



DETENTION SCREENING Statewide Risk Assessment II

FACTS #:		First Name:		Last Name:	
SS#:		DOB:		Gender: Male Female	
Taken into Custody/Arrested:		Date:		Time:	
				Referral County:	
Screener:			Screening Date:		
			Time:		
Primary Reason for Referral/Detention:	<input type="checkbox"/> Delinquent Offense	<input type="checkbox"/> Drug Court or Juvenile Court Hold (post disp)			
	<input type="checkbox"/> Delinquent Offense+VOP, VCO, Other Viol. <i>(delinquent offense while on probation)</i>	<input type="checkbox"/> Disposition –15 day Detention			
	<input type="checkbox"/> Probation/Parole Violation <i>(with warrant)</i>	<input type="checkbox"/> Detained Pending Post-Dispositional Placement			
	<input type="checkbox"/> Viol. of Court Order/Cond Order of Release	<input type="checkbox"/> Committed/Diag – return to court on pending case			
		<input type="checkbox"/> ICJ/INS Hold			
		<input type="checkbox"/> Transfer from Other Center			
		<i>If one of the above is checked, complete entire form</i>			
		<i>If one of the above is checked, complete:</i>			
		o <i>Special Detention Cases, if applicable</i>			
		o <i>Detention Admission (required)</i>			
Primary <i>(most serious)</i> Referral Offense: _____					
Enumerated		Fel/Mis:		Degree:	
Det Category: _____					
Use or Possession of a Weapon in Commission of Crime: <input type="checkbox"/> Knife or other sharp instrument <input type="checkbox"/> Firearm <input type="checkbox"/> Other					

A. OFFENSE (Score only the most serious instant offense)

- 0. All enumerated offenses in 31-22-8.....12
 - 1. Violent Offense Against Person Resulting in Serious Bodily Injury or Death ..12
 - 2. Violent Sexual Felony.....12
 - 3. Use or Possession of Firearm in Commission of a Crime12
 - 4. Felony Crimes of Violence 8
 - 5. Felony Sexual Offenses 8
 - 6. Felony Property Crimes including Auto Theft 5
 - 7. All Other Felony Crimes and Misdemeanors..... 3
 - 8. All infractions, Petty Misdemeanors and non-criminal probation violations..... 0
 - **Enumerated offense will not be mitigated**** + _____
- OFFENSE SCORE**

B. PRIOR OFFENSE HISTORY (Score only one of the following)

- Felony petition *filed and* pending 6
 - Prior felony adjudication/within the last six months, or two or more adjudications including one felony within the last 12 months..... 5
 - Prior felony adjudication within the last three years..... 3
- PRIOR HISTORY SCORE** + _____

C. RISK OF FTA AND REOFFENSE (Add all that apply up to 3 points)

- Previous Escape/abscond from secure facility, or court ordered placement 1/ea
 - Previous failure to appear for court 1/ea
 - Pending citations or referrals 1/ea
- FTA AND REOFFENSE SCORE** + _____

D. Aggravating Factors (Add all that apply, up to 3 points)

- Multiple Offenses are alleged for this referral 1/ea
 - Two or more adjudicated offenses involving violence in the last year 1/ea
 - Crime or behavior alleged was particularly vicious or violent..... 1/ea
- AGGRAVATING FACTORS SCORE** + _____

E. Mitigating Factors (Subtract all that apply, up to 3 points)

- **Do not complete for enumerated offenses****
 - Involvement in offense was remote, indirect or otherwise mitigated 1/ea
 - Family member or caretaker able to assume responsibility for minor 1/ea
 - No arrests or citations within the last year 1/ea
- MITIGATING FACTORS SCORE** - _____

TOTAL SCORE (A+ B+ C + D - E)



DETENTION DECISION (Based on score)

- Do Not Detain (0-7 Points)
- Non-Secure Alternative (Home/Community Supervision 8-11)
- Secure Detention (12 Or More Points)

OVERRIDE: (Check one)

- The child has no parent, guardian, custodian or other person able to provide adequate supervision and care for the child
- Parents located but not available
- Parents refuse custody
- Protective Services Involvement where charges have been substantiated:
- Override to Release
- Other: (must explain override reason, supervisor authorization to be noted in other internal comments box)

If client is Detained only, complete the following section:

Substance Abuse Issues

Under the influence:

At time of screening: Does the client appear to be intoxicated

Yes No Unknown

If yes: Alcohol Drugs Marijuana Solvents

Is any associated charges alcohol or drug related

Yes No Unknown

If yes: Alcohol Drugs Marijuana Solvents

Assessment(s) on File: (FACTS; Administrative, Legal, and TCM tab)

Assessment: Date: Type:

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Other Data Collection Items:

Intended for analysis purposes only and is not applicable to detention decision

Current referral: Enter FACTS Ref #:

- Current charges are Serious or Youthful Offender
- Previous FTA for court: Enter total number of FTA which occurred on different dates _____
- Previous Escape or Runaway: Enter number of incidents with different dates _____
- Previous Detained (*exclude current detention*): Enter number of detention admissions which occurred on different dates: _____

Runaway Status:

- In-state runaway
- Out-of-state runaway
- Not a runaway

SPECIAL DETENTION CASES (Check one Box then choose type and reason that apply)

Any warrant or parole detention order Type Reason



- Violation of home detention/electronic monitoring
- Hold for out of state

Arrest Bench Parole Det order Magistrate/Municipal Not indicated on warrant Home Detention Electronic Monitoring INS ICJ	Escape from Secure Facility Abscond from out of home placement FTA Probation Violation Runaway
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Non-Secure Detention Placement <i>(at time of decision)</i>	
Services: <i>(Check all that apply)</i> <input type="checkbox"/> Home Detention <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> Community Monitoring (non-electronic monitoring) <input type="checkbox"/> Surveillance <input type="checkbox"/> 24 Hour House Arrest <input type="checkbox"/> Other: <i>(explain)</i> _____	<input type="checkbox"/> Community Corrections <input type="checkbox"/> Emergency Shelter Bed <input type="checkbox"/> CCMHC <input type="checkbox"/> Community Custody Program <input type="checkbox"/> Group Home <input type="checkbox"/> Youth Reporting Center

Detention Admission			
Admitted into Secure Detention:	Date:	Time:	Det Center: