

# ASSESSMENT - OFFICIAL RECORDS

Name: \_\_\_\_\_ Screening Date: \_\_\_\_\_  
NYSID: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_  
Scale Set: Full COMPAS Assessment v3  
Screener Name: \_\_\_\_\_  
Agency: \_\_\_\_\_

## Screening Information

Marital Status: \_\_\_\_\_  
Custody Status: \_\_\_\_\_  
Legal Status: \_\_\_\_\_  
Probation Start Date: \_\_\_\_\_

## CRIMINAL HISTORY/RISK ASSESSMENT

### Current Charges

#### What offenses are covered by the current charges (check all that apply)?

<input type="checkbox"/> Homicide	<input type="checkbox"/> Assault	<input type="checkbox"/> Robbery	<input type="checkbox"/> Sex Offense (with force)
<input type="checkbox"/> Sex Offense (without force)	<input type="checkbox"/> Arson	<input type="checkbox"/> Weapons	<input type="checkbox"/> Drug Sales
<input type="checkbox"/> Drug Possession	<input type="checkbox"/> Burglary	<input type="checkbox"/> Property/Larceny	<input type="checkbox"/> Fraud
<input type="checkbox"/> DWI / DWAI	<input type="checkbox"/> AUO	<input type="checkbox"/> Other	

- Do any of the current offenses involve domestic violence?  
 Yes  No
- What offense category represents the most serious current charge?  
 Misdemeanor  Non-Assault Felony  Assaultive Felony
- Was there any degree of physical injury to a victim in the current offense?  
 Yes  No
- Based on your judgment, after reviewing the history of the offender from all known sources of information (PSI, police reports, prior supervision, victim, etc.) does the defendant demonstrate a pattern of violent behavior against people resulting in physical injury?  
 Yes  No
- If yes, does the defendant demonstrate a pattern of violent behavior against people resulting in physical injury involving family or household members (spouses/significant others, children, elders)?  
 Yes  No
- What is the number of other pending warrants, holds or charges (include criminal, family court and Immigration Customs Enforcement (ICE) actions)?  
 None  1  2  3  4+

7. Was this person under Probation or Parole supervision at time of current offense?

- Probation  Parole  Both  Neither

### Offense History

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#### DO NOT INCLUDE CURRENT OFFENSE

8. Indicate the number of adult/JO arrests, JD petitions, and convictions/adjudications (including JD and YO). Count each arrest date or petition date once, regardless of the number of arrest charges or level, in each category.

Total Felony and Misdemeanor Offenses

Number of Arrests or Petitions

\_\_\_\_\_

Number of Convictions or Adjudications

\_\_\_\_\_

All Felony Offenses

Number of Arrests or Petitions

\_\_\_\_\_

Number of Convictions or Adjudications

\_\_\_\_\_

Adult Violent Felony Offenses (see note)

Number of Arrests or Petitions

\_\_\_\_\_

Juvenile Felony

Number of Arrests or Petitions

\_\_\_\_\_

Juvenile Violent Felony (see note)

Number of Arrests or Petitions

\_\_\_\_\_

Note: Record the number of assaultive type felony arrest or convictions. Assaultive offenses are defined as crimes of violence which have the potential to result in personal injury, whether or not such injury actually occurs (i.e. robbery, homicide, sex offenses with force, felonious assaults, arson of occupied dwelling, etc.)

9. How many times has the offender been sentenced to jail or prison in the past?

- 0  1  2  3-7  8-12  13+

10. Was the offender ever placed by a court into a juvenile residential facility, not including foster care?

- Yes  No  Unknown

11. Record the number of previous arrests or petitions for each of the following offense types (DO NOT include the current offense): An arrest can count in more than one category:

Offense Types	
Homicide	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Assault	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Robbery	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Sex Offense (with force)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Sex Offense (without force)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Arson	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Weapons	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Drug Sales	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Drug Possession	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Burglary	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Property/Larceny	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Fraud	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
DWI / DWAI	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
AUO	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+
Other	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3+

12. What was the age (in years) of the offender when he or she was first arrested for a criminal/delinquency offense?  
\_\_\_\_\_
13. How many times has the offender been arrested while other charges were pending?  
 0  1  2  3+
14. How many times has the offender been on probation or parole?  
 0  1  2  3  4  5+
15. How many times has the offender been arrested while on probation or parole?  
 0  1  2  3+
16. How many times has the offender's probation or parole been revoked?  
 0  1  2  3  4  5+

# NEEDS ASSESSMENT

## Associates/Peers

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17. The offender has peers and associates who (check all that apply):

Use illegal drugs

Have been arrested

Have been incarcerated

None

Lead law-abiding lifestyles

Are gainfully employed

Are involved in pro-social activities

18. What is the gang affiliation status of the offender:

Current gang membership

Previous gang membership

Not a member but associates with gang members

None

19. Does the offender have a criminal alias, a gang-related or street name?

Yes  No

20. Does unstructured idle time contribute to the opportunity for the offender to commit criminal offenses?

Yes  Unsure  No

21. Does offender report boredom as a contributing factor to his or her criminal behavior?

Yes  Unsure  No

## Family

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22. Are the offender's family or household members able and willing to support a law abiding lifestyle?

Yes  Unsure  No

23. Is the offender's current household characterized by (check all that apply):

Arrests	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Incarceration	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Mental Health Issues	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Substance Abuse Issues	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Violence	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

24. With whom or where does offender currently reside or plan to reside while under supervision?

Spouse

Parent or person who raised the probationer

Children

Other relative

- Boy/Girl friend (relationship less than 1 year)
- Boy/Girl friend (relationship greater than 1 year)
- Friend(s)
- Alone
- Residential treatment program
- Other

25. What kind of relationship does the offender have with parents/caretakers or immediate family?

A. Gets/got along well with them?

Yes  No  Unsure  N/A, no parents/contact

B. Can rely on parents/caretakers/family when in trouble?

Yes  No  Unsure  N/A, no parents/contact

C. In contact with family regularly?

Yes  No  Unsure  N/A, no parents/contact

26. Was the offender's family of origin characterized by:

Arrests	<input type="radio"/> Yes <input type="radio"/> No
Incarceration	<input type="radio"/> Yes <input type="radio"/> No
Mental Health Issues	<input type="radio"/> Yes <input type="radio"/> No
Substance Abuse Issues	<input type="radio"/> Yes <input type="radio"/> No
Violence	<input type="radio"/> Yes <input type="radio"/> No

### Financial Status

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27. Is the offender's income adequate to meet his or her basic needs?

Yes  Unsure  No

28. Does the offender appropriately manage their income to adequately handle their financial responsibilities?

Yes  Unsure  No

### Leisure/Recreation

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29. Does the offender frequently engage in impulsive high risk or sensation seeking behavior?

Yes  Unsure  No

### Residential Stability

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30. Does the offender (check one):
- Own residence
  - Rent with lease
  - Rent without lease (month to month)
  - Stay with others
  - Have no home or verifiable address
31. How many times has the offender moved in the last twelve months?
- 0  1  2  3  4  5+
32. How many years has the offender lived in the community or neighborhood?
- Less than 1 year  1  2  3  4  5+

### Social Environment

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33. Do any of the following characterize the area immediately surrounding the offender's residence (check all that apply)?
- Drug availability
  - Gangs
  - Weapons
  - Violent crime
  - Most people are employed in regular jobs
  - It's safe at night
  - People look out for each other
  - People are law abiding

### Vocation

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34. Employment status (check one):
- Full-time
  - Part-time
  - Unemployed, actively seeking employment
  - Unemployed, failing to seek employment
  - Not in the labor force: student, inmate, disabled, retired, homemaker, etc.
35. Does the offender have skills that can lead to or assist in maintaining gainful employment?
- Yes  Unsure  No

36. Has the offender been steadily employed for the past five years?

- Yes  Unsure  No

### Education

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37. Educational Background (check one):

- Did not finish high school
- Currently attending high school
- GED
- High school diploma
- Currently attending college
- Associates Degree
- Bachelors Degree
- Graduate Degree (MA, MS)
- Professional Degree (MD,JD/LLM, Ph.D, etc.)

### Mental Health

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38. Has the offender ever been or is the offender currently in treatment for any of the following: (check all that apply)

Aggression/Anger Management	<input type="radio"/> Yes <input type="radio"/> No
Depression	<input type="radio"/> Yes <input type="radio"/> No
Disruptive Disorder (ADHD, Conduct Disorder)	<input type="radio"/> Yes <input type="radio"/> No
Suicidal	<input type="radio"/> Yes <input type="radio"/> No
Anxiety	<input type="radio"/> Yes <input type="radio"/> No
Bipolar	<input type="radio"/> Yes <input type="radio"/> No
Schizophrenia	<input type="radio"/> Yes <input type="radio"/> No
Other Mental Health Related	<input type="radio"/> Yes <input type="radio"/> No

39. Has the offender ever been prescribed psychotropic drugs?

- Yes  No

40. Is the offender currently taking prescribed psychotropic drugs?

- Yes  No

41. Does the offender have a history of suicide attempts or depression?

- Yes  No

42. Was the offender ever assessed as developmentally disabled or mentally retarded?

Yes  No

**Substance Abuse**

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43. Substance Abuse Treatment History

Drug/Alcohol Treatment	
Outpatient	<input type="radio"/> Formerly <input type="radio"/> Currently Less than 90 days <input type="radio"/> Currently 90 days or more <input type="radio"/> Never
Inpatient	<input type="radio"/> Formerly <input type="radio"/> Currently Less than 90 days <input type="radio"/> Currently 90 days or more <input type="radio"/> Never

44. Abuse History (check all that apply)

Tobacco	<input type="radio"/> Formerly <input type="radio"/> Currently <input type="radio"/> Never
Alcohol	<input type="radio"/> Formerly <input type="radio"/> Currently <input type="radio"/> Never
Marijuana	<input type="radio"/> Formerly <input type="radio"/> Currently <input type="radio"/> Never
Hard/Illegal Drugs (Heroin, Cocaine, Crack, Meth, etc)	<input type="radio"/> Formerly <input type="radio"/> Currently <input type="radio"/> Never
Injected Drugs	<input type="radio"/> Formerly <input type="radio"/> Currently <input type="radio"/> Never

45. If offender has used drugs how old was he/she at first use? (leave blank if age is unknown)

Marijuana	_____
Alcohol	_____
Tobacco	_____
Hard/Illegal Drugs	_____

**Criminal Attitudes/Thinking**

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46. The defendant/probationer: (Check all that apply)

- Understands true extent of harm caused by his/her actions
- Admits wrongdoing
- Expresses remorse
- Has empathy for victim



- Is willing to make reparation/pay restitution
- Is willing to perform community service
- Is acceptant of/participates in treatment
- Accepts consequences
- None of the above

47. The defendant/probationer: (Check all that apply)

- Minimizes wrongdoing
- Blames victim/others
- Blames the criminal justice system
- Thinks conviction/sentence is unfair
- Excuses own behavior
- Reinterprets the facts to own benefit
- Justifies behavior as being the only option
- None of the above

# OFFENDER QUESTIONNAIRE

## Section A

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48. Do you feel you need assistance with finding or maintaining a steady job?  
 No  Yes  Don't Know
49. Do you feel you need assistance with finding or maintaining a place to live?  
 No  Yes  Don't Know
50. Will money be a problem for you over the next several months?  
 No  Yes  Don't Know

## Section B

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### How difficult will it be for you to...

51. manage your money?  
 Not Difficult  Somewhat Difficult  Very Difficult
52. keep a job once you have found one or if you currently have one?  
 Not Difficult  Somewhat Difficult  Very Difficult
53. find or keep a steady place to live?  
 Not Difficult  Somewhat Difficult  Very Difficult
54. have enough money to get by?  
 Not Difficult  Somewhat Difficult  Very Difficult
55. find or keep people that you can trust?  
 Not Difficult  Somewhat Difficult  Very Difficult
56. find or keep friends who will be a good influence on you?  
 Not Difficult  Somewhat Difficult  Very Difficult
57. avoid risky situations?  
 Not Difficult  Somewhat Difficult  Very Difficult
58. learn to control your temper?  
 Not Difficult  Somewhat Difficult  Very Difficult
59. find things that interest you?  
 Not Difficult  Somewhat Difficult  Very Difficult
60. learn better skills to get or keep a job?  
 Not Difficult  Somewhat Difficult  Very Difficult
61. find a safe place to live where you won't be hassled or threatened?  
 Not Difficult  Somewhat Difficult  Very Difficult
62. get along with people?  
 Not Difficult  Somewhat Difficult  Very Difficult

63. avoid spending too much time with people that could get you into trouble?  
 Not Difficult  Somewhat Difficult  Very Difficult
64. avoid risky sexual behavior?  
 Not Difficult  Somewhat Difficult  Very Difficult
65. keep control of yourself when other people make you mad?  
 Not Difficult  Somewhat Difficult  Very Difficult
66. discover positive goals or purposes for your life?  
 Not Difficult  Somewhat Difficult  Very Difficult
67. find a job that pays more than minimum wage?  
 Not Difficult  Somewhat Difficult  Very Difficult
68. avoid slipping back into illegal activities?  
 Not Difficult  Somewhat Difficult  Very Difficult
69. deal with loneliness?  
 Not Difficult  Somewhat Difficult  Very Difficult
70. avoid places or situations that may get you into trouble?  
 Not Difficult  Somewhat Difficult  Very Difficult
71. learn to be careful about choices you make?  
 Not Difficult  Somewhat Difficult  Very Difficult
72. find people to do things with?  
 Not Difficult  Somewhat Difficult  Very Difficult
73. learn to avoid saying things to people that you later regret?  
 Not Difficult  Somewhat Difficult  Very Difficult

## Section C

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### How do you feel about the following?

74. I have found a type of job or career that appeals to me.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
75. When I think of my future, my life feels empty and without meaning.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
76. I have found a central purpose for my life.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
77. I attend religious activities regularly.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
78. I have found a religion or spiritual path that I truly believe in.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
79. I feel other people get more breaks than me.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree

80. People have let me down or disappointed me.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
81. I have gotten into trouble because I did or said something without stopping to think.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
82. When I get angry I say nasty things to people.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
83. I feel that people are talking about me behind my back.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
84. I feel it is best to trust nobody.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
85. I have taken risks in the past.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
86. I often lose my temper.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
87. I get mad at other people easily.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
88. I feel I have been mistreated by other people.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
89. I often feel that I have enemies that are out to hurt me in some way.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
90. I do little to control my risky behaviors.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
91. I often feel a lot of anger inside myself.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
92. I feel that life has given me a raw deal.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
93. When people are being nice, I worry about what they really want.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
94. I often say things without thinking.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree
95. I often get angry quickly, but then get over it quickly.  
 Mostly Disagree  Uncertain Don't Know  Mostly Agree