

**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

LS/CMI RISK ASSESSMENT

(4) 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:	

(5) 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.

(6) 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

(7) RESPONSIVITY TARGETS		
Mark "X"	TARGET	DESCRIPTION OF TARGET AREA (WRITE IN)
	FUNCTIONAL ABILITY: ATTENTION SPAN	
	FUNCTIONAL ABILITY: COGNITIVE DEFICITS	
	FUNCTIONAL ABILITY: EMOTIONAL AGE	
	LANGUAGE	
	LEARNING STYLE	
	LEVEL OF MOTIVATION	
	MENTAL HEALTH	
	CULTURAL BACKGROUND	
	MINIMIZATION	
	PHYSICAL HEALTH	
	TRANSPORTATION	
	OTHER (SPECIFY) _____	

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

(8) RISK REDUCTION TARGETS	
RISK/NEED FACTORS	POTENTIAL PROGRAM/CONDITION TO ADDRESS RISK FACTORS
1) Choose an item.	GOAL:
2) Choose an item.	GOAL:
STAGE OF CHANGE REDUCTION TARGETS	STAGE OF CHANGE COMMENTS:
1) Choose an item.	
2) Choose an item.	

CONTROLS/ADDITIONAL INFORMATION

(9) EXTERNAL CONTROLS (MANGEMENT CONCERNS)	
Defendant eligible for a Specialty Court? Choose an item.	Specify Specialty Court:
CONTROL	SUBSTANTIATION

(10) 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):						

(11) 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:	

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

(13) 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.

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

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

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

(17) CRIMINAL HISTORY SUMMARY – ADULT ADJUDICATIONS			
ITEM	DATE	CRIME	DISPOSITION
<i>SEE ATTACHED CRIMINAL HISTORY</i>			

(18) SUPERVISION SUMMARY
NUMBER OF PREVIOUS SUPERVISION CYCLES: Choose an item.
SUMMARY:

(19) EARLY DEFENDANT ANALYSIS (DETAIL)

(20) TOP STRENGTHS
1)
2)
3)

PREPARED BY

Parole and Probation Officer (Printed Name):

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

Signature:

A rectangular box with a light blue background and a black border, intended for the signature of the Parole and Probation Officer.

APPROVED BY

Supervisor (Printed Name): Wende Kirby

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

Signature:

A rectangular box with a light blue background and a black border, intended for the signature of the Supervisor, Wende Kirby.