DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
SOCIAL WORK PRETRIAL MINI-ASSESSMENT

Name: _____ SID #: _____

Clinician: _____ SSN #: _____

Incarceration Date: _____ Status (Pretrial, Sentenced): _____

Current Charge: _____ Most Serious Offense: _____

Presenting Problem:

Current Home Plan:

Military Service (Y/N):

Community Provider History:

Age:

Highest Level of Education:

Mental Health History:

Medication:

Next Steps:

Refer to other department (Y/N):

Accept for Social Work Services (Y/N):

_____ _____
Social Worker Date