

YOUTH DETENTION ASSESSMENT CHECKLIST

| | | | |
|-------------------|-------|---------|-------|
| Date: | Time: | Gender: | Race: |
| Name of Juvenile | | | |
| Arresting officer | | | |
| Shift Supervisor | | | |

*Please answer each of the questions below by placing your initials in the appropriate **YES** or **NO** box.*

| ASSESSMENT CRITERIA | | YES | NO |
|----------------------------|--|------------|-----------|
| 1 | Is there Probable Cause to believe that the juvenile has committed a crime? | | |
| 2 | Is the juvenile being held for a criminal offense? | | |
| 3 | Is there an arrest warrant issued by the Judge? (If yes, skip to #8) | | |
| 4 | Does the criminal offense committed necessitate the incarceration of this juvenile? | | |
| 5 | Is it in the best interest of the juvenile or the general public that the juvenile be incarcerated due to safety and welfare and/or non-appearance or flight concerns? | | |
| 6 | Based upon the information of this crime, the juvenile should not be released to a parent, guardian or other care giver in lieu of incarceration? | | |
| 7 | Has a Notice to Appear and Complaint Form been completed pertaining to the criminal offense for which the juvenile is charged? | | |
| 8 | Has the parent, guardian or another responsible family member been contacted and informed of the incarceration of this juvenile? | | |

*If any of your answers above are **No**, incarceration is not an acceptable option to resolve this incident.*

CONTACT INFORMATION

| | | |
|----------|--|---|
| A | Name of parent, guardian, or other responsible family member that has been contacted | |
| B | How was contact made? | (Telephone, person, written notice, etc...) |
| C | Name of Juvenile Probation Officer who has been contacted? | (If offense occurred at night, next calendar day) |
| D | Date and Time Juvenile Probation Officer contacted. | (If offense occurred at night, next calendar day) |
| E | Name of person who contacted Juvenile Probation Officer. | (Officer or staff member) |

| | |
|-------------------------------|--|
| Arresting Officer's Signature | |
| Shift Supervisor's Signature | |
| Transporting Officer's Name | |

DETENTION RISK ASSESSMENT INSTRUMENT – JPO (2010)

Youth's Name: _____ DOB: ____/____/____ Date: ____/____/____

Officer Completing Assessment: _____ Race: _____ Gender: M / F

Does youth meet statutory criteria for detention? _____ No _____ Yes MCA: _____

Primary Offense: _____ RE-ARREST: _____ No _____ Yes

If the youth does not fall into the numbered category please respond with a -0- for the categories point totals.

1. The youth was taken into custody on a valid warrant or pick up order.....15

2. Most Serious Offense Alleged in Current Referral

Felonies against Persons.15
Other Felonies.10
Misdemeanors against Persons.7
Other Misdemeanors.5

3. Additional Offenses Alleged in Current Referral

One or More Additional Current Felony Offenses.....5
One or More Additional Misdemeanor or Violation of Probation/Parole Offenses3

4. Prior Admissions of Guilt

Two or more prior admissions of guilt for felony offenses.....6
One prior admission of guilt for a felony offense4
Two or more prior admissions of guilt for misdemeanor or status offenses3
Two or more prior admissions of guilt for probation/parole violations2
1 prior admission of guilt for any misdemeanor or status1

5. Referrals Pending Adjudication

One or more pending referrals for a felony offense8
Two or more pending referrals for other offenses.....5
One pending referral for other offense/offenses.....2

6. Supervision Status

Intensive or Close Supervision (Drug/Treatment Court, House Arrest, Group Home, Etc)10
Formal Release Conditions5
On Probation5
On Parole.....5

7. Warrant History

Two or More Warrants.....3
One Warrant.....1

Total Score

Indicated Decision: _____ 0-9 Release _____ 10-14 Detention Alternative _____ 15+ Secure Detention

Final Decision: Detain Release Release with conditions

Override Justification:

Override Approved: _____ Date: _____

Alternative Recommendation: _____ No Recommendation:

Probation Officer: _____ Date: _____ Time: _____