

RISK ASSESSMENT

CJAD CASE CLASSIFICATION: RISK / NEEDS / PLAN

Defendant: _____ Date: _____

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| 1. Number of address changes in the last 12 months..... | 0 None
2 One
3 Two or More | Risk Score
_____ (1) |
| 2. Percentage of Time Employed in the last 12 months.....
(Adult or Juvenile – include deferred) | 0 60%
1 40% - 59%
2 Under 40%
0 Not Applicable | _____ (2) |
| 3. Alcohol Usage..... | 0 Alcohol use unrelated to criminal activity
ex., no alcohol-related arrest, no evidence
of use during offense.
1 Probable relationship between drug
involvement and criminal activity.
2 Definite relationship between alcohol use
and criminal activity; ex., pattern of
committing offenses while using alcohol | _____ (3) |
| 4. Other drug usage..... | 0 No abuse of legal drugs; no indicators
of illegal drug involvement, ie., use,
possession or abuse.
1 Probable relationship between drug
involvement and criminal activity.
2 Definite relationship between drug
Involvement and criminal activity;
ex., pattern of committing offenses
while using drugs, sale or
manufacture of illegal drugs. | _____ (4) |
| 5. Attitude..... | 0 Motivated to change; receptive to assistance
3 Somewhat motivated but dependent
or unwilling to accept responsibility
5 Rationalizes behavior; negative; not
motivated to change. | _____ (5) |
| 6. Age at first adjudication of guilt..... | 0 24 or older
2 20 – 23
4 19 or younger | _____ (6) |
| 7. Number of prior periods of Probation / Parole Supervision.....
(Adult or Juvenile) | 0 None
4 One or more | _____ (7) |
| 8. Number of Prior Probation / Parole Revocations.....
(Adult or Juvenile) | 0 None
4 One or more | _____ (8) |
| 9. Number of Prior Felony Adjudications of Guilt.....
(or Juvenile commitments – include deferred) | 0 None
2 One
4 Two or more | _____ (9) |
| 10. Adult or Juvenile adjudications for.....
(Select applicable and add for score
include current offense, Maximum score: 5) | 0 None
2 Burglary, Theft, Auto Theft or Robbery
3 Worthless Checks or Forgery | _____ (10) |
| 11. Adult or Juvenile Adjudications for.....
Assaultive Offense within the last FIVE years
(An offense, which is defined as Assaultive or one in which involves
a use of a weapon, physical force or the threat of force) | 0 No
8 Yes | _____ (11) |

Total Risk Score: _____ (12)
Risk Level: _____ (13)

RISK 2 – Maximum (15+) 3 – Medium (8 – 14) 4 – Minimum (0 – 7)

NEEDS ASSESSMENT

1. ACADEMIC / VOCATIONAL SKILLS

-1 High school or above skill level	0 Adequate skills, able to handle everyday requirements	+2 Low level causing minor adjustment problems	+4 Minimal skill level causing serious adjustment problems _____(1)
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2. EMPLOYMENT

-1 Satisfactory employment for one year or longer	0 Secure employment, no difficulties reported; or homemaker, student or retired	+3 Unsatisfactory employment or unemployed but has adequate job skills	+6 Unemployed and virtually unemployable; needs training _____(2)
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3. FINANCIAL MANAGEMENT

-1 Long-standing pattern of self-sufficiency e.g., good credit	0 No current difficulties	+3 Situational or difficulties	+5 Severe difficulties; may include overdrafts, bad checks or bankruptcy _____(3)
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4. MARITAL / FAMILY RELATIONSHIPS

-1 Relationships and support exceptionally strong	0 Relatively stable relationship	+3 Some disorganization or stress but potential for improvement	+5 Major disorganization or stress _____(4)
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5. COMPANIONS

-1 Good support and influence	0 No adverse relationships	+2 Associations with occasional negative results	+4 Associations almost completely negative _____(5)
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6. EMOTIONAL STABILITY

-2 Exceptionally well adjusted; accepts responsibility for actions	0 No symptoms of emotional instability; appropriate emotional responses	+4 Symptoms limit but do not prohibit adequate functioning; e.g. anxiety	+7 Symptoms prohibit adequate functioning; e.g., lashes out or retreats into self _____(6)
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7. ALCOHOL USAGE PROBLEM

0 No use; use with no abuse no disruption of functioning	+3 Occasional abuse; some disruption of functioning	+6 Frequent abuse; serious disruption of functioning _____(7)
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8. OTHER DRUG USAGE PROBLEM

0 No disruption of functioning	+3 Occasional abuse; some disruption of functioning	+5 Frequent abuse; serious disruption of functioning _____(8)
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9. MENTAL ABILITY

0 Able to function independently	+3 Some need for assistance; potential for adequate adjustment; possible retardation	+6 Deficiencies severely limit independent functioning; possible retardation _____(9)
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10. HEALTH

0 Sound physical health; seldom ill	+1 Handicap or illness interferes with functioning on a recurring basis	+2 Serious handicap or chronic illness; needs frequent medical care _____(10)
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11. SEXUAL BEHAVIOR

0 No apparent dysfunction	+3 Real or perceived situational or minor problems	+5 Real or perceived chronic or severe problems _____(11)
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12. S.O.'s IMPRESSION OF DEFENDANTS NEEDS

-1 Well adjusted	0 No needs	+3 Moderate needs	+5 High needs _____(12)
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TOTAL NEEDS SCORE: _____(13)

RISK LEVEL: _____(14)

NEEDS
2 – Maximum (30 +)
3 – Medium (15 – 29)
4 – Minimum (14 & below)

SUPERVISION PLAN

Defendants Name:___ Cause No. _____

Date:___Assigned Level of Supervision 2 Maximum ___ 3 Medium ___ 4 Minimum___ Level:_____

Problem Statement:

Behavioral Objectives (with time frame):

Defendant's Action Plan:

Officer's Action Plan:

Officer Signature:_____

Printed Officer Name: