

**RESTORATION JOB, INC.**  
...Helping Ex-Offenders Make a "Positive Transition to a New Life"  
©2010 All Rights Reserved

**EX-OFFENDER QUESTIONNAIRE**

*The purpose of this Questionnaire is to hear directly from the ex-offenders who have had a long-term jail or prison experience, so that we can find out what is needed in a transitional facility to help the ex-offender increase their self-esteem and look forward to a positive experience in re-entering society, so that their hopes for the future will be positive. It is our purpose to provide such a facility and help decrease the percentage of repeat offenders.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Cellular: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ What Facility? \_\_\_\_\_

What County: \_\_\_\_\_ Family or Support? \_\_\_\_\_

Charge(s) \_\_\_\_\_ Sentence/Term of Incarceration \_\_\_\_\_

Term of Incarceration: \_\_\_\_\_ Were You Guilty: \_\_\_\_\_ Yes \_\_\_\_\_ No

Age at Time of Incarceration: \_\_\_\_\_ Age At Time of Release: \_\_\_\_\_

How Many Times Incarcerated? \_\_\_\_\_

1. How do you feel you handled your incarceration? \_\_\_\_\_  
\_\_\_\_\_

2. How much notice did you get before being released from prison or jail?  
\_\_\_\_\_

3. Were you released to a half-way house or other transitional facility? \_\_\_\_\_  
If so, name of facility? \_\_\_\_\_

4. What services were you offered upon your release from prison or jail?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Were you offered employment upon your release or as a condition of your release. Please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Were you refused employment after your release? \_\_\_\_\_ If so, what was the reason given. \_\_\_\_\_  
\_\_\_\_\_

7. Do you have any special skills or training for work? \_\_\_\_\_ If so, list your special skills or training.
- 
- 
8. List five immediate things you feel that you needed that you did not receive when you were released from prison that would have made a difference and deter your returning to prison. If this does not apply to you, list five things that you did not receive from your transitional facility that would have been helpful to you.
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
9. In your opinion, what is the number one reason that ex-offenders return to jail or the prison system after being released?
- 
- 
- 
- 
10. In your opinion, how important is counseling and psychological services to an ex-offender returning to society?
- 
- 
- 
- 
11. What additional ex-offender service providers have you contacted since your release?
- 
- 
- 
- 
12. Did they assist you. Please explain.
- 
- 
- 
- 
13. What are your current and long-term goals.
- 
- 
- 
-

14. Additional Comments:

---

---

---

---

---

---