



**Shoplifting Assessment**  
**PeaceWay Counseling & Mediation Services**  
 2405 Bemiss Road  
 Valdosta, Ga 31602

**Section I: Current Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Telephone Number: cell \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Referral Source/Address: \_\_\_\_\_

Gender: Male      Female      Race: White      African-American      Asian  
Hispanic /Other

Marital Status:

Married      Separated      Divorced      Single      Widowed

**Section II: Presenting Problem**

What have you been accused of stealing in regard to the current charge?

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What is the total dollar value of what you have been accused of taking?

Total Value: about \_\_\_\_\_.

From whom have you been accused of taking these money/materials? (Name of person, company, institution, etc ...) \_\_\_\_\_

When (over what period of time) did the alleged activities take place?

\_\_\_\_\_

Have you ever been charged with theft before? Yes No If yes, explain:

\_\_\_\_\_

Describe in as much detail as you can the incident(s) that led to your coming for this assessment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe below what was happening in your life at about the time of the most recent offense(s).

\_\_\_\_\_

\_\_\_\_\_

For whom was the item (or money) intended? Your spouse/partner/ NA Your children Other person: \_\_\_\_\_

If the answer above is "other person(s)" what is the relationship of these persons to you?

\_\_\_\_\_

Did you think/know you were being observed while you carried out the offense?  
Yes ( ) No ( )

If the answer above is “yes” then in our own words, state why you went ahead with the act. What did you say to yourself in your head while you carried out the act?

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Would you say that you had experienced, or were anticipating experiencing shortly, any personally meaningful loss(es) at around the time of the offense?

Yes\_No If yes, explain: \_\_\_\_\_

If married or living with your partner, how would you describe the current state of your relationship with your significant other?

Excellent Very Good Fair Poor Very Poor NA

**Section III: Background**

**The following questions deal with your Parents, childhood, etc.**

Your father’s name: \_\_\_\_\_

Is your father still living? Yes No

How would you describe your relationship with your father?

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Your mother’s name: \_\_\_\_\_

Is your mother still living? Yes No

How would you describe your relationship with your mother?

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**The following questions deal with separations, losses:**

When you were a child, were you separated from either or both of your parents for any substantial period of time? Yes No If yes, please explain.

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**Further information about the offense**

What was your general feeling, or state of being about the time of the offense?

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Were you depressed just prior to the offense? Yes No If yes, please explain:

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Were you experiencing anger towards anyone in particular around the time of the theft? Yes No If yes, whom were you angry with?

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# *PeaceWay Counseling & Mediation Services, Inc.*

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## **Group Shoplifting Contract**

Instructions: Read each line and place your initials on the line beside each statement.

\_\_\_\_\_ 1. I understand that I must participate in the initial orientation and an intake/screening interview. I understand that neither the orientation nor the intake/screening interview count towards the number of sessions required.

\_\_\_\_\_ 2. I will attend six [6] group sessions ordered at least once a week at \$35 each. I understand that each session is 60 minutes in length. I will be on time participating adequately, paying all required fees, completing all assignments and adhering to the contract.

\_\_\_\_\_ 3. I understand that **one [1] unexcused absence is allowed**. A **2nd absence results in termination** from the program unless a leave of absence has been approved by the referral source and the PeaceWay program consultant, prior to the third absence. Any excuse presented for an absence will be approved at the discretion of the Program Director.

\_\_\_\_\_ 4. I am responsible for all fees to be paid at the time service is rendered.

\_\_\_\_\_ 5. I agree to be respectful of others and the session rules. There will be a penalty assessed for smoking in non-designated areas.

\_\_\_\_\_ 6. I understand that classes may be suspended due to unpaid balances.

\_\_\_\_\_ 7. I will complete the **Shoplifting Program** where I originally enrolled unless approval to change locations is obtained from the court or other referral and the original program director.

\_\_\_\_\_ 8. I understand by signing this contract I authorize the release of all information and acknowledge that **Shoplifting Program** does not limit confidentiality and may release information to referring courts, law enforcement, Department staff and monitors, the Department's Probation Division, the Board of Pardons and Paroles. Participants understand and acknowledge the **Shoplifting Program's** duty to communicate with the Court about the participant's progress and if there are any problematic behaviors displayed in the sessions.

\_\_\_\_\_ 9. I understand that reporting to class without the handbook will result in an extra class for each day that I report to class without my book. If I must replace the handbook, then I must pay \$25 to obtain a new book.

\_\_\_\_\_ 10. I understand that there is a dress code for attending sessions. No tank tops, short shorts, or article of clothing displaying drug related wording or pictures.

**I have read or had read to me the above statements, and I understand my responsibilities outlined in this contract for participation in the Shoplifting Program. Therefore my signature signifies that I accept and agree to the requirements and rules of the Shoplifting Program.**

\_\_\_\_\_  
Print Full Name (Legal Name)

\_\_\_\_\_  
Signature of Full Name Date

\_\_\_\_\_  
PCMS Staff Witness Signature Date