

**Multnomah County Justice Reinvestment Program
(MCJRP)**

Defendant Assessment Report

Not a sentencing recommendation.

CONFIDENTIAL DOCUMENT:

This assessment form shall only be used for settlement and sentencing purposes. Do not release as a public record pursuant to ORS 192.502(2), ORS 192.502(4) and ORS 137.077

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MULTNOMAH COUNTY JUSTICE REINVESTMENT PROGRAM

NOT A SENTENCING RECOMMENDATION

Assessment Report

(1) DEFENDANT INFORMATION		
REPORT DATE:	Click here to enter a date.	
DEFENDANT NAME (LAST, FIRST):		
SID#:		
DOB (MM/DD/YYYY):		
GENDER:	Choose an item.	
RACE (SELECT PRIMARY):	Choose an item.	
CUSTODY STATUS/LOCATION:		
BOOKING DATE:	Click here to enter a date.	
DETAINERS/OTHER CHARGES:		

(2) INSTANT OFFENSE			
CASE #	DISTRICT ATTORNEY	DEFENSE ATTORNEY	APPOINTED/RETAINED
			Choose an item.

(3) INSTANT OFFENSE DETAIL	
OFFENSE	ORS

STAGE OF CHANGE

(4) OVERALL STAGE OF CHANGE (BASED ON INTERVIEW)	
STAGE OF CHANGE:	Choose an item.
COMMENTS	

LS/CMI RISK ASSESSMENT

(5) LS/CMI ASSESSMENT SUMMARY	
LS/CMI CONDUCTED BY:	
LS/CMI ASSESSMENT DATE:	Click here to enter a date.
DEFENDANT PROVIDED ANSWERS TO ALL PORTIONS OF THE LS/CMI? Mark No only if more than question 4 not answered.	Choose an item.
PLEASE EXPLAIN REASONS (IF ANY) WHY DEFENDANT DID NOT PROVIDE ANSWERS TO PORTIONS OF THE LS/CMI:	

(6) LS/CMI SCORE SUMMARY					
DOMAIN	SCORE	RISK LEVEL	DOMAIN	SCORE	RISK LEVEL
CRIMINAL HISTORY		Choose an item.	COMPANIONS		Choose an item.
EDUCATION/EMPLOYMENT		Choose an item.	ALCOHOL/DRUG PROBLEM		Choose an item.
FAMILY/MARITAL		Choose an item.	PROCRIMINAL ATTITUDE/ORIENTATION		Choose an item.
LEISURE/RECREATION		Choose an item.	ANTISOCIAL PATTERN		Choose an item.
			LS/CMI TOTAL SCORE		Choose an item.

(7) LS/CMI Key									
Risk/Need	Criminal History	Education/Employment	Family/Marital	Leisure/Recreation	Companions	Alcohol/Drug Problem	Pro-Criminal Attitude Orientation	Antisocial Pattern	Total Score
Very High	8	8-9	4	--	4	7-8	4	4	30+
High	6-7	6-7	3	2	3	5-6	3	3	20-29
Medium	4-5	4-5	2	1	2	3-4	2	2	11-19
Low	2-3	2-3	1	--	1	1-2	1	1	5-10
Very Low	0-1	0-1	0	0	0	0	0	0	0-4

(8) RESPONSIVITY TARGETS (SELECT ANY THAT ARE RELEVANT TO SERVICE NEEDS)	
TARGET	DESCRIPTION OF TARGET AREA
<input type="checkbox"/> FUNCTIONAL ABILITY: ATTENTION SPAN	
<input type="checkbox"/> FUNCTIONAL ABILITY: COGNITIVE DEFICITS	
<input type="checkbox"/> FUNCTIONAL ABILITY: EMOTIONAL AGE	
<input type="checkbox"/> LANGUAGE	
<input type="checkbox"/> LEARNING STYLE	
<input type="checkbox"/> LEVEL OF MOTIVATION	
<input type="checkbox"/> MENTAL HEALTH	
<input type="checkbox"/> CULTURAL BACKGROUND	
<input type="checkbox"/> MINIMIZATION	
<input type="checkbox"/> PHYSICAL HEALTH	
<input type="checkbox"/> TRANSPORTATION	
<input type="checkbox"/> OTHER (SPECIFY) _____	

This is NOT a recommendation for prison or probation. This assessment provides a case plan should the defendant be sentenced on probation. This plan is subject to change based on resource capacity and input from all parties.

(9) RISK REDUCTION TARGETS	
RISK/NEED FACTORS	POTENTIAL PROGRAM/CONDITION TO ADDRESS RISK FACTORS
1) Choose an item.	GOAL:
2) Choose an item.	GOAL:

CONTROLS/ADDITIONAL INFORMATION

(10) EXTERNAL CONTROLS (MANGEMENT CONCERNS)	
CONTROL	SUBSTANTIATION

(11) INFORMATION ABOUT DEFENDANT'S CHILDREN (IF APPLICABLE)						
NAME OF CHILD	AGE OF CHILD	SEX OF CHILD	DEFENDANT HAS LEGAL CUSTODY	CHILD'S LIVING SITUATION	CPS INVOLVEMENT?	DHS INVOLVEMENT?
1)		Choose an item.	Choose an item.		Choose an item.	Choose an item.
2)		Choose an item.	Choose an item.		Choose an item.	Choose an item.
3)		Choose an item.	Choose an item.		Choose an item.	Choose an item.
4)		Choose an item.	Choose an item.		Choose an item.	Choose an item.
5)		Choose an item.	Choose an item.		Choose an item.	Choose an item.
Comments:						
Available Parenting Services (If Any):						

(12) HOUSING	
DEFENDANT IS CURRENTLY HOMELESS:	Choose an item.
DEFENDANT REPORTS AVAILABLE HOUSING:	Choose an item.
LAST KNOWN ADDRESS:	
PROPOSED ADDRESS:	
HOUSING IS SUBSIDY HOUSING:	Choose an item.
HOUSING IS LEASED/OWNED BY DEFENDANT:	Choose an item.
RESIDENCE PREVIOUSLY APPROVED BY DCJ/DOC:	Choose an item.
TOTAL NUMBER OF OCCUPANTS IN HOME:	Choose an item.
LIST OCCUPANTS:	

(13) KNOWN BARRIERS TO HOUSING (SELECT ANY THAT APPLY)	
<input type="checkbox"/> NOT APPLICABLE/NO BARRIERS PRESENT	<input type="checkbox"/> REPEATED OR CHRONIC HOMELESSNESS
<input type="checkbox"/> NO RENTAL HISTORY	<input type="checkbox"/> PHYSICAL HEALTH ISSUES
<input type="checkbox"/> EVICTION(S)	<input type="checkbox"/> MENTAL HEALTH ISSUES
<input type="checkbox"/> LARGE FAMILY (3+ CHILDREN)	<input type="checkbox"/> BEHAVIORAL PROBLEMS
<input type="checkbox"/> SINGLE PARENT HOUSEHOLD	<input type="checkbox"/> HISTORY OF ABUSE/VICTIMIZATION
<input type="checkbox"/> SPORADIC EMPLOYMENT HISTORY	<input type="checkbox"/> RECENT/ACTIVE HISTORY OF SUBSTANCE ABUSE
<input type="checkbox"/> NO HIGH SCHOOL DIPLOMA/GED	<input type="checkbox"/> CONVICTIONS IN THE LAST YEAR
<input type="checkbox"/> INSUFFICIENT/NO INCOME	<input type="checkbox"/> HISTORY OF VIOLENCE
<input type="checkbox"/> INSUFFICIENT SAVINGS	<input type="checkbox"/> HISTORY OF ARSON
<input type="checkbox"/> NO OR POOR CREDIT HISTORY	<input type="checkbox"/> SEX OFFENDER
<input type="checkbox"/> DEBTS	<input type="checkbox"/> OTHER (SPECIFY) _____

(14) MILITARY SERVICE	
U.S. ARMED FORCES VETERAN (Y/N):	Choose an item.
MILITARY BRANCH OF SERVICE:	Choose an item.
QUALIFIES FOR VETERAN'S JUSTICE OUTREACH (VJO) PROGRAM/SERVICES:	Choose an item.
QUALIFIES FOR OTHER VETERAN'S SERVICES (IF ANY):	Choose an item.

(15) FELONY FTA SUMMARY (FROM eSWIS) (PAST THREE NON-CUSTODIAL YEARS)		
DATE (MM/DD/YYYY)	JURISDICTION	OFFENSE

(16) MISDEMEANOR FTA SUMMARY (FROM eSWIS) (PAST THREE NON-CUSTODIAL YEARS)

DATE (MM/DD/YYYY)	JURISDICTION	OFFENSE

(17) CRIMINAL HISTORY SUMMARY – JUVENILE ADJUDICATIONS			
ITEM	DATE	CRIME	DISPOSITION

(18) CRIMINAL HISTORY SUMMARY – ADULT ADJUDICATIONS			
ITEM	DATE	CRIME	DISPOSITION

(19) SUPERVISION SUMMARY
NUMBER OF PREVIOUS SUPERVISION CYCLES: <u>Choose an item.</u>
SUMMARY:

(20) EARLY DEFENDANT ANALYSIS (DETAIL)

(21) TOP STRENGTHS
1)
2)
3)

PREPARED BY

Parole and Probation Officer (Printed Name):

Date: [Click here to enter a date.](#)

Signature:

APPROVED BY

Supervisor (Printed Name): Wende Kirby

Date: [Click here to enter a date.](#)

Signature: