

Rule 25 Assessment Application  
Restoration Counseling & Community Services

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Today's Date: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_

Assigned Probation Officer/Parole Agent: \_\_\_\_\_

Anticipated Release Date: \_\_\_\_\_

Address prior to being taken into custody: \_\_\_\_\_

Have you had a Rule 25 done before? Y / N When & Where? \_\_\_\_\_

What do you know about the RCCS program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to commit to a 6-9-month program to CHANGE YOUR LIFE? How?:

\_\_\_\_\_  
\_\_\_\_\_

What is your motivation to get this Rule 25 and enter treatment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What changes are you willing to make upon release from prison and what does that look like to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your own words, what does "STABLE & ENGAGED" mean?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you see yourself **ONE YEAR** from now?

\_\_\_\_\_  
\_\_\_\_\_