

Client Level: Max Med Min Admin
 Offense Date: _____ The Honorable _____
 Case No: _____ Plea Date: _____ Sentencing Date: _____
 Case No: _____ Charge: _____
 Arresting Agencies: _____ Charge: _____
 Accomplices: _____ Arrest Date: _____ Release Date: _____ Time Served: _____
 Prosecuting Attorney: _____ Defense Attorney: _____

PERSONAL INFORMATION

Name: _____ AKA _____
 DOB: ____/____/____ Age: _____ Place of Birth: _____
 Physical Address: _____ City: _____ State: _____ Zip Code: _____
 Mailing address: _____ City _____ State _____ Zip Code: _____
 Who else lives there: _____?
 How long at this address: _____ Previous addresses: _____
 Phone: _____ Cell: _____ SS# ____/____/____ D/L# _____
 Sex: M F Race: _____ Hair Color: _____ Eyes: _____ Height: _____ Weight: _____

EMPLOYMENT INFORMATION

Employer: _____ Address: _____ Phone: _____
 Job Title: _____ Salary: _____ Hours/wk: _____
 Other sources of income: _____ Amount: _____
 Employment history: _____

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| DA |
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One DA point if defendant has a poor work history, is unemployed or underemployed

EDUCATION

Highest grade completed _____ Specialized Training _____

FAMILY

Father/Stepfather: _____ Address: _____ Phone _____
 Mother/Stepmother _____ Address: _____ Phone _____
 Marital Status: M S W D Marital History: _____
 Children: _____
 Family relations :(history of abuse) _____

PHYSICAL AND MENTAL HEALTH

Physical Condition: _____
 Psychological or psychiatric care: _____ Meds: _____
 Mental Health History _____
 Depression: _____ Thoughts or attempts at suicide: _____
 Gambling: _____ Gambling Treatment _____ When: _____
 Victimization: _____ (witnessed abuse, abused as child)
 Prior DAIP or Anger Management referrals _____

CHEMICAL USE

Alcohol/Drug usage: _____ Treatment: _____

Pattern of Chemical Abuse:

Is there a history of Chemical Dependency? Y N
 Is there a history of Chemical Abuse? Y N
 Is there a pattern of violence when under the influence? Y N

| DA – one pt for each yes answer | ODARA – one pt for each yes answer |
|---------------------------------|------------------------------------|
| | |

PRIOR RECORD

| OFFENSE | DATE | PLACE | DISPOSITION | Score one ODARA point for each offense |
|---------|------|-------|-------------|--|
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PATTERN OF LEGAL INTERVENTION List dates of all known domestic/assault contacts which did not result in a conviction

- Law Enforcement DV Calls/contacts
- OFP/NCO
- OFP/NCO violations
- DV citations
- DV arrests

Score one point for every date listed
Score an additional point for every date within the past 3 months

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|--------------|
| Total |
| |

DEFENDANT STATEMENT AND ATTITUDE

Please note if any of the following are evident during the interview:

- ___ Denial/minimizing DV behavior
- ___ Blaming victim
- ___ Lack of remorse
- ___ Preoccupation, obsession, possessiveness, jealousy.

VICTIM INFORMATION

Name: _____ Address: _____ Phone: _____

Was victim contacted by agent: Y N Victim's Comments:

Please note if any of the following apply:

- ___ Victim appears protective of defendant
- ___ Victim has recently attempted to separate
- ___ Victim has sought outside help (OFP, police, shelter) during past 12 months
- ___ Victim seems isolated from sources of help
- ___ Were children present during this incident
- ___ Were children involved in any way in the incident
- ___ Have children been abused by offender
- ___ Has offender ever attempted or threatened to abduct children
- ___ Are children afraid of the offender

Is Victim in agreement with recommendation?

SUMMARY

Along with the actual risk categories, the court must be presented with an overview of the types of behavior which leads to the score including specific examples.

(FOR DISCUSSION)

RECOMMENDATION

_____ days Jail (or NERCC), stayed for _____ year(s) probation and a fine of \$ _____.

- Conditions:**
- Batterer Intervention Program
 - Therapy
 - CD assessment/treatment
 - Abstain and random UA
 - No contact/ Follow existing OFP.
 - Crossroads referral

AGENT: _____

DATE: _____