tone, stuttering, pressured, etc.):

e) Mood/Affect (anxious, angry, labile, depressed, etc.):

f) Thought Process (flight of ideas, word salad, obsessions, etc.):

g) Hallucinations (visual, auditory):

h) Delusions (content, thought control, organization, etc.):

i) Impulse Control (inability to control feelings, change in mood, etc.):

j) Judgment (social judgment of “right and wrong”):

k) Insight/Perception (understanding of incarceration, awareness of feelings):

l) Concentration / Attention Span:

m) Intelligence (general fund of knowledge, self-education, etc.):

n) Reliability/Memory: (accuracy, consistency, etc.)

o) Indication of alcohol/Substance Withdrawal (odor, symptoms, etc.):

p) Suicidal Ideation (threats, attempts, visions, etc.):

q) Attitude Toward Interviewer:

STATUTORY AGGRAVATING FACTORS:

	Yes	No	Maybe
117. Were these factors present in the client's offense:			
a) The murder was committed while in the commission of the following crimes or acts:			
1) Criminal sexual conduct in any degree:	___	___	___
2) Kidnapping:	___	___	___
3) Burglary in any degree:	___	___	___
4) Robbery in any degree:	___	___	___
5) Larceny with use of a deadly weapon:	___	___	___
6) Killing by poison:	___	___	___
7) Drug Trafficking:	___	___	___
8) Physical Torture:	___	___	___
b) The murder was committed by a person with a prior conviction for murder?	___	___	___
c) The offender by his act of murder knowingly created a great risk of death to more than one person in a public place:	___	___	___
d) The offender committed the murder for himself or another for the purpose of receiving money:	___	___	___
e) The murder of a judicial official or other officer or former officer of the court:	___	___	___
f) The offender caused or directed another to commit murder or committed murder as an agent of another:	___	___	___
g) The murder of a law enforcement officer:	___	___	___
h) The murder of a family member of an official with			

- | | | | |
|--|-----|-----|-----|
| the intent to impede or retaliate against the official: | ___ | ___ | ___ |
| i) Two or more persons murdered by one act or pursuant to one course of contact: | ___ | ___ | ___ |
| j) The murder of a child eleven years of age or under | ___ | ___ | ___ |

STATUTORY MITIGATING FACTORS:

- | 118. Were these factors present in the client's offense: | Yes | No | Maybe |
|---|-----|-----|-------|
| a) The defendant has no significant history of prior criminal convictions involving the use of violence: | ___ | ___ | ___ |
| b) The murder was committed while the defendant was under the influence of a mental/emotional disturbance: | ___ | ___ | ___ |
| c) The victim was a participant in the defendant's conduct or consented to the act: | ___ | ___ | ___ |
| d) The defendant was an accomplice in the murder committed by another person and his participation was relatively minor | ___ | ___ | ___ |
| e) The defendant acted under duress or domination or another person: | ___ | ___ | ___ |
| f) The capacity of defendant to appreciate the criminality of his conduct or to conform his conduct to the requirements of the law was substantially impaired | ___ | ___ | ___ |
| g) The age or mentality of the defendant at the time of the crime: | ___ | ___ | ___ |
| h) The defendant was provoked by the victim into committing the murder: | ___ | ___ | ___ |
| i) The defendant was below the age of eighteen at the | | | |

time of the crime: _____

NON-STATUTORY MITIGATING FACTORS:

119. Were these factors present in the clients offense:

	Yes	No	Maybe
Bad childhood/homelife/abused	_____	_____	_____
Past alcohol use:	_____	_____	_____
Past drug use:	_____	_____	_____
Good work record	_____	_____	_____
Good family person / children	_____	_____	_____
Religious activities	_____	_____	_____
Community service activities	_____	_____	_____
Military Service	_____	_____	_____
Past acts of good deeds/heroism	_____	_____	_____
Good character	_____	_____	_____
Medical problems	_____	_____	_____
Follower vs. Leader	_____	_____	_____
Bad peer influences	_____	_____	_____
Mentally retarded	_____	_____	_____
Emotional immaturity	_____	_____	_____
Diminished capacity/intellectual defects	_____	_____	_____
Impaired Judgment	_____	_____	_____
Head injuries/brain damage	_____	_____	_____
Amnesia	_____	_____	_____
Learning disabilities	_____	_____	_____
Successful completion of probation of Probation /parole	_____	_____	_____

Attempts to rehabilitate self	_____	_____	_____
Imperfect self-defense	_____	_____	_____
Co-defendants	_____	_____	_____
Character of victim	_____	_____	_____
Impulsive act	_____	_____	_____
Underlying stressful events	_____	_____	_____
Cooperation with police remorse	_____	_____	_____
Good prison record	_____	_____	_____
Character of victim	_____	_____	_____
Strength of State's case	_____	_____	_____
Open to rehabilitation	_____	_____	_____
Teacher character witness	_____	_____	_____
Minister character witness	_____	_____	_____

120. Were these factors present in the client's offense:

	Yes	No	Maybe
Prior violent criminal history	_____	_____	_____
Intended killing	_____	_____	_____
Plan / Premeditation	_____	_____	_____
Mutilation / looting of body	_____	_____	_____
Torture	_____	_____	_____
Especially atrocious, evil or cruel act	_____	_____	_____
Elimination of witness	_____	_____	_____
Act to avoid arrest / escape from custody	_____	_____	_____
Under sentence of imprisonment	_____	_____	_____
Resistance to police / flight	_____	_____	_____
Confession	_____	_____	_____
Likelihood of future criminal activity	_____	_____	_____

121. ANALYSIS OF AGGRAVATING AND MITIGATING FACTORS:

**APPENDIX I
COMPETENCY ASSESSMENT:**

1. **APPRECIATION OF CHARGES:** Assessment of the accuser’s understanding or literal knowledge of the charges against him, and to a lesser extent, the seriousness of the charges. It is important that the defendant understands that he is being accused of having committed the offense. Seriousness is important only insofar as it contributes to his indifferent cooperation.

UNACCEPTABLE QUESTIONALBE ACCEPTABLE NOTAPPLICABLE

2. **APPRECIATION OF RANGE AND NATURE OF POSSIBLE PENALTIES:** Assessment of the accuser’s concrete understanding and appreciation of the conditions and restrictions which could be imposed on him if found guilty, and their possible duration.

UNACCEPTABLE QUESTIONALBE ACCEPTABLE NOTAPPLICABLE

3. **UNDERSTANDING OF THE ADVERSARY OF THE LEGAL PROCESS:** Does the defendant understand that 1)his attorney is trying to assist him, 2) the State Attorney is trying to convict him, and 3) the judge and jury are impartial.

UNACCEPTABLE QUESTIONALBE ACCEPTABLE NOTAPPLICABLE

4. **CAPACITY TO DISCLOSE TO ATTORNEY PERTINENT FACTS SURROUNDING THE ALLEGED OFFENSE:** Assessment of the accused's Capacity to give a basically consistent, rational, and relevant account of his movements and mental state at the time of the alleged offense. Intelligence, memory, and the validity of claimed amnesia should be assessed. Disparity between what an accused is willing to share with a clinician versus what he will share with an attorney should be considered.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOTAPPLICABLE

5. **ABILITY TO RELATE TO ATTORNEY:** Assessment of the capacity of the Accused to communicate relevantly with his attorney. Assessment is based on accused's interpersonal communications with the interviewer. If defendant has interacted with this attorney, assess the defendant's attitude toward him.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOTAPPLICABLE

6. **ABILITY TO ASSIST ATTORNEY IN PLANNING DEFENSE:** Assessment of the degree to which the accused can understand, participate and cooperate with his counsel in planning a defense consistent with the reality of his circumstances.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOTAPPLICABLE

7. **CAPACITY TO REALISTICALLY CHALLENGE PROSECUTION WITNESSES:** Assessment of the accused's capacity to recognize distortions in prosecution testimony and to aid his attorney in the confrontation of other witnesses. Relevant factors include attentiveness and memory.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOTAPPLICABLE

8. **ABILITY TO MANIFEST APPROPRIATE COURTROOM BEHAVIOR:** Assessment of the defendant's current behavior and his probable behavior when placed under the stress of the courtroom proceedings. Evaluate his attitude and beliefs toward the legal process.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOTAPPLICABLE

9. **CAPACITY TO TESTIFY RELEVANTLY:** Assessment of the accused's ability to testify with coherence, relevance, and independence of judgment including both cognitive and affective factors which might influence his ability to communicate.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOTAPPLICABLE

10. **MOTIVATION TO HELP SELF IN LEGAL PROCESS:** Assessment of the Accused's motivation to appropriately utilize legal safeguards to adequately protect himself. Passivity or indifference do not justify low scores on the item although actively self-destructive manipulation of the legal pathology does.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOT APPLICABLE

11. **CAPACITY TO COPE WITH STRESS OF INCARCERATION PRIOR TO TRIAL:** Assessment of the stability of defendant's mental condition with regard to his ability to maintain adequate functioning for a reasonable duration while in the jail setting. The ability of the jail facility to cope with manipulative or malingered acting out behaviors must be taken into account.

UNACCEPTABLE QUESTIONABLE ACCEPTABLE NOT APPLICABLE

**APPENDIX II
CHECKLIST OF BEHAVIORAL AND PERSONALITY CHANGES
FOLLOWING SEVERE HEAD TRAUMA:**

- 1) Changes in sexual behavior:

- Lack of sexual interest and curiosity
- Absence of sexual dreams and fantasies
- Loss of libido
- Inability to experience orgasms
- Less frequent intercourse or masturbation
- Impotence
- Sexual preference conflict
- Sexual deviations (transvestism, transsexualism, voyeurism, exhibitionism, Fetishism, sadism, masochism, heterosexual, and homosexual pederasty, genital Self-mutilation)

- 2) Anger, irritability, aggression

- Intensified feelings of anger or irritability
- Humorless
- Moralistic sense of right and wrong
- Sanctimonious or self-righteous behavior
- May be clear motive for act of aggression
- Objectively minor provocative
- Usually no amnesia for the incident

___ May recall actions with much regret

3) Deepened emotions:

___ Emotional lability

___ Mood states (depression, elation, euphoria)

___ Fear related experiences (anxiety, panic attacks, phobias, paranoia)

4) Memory deficits:

___ Look especially for work-finding difficulty (person will describe the frustrating feeling of being unable to articulate the word he / she is looking for, leading to lots of “you knows” and “umm” expressions)

5) Intellectual:

___ Newly developed philosophical interest

___ Humorless sobriety

___ Sense of increased significance of the internal and external world

___ Interpersonal “viscosity” of clinging (inability to bring conversation to the appropriate end, insensitivity to temporal and spatial cues regulating social interactions)

___ Circumstances (style of speaking or writing characterized by the incorporation of multiple, often peripheral details and containing excessive clarifications, qualifications, and circumstances)

___ Religiosity

___ Hypergraphia (a tendency to excessive and impulsive writing)

6) Differential diagnostic checklist

___ Presence of apathy, lack of goal directedness

___ Poor judgment

___ Uninhibited and inappropriate social behavior

___ Whether anger subsides quickly or slowly

___ Difficulty in shifting thinking or reasoning from one pattern to another despite environmental signals to do so

___ Decreased in verbal fluency

___ Impaired ability to order things in proper time sequence

- ___ Easily distracted by irrelevant stimuli
- ___ Sexual disinhibition