

**OFFENDER TRAITS INVENTORY  
(Risk Assessment - OPUS Screen PP11)**

**Assessment Date:** \_\_\_\_\_

<b>Case Factor</b>	<b>Points</b>	<b>Case Factor</b>	<b>Points</b>
<b>1. Conviction (0, 1, 2, 3)</b> _____ Select all applicable and add for score: <input type="checkbox"/> 1 - DWI <input type="checkbox"/> 2 - Housebreaking, B & E, Burglary, stolen property <input type="checkbox"/> 2 - Vehicle theft, all other larceny/thefts <input type="checkbox"/> 2 - Robbery <input type="checkbox"/> 3 - Forgery, worthless checks, fraud <input type="checkbox"/> 0 - Other		<b>2. Financial Status (0, 3, 6)</b> _____ Choose one: <input type="checkbox"/> 0 - Self-sufficient, capable of handling finances <input type="checkbox"/> 3 - No known difficulty <input type="checkbox"/> 6 - Some or severe difficulty in meeting court and other obligations	
<b>3. Marital (0, 3, 5)</b> _____ <input type="checkbox"/> 0 - Married/Widowed <input type="checkbox"/> 3 - Separated/Divorced <input type="checkbox"/> 5 - Single		<b>4. Attitude (0, 6)</b> _____ <input type="checkbox"/> 0 - Motivated to change, receptive to assistance <input type="checkbox"/> 6 - Dependence or unwilling to accept responsibility, or rationalizes behavior, negative, not motivated to change	
<b>5. Drug Addiction (0, 5)</b> _____ <input type="checkbox"/> 0 - No history of drug addiction <input type="checkbox"/> 5 - Has past history of drug addiction		<b>6. Employment 1 (0, 4)</b> _____ <input type="checkbox"/> 0 - Employed more than 7 months during the past 12 months <input type="checkbox"/> 4 - Employed less than 7 months during the past 12 months	
<b>7. Employment (0, 4)</b> _____ <input type="checkbox"/> 0 - Employed, passing in school <input type="checkbox"/> 4 - Unemployed/Unstable employment, Problem student		<b>8. High School Dropout (0, 3)</b> _____ <input type="checkbox"/> 0 - Finished or in school <input type="checkbox"/> 3 - High School dropout	
<b>9. Gender - OPUS scores</b> _____		<b>10. Age - OPUS scores</b> _____	

Assigned Supervision Level \_\_\_\_\_

PPO ID: \_\_\_\_\_

Assignment Reason(s)

**Offender Traits Inventory (OTI)  
Assessment Instructions**

1. Convictions  
Count convictions only, not arrests. If an offender's offense cannot fit into any of these categories (for example, bribery), check the box marked "Other," and zero points will be assigned since it was not among the crimes determined to predict recidivism. Maximum points = 10.
2. Financial Situation
  - 0 Self Sufficient, Capable of Handling Finances. Earns enough income to meet obligations, maintain savings.
  - 3 No Known Difficulty - Can meet immediate expenses, but needs limited budgeting and counseling, including offenders where there is insufficient information to make a determination.
  - 6 Some/Severe Difficulty in Meeting Court and Other Obligations - Sufficient resources with poor management of money or insufficient financial resources; heavy debt, totally incapable of managing financial matters.
3. Marital
  - 0 Married/Widowed - Currently married and living with spouse or spouse deceased
  - 3 Separated/Divorced - Married at one time, currently separated from spouse or legally divorced
  - 5 Single - Never been married
4. Attitude  
This is a subjective question that is dependent on the officer's knowledge of the offender
5. Drug Addiction  
Serious Problems: Major abuse or addiction, needs treatment for heroin, cocaine, barbiturate or other drug dependence. (Do not include alcohol)
6. Employment during last 12 Months  
The issue here is not the number of jobs an offender may have had, but the actual length of time spent employed. In determining the score, consider the following:
  - The value is scored based on full-time employment (30 hours or more per week);
  - If part-time employment (less than 30 hours per week), give only half the value of full-time;
  - Students, homemakers, retired persons, or physically disabled persons are not considered part of the labor force; scoring is based on a percentage of time in the labor force.
7. Unstable Employment/Problem Student  
Concerns those offenders who have shown a tendency to work irregularly, lose jobs as a result of absenteeism, or in other ways there is an indication that continued employment is unlikely.
8. High School Dropout (Self Explanatory)
9. Male Gender is scored 7 points for male and 0 points for female
10. Age

AGE	POINTS	AGE	POINTS	AGE	POINTS
<19	8	41 - 42	2	53	-5
19 - 21	6	43 - 44	1	54 - 55	-6
22 - 24	7	45 - 46	0	56	-7
25 - 32	6	47 - 48	-1	57	-8
33 - 35	5	49	-2	58	-9
36 - 38	4	50 - 51	-3	59	-10
39 - 40	3	52	-4	60+	-11

SCORING:      MINIMAL RISK    0-15 points  
                     LOW                    16-25  
                     MODERATE        26-35  
                     HIGH                    36+

# North Carolina Division of Community Corrections



## Offender Needs Assessment

### Self-Report Questionnaire

*Instructions:*

**Mark one box for each statement below that best shows what is true for you.**

		Never true	Rarely true	Sometimes true	Usually true	Always true
1	I am okay with my current work or school situation.	<input type="checkbox"/>				
2	I have the skills that I need to get a good job.	<input type="checkbox"/>				
3	I try to make my job or school situation better.	<input type="checkbox"/>				
4	I run out of money right before payday.	<input type="checkbox"/>				
5	I struggle to pay the rent or things like my light bill.	<input type="checkbox"/>				
6	I have to rely on others for money.	<input type="checkbox"/>				
7	I have a permanent place to live	<input type="checkbox"/>				
8	When I was in school I was in special education classes.	<input type="checkbox"/>				
9	I find it difficult to read.	<input type="checkbox"/>				
10	When I buy something with cash, I can figure out how much change I should get back.	<input type="checkbox"/>				
11	Because of my health, it's hard to do everyday tasks.	<input type="checkbox"/>				
12	It's hard for me to pay for my medical needs.	<input type="checkbox"/>				

**Think of a typical week in your life as you answer the questions below. Place a mark beside the box that best shows what is true for your life.**

13 In a typical week how many days a week do you drink alcohol or use drugs?

- 0
- 1-2 days
- 3-5 days
- 6-7 days

14 How many days in a typical week do you drink more than 5 drinks at one sitting?

\_\_\_\_\_ days

15 At the time of the offense that I am on probation for happened, I was (mark all that apply):

- sober
- under the influence of just alcohol
- under the influence of just drugs
- under the influence of both alcohol and drugs

**Mark one box for each statement below that best shows what is true for you.**

		Never true	Rarely true	Sometimes true	Usually true	Always true
16	When I drink alcohol or use drugs I get in arguments with others.	<input type="checkbox"/>				
17	I feel "hung over" or sick when I wake up.	<input type="checkbox"/>				
18	When I drink or use drugs I get in trouble at work/school.	<input type="checkbox"/>				
19	I think about stopping drinking or doing drugs.	<input type="checkbox"/>				

**Think of times before you were 15 years old when you got in trouble.**

20 Before age 15, I got in trouble for (mark yes or no):

	Yes	No
Skipping School	<input type="checkbox"/>	<input type="checkbox"/>
Running Away	<input type="checkbox"/>	<input type="checkbox"/>
Fighting	<input type="checkbox"/>	<input type="checkbox"/>
Having Weapons	<input type="checkbox"/>	<input type="checkbox"/>
Forcing sexual activities on others	<input type="checkbox"/>	<input type="checkbox"/>
Hurting animals or people	<input type="checkbox"/>	<input type="checkbox"/>
Tearing up others' property	<input type="checkbox"/>	<input type="checkbox"/>
Starting fires	<input type="checkbox"/>	<input type="checkbox"/>
Lying	<input type="checkbox"/>	<input type="checkbox"/>
Stealing something from others	<input type="checkbox"/>	<input type="checkbox"/>

**Mark one box for each statement below that best shows what is true for what it was like in your family when you were growing up.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
21 Family members were in trouble with the law.	<input type="checkbox"/>				
22 There were fights and arguments in my home.	<input type="checkbox"/>				
23 When I had a problem I knew someone in my family would help me solve it.	<input type="checkbox"/>				
24 I knew I would be punished if rules were broken.	<input type="checkbox"/>				
25 We didn't hold to any rules or standards	<input type="checkbox"/>				
26 Anything goes in our family	<input type="checkbox"/>				

**Mark one box for each statement below that best shows what is true for your current family situation.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
27 I am happy with my current family life.	<input type="checkbox"/>				
28 My family understands my situation and problems.	<input type="checkbox"/>				

**Mark one box for each statement below that best shows what is true for you.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
29 Sometimes I can't stop myself from doing something, even if I know it is wrong.	<input type="checkbox"/>				
30 People would describe me as impulsive.	<input type="checkbox"/>				
31 It's exciting to try something that might get me in trouble.	<input type="checkbox"/>				
32 I become angry when people try to tell me what to do.	<input type="checkbox"/>				

**Mark one box for each statement below that best shows what is true for you.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
33 I try to stay out of situations that might get me in trouble.	<input type="checkbox"/>				
34 I think about what could happen before acting.	<input type="checkbox"/>				
35 I lose my temper easily.	<input type="checkbox"/>				
36 I apologize to others when I do wrong.	<input type="checkbox"/>				
37 I blurt out whatever is on my mind.	<input type="checkbox"/>				

**Mark one box for each statement below that best shows what is true for times when you are not using alcohol or drugs.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
38 I hear or see things that other people say they don't hear or see.	<input type="checkbox"/>				
39 I believe that other people can control my mind by putting thoughts into my head or taking thoughts out of my head.	<input type="checkbox"/>				
40 I have so much energy that I can go for days without sleep and thoughts just race through my head.	<input type="checkbox"/>				
41 I feel so bad that I think of taking my own life.	<input type="checkbox"/>				

**Mark one box for each statement below that best shows what is true for you.**

	Never true	Rarely true	Sometimes true	Usually true	Always true
42 I think the world owes me a better life.	<input type="checkbox"/>				
43 I get even with people who mess with me.	<input type="checkbox"/>				
44 I get in trouble because I have bad luck.	<input type="checkbox"/>				
45 I think about how my actions will affect others.	<input type="checkbox"/>				
46 I can control the things I say.	<input type="checkbox"/>				
47 I do things I had not planned to do.	<input type="checkbox"/>				
48 Breaking the law is not big deal as long as you don't hurt someone.	<input type="checkbox"/>				

**Think about the friends you have now and keep them in mind when you answer questions 45 through 49. Please do NOT list any names.**

*Put number of friends here.*



49	How many friends do you have?	.....	
50	How many of those friends are on probation, parole or post release (like you are now)?	.....	
51	How many of those friends are members of a gang?	.....	
52	How many of those friends have ever committed a crime, whether or not they were arrested?	.....	
53	How many of those friends sell or use drugs (including pot)?	.....	
54	How many of those friends are involved in community or social organizations?	.....	
55	How many of those people are your close friends?	.....	

# North Carolina Division of Community Corrections



## Offender Needs Assessment

*Instructions:*

### SECTION 1: Interview Questions

	Yes	No
1 Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you have a reliable method of transportation?	<input type="checkbox"/>	<input type="checkbox"/>
3 Are you currently enrolled in school?	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have a high school diploma/GED?	<input type="checkbox"/>	<input type="checkbox"/>
5 Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have a trade or other professional credentials?	<input type="checkbox"/>	<input type="checkbox"/>
7 Are you dependent upon public assistance or a limited pension for income?	<input type="checkbox"/>	<input type="checkbox"/>
8 Is anyone dependent on you for financial support?	<input type="checkbox"/>	<input type="checkbox"/>
9 Have you been homeless in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
10 Are any other members of your family currently under supervision?	<input type="checkbox"/>	<input type="checkbox"/>
11 Are any other members of your family currently incarcerated or in jail?	<input type="checkbox"/>	<input type="checkbox"/>
12 Are there any minor children in your home?	<input type="checkbox"/>	<input type="checkbox"/>
13 Are you involved in any community or social organizations? (i.e., hobbies, church or religious organization, volunteer activities, sports)	<input type="checkbox"/>	<input type="checkbox"/>
14 Are you currently under a doctor's care or taking medications?	<input type="checkbox"/>	<input type="checkbox"/>

Officer Interview and Impressions

	Yes	No
15 Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
16 Do you have any chronic medical conditions that require frequent care?	<input type="checkbox"/>	<input type="checkbox"/>
17 Do you have health insurance?	<input type="checkbox"/>	<input type="checkbox"/>
18 Have you ever been hospitalized for emotional or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
19 Have you ever taken medication for emotional or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
20 Are you now on medication for emotional or mental health problems?	<input type="checkbox"/>	<input type="checkbox"/>
21 How many times have you changed residences in the past year?	<input style="width: 50px; height: 20px;" type="text"/>	

**SECTION 2: Officer Impressions**

*Officers should ask probing questions as needed to be able to form an accurate impression for the questions below. Also consider information provided on the offender self report and observations you have from the initial home and collateral contacts. Record information that lead you to answer either 'yes' or 'no' in the justification section.*

**Offender's Employment History**

***** INFORMATION TO CONSIDER *****		
<i>Has the offender ever been fired from a job?</i>		
<i>Has the offender ever been expelled from school?</i>		
<i>Has the offender ever been in the same job for an entire year, not counting being self-employed or a day-laborer?</i>		
<b>22.</b>	<b>Does the offender's work/school history show a pattern of instability?</b>	<b>N   Y</b>
JUSTIFICATION:		

Officer Interview and Impressions

**Offender's Life Skills**

<b>***** INFORMATION TO CONSIDER *****</b>		
<i>What activities does the offender like to do with his/her family – are these pro-social? (If the offender has children) Does the offender help his/her children with their school work? (If the offender has children) Does the offender attend activities that his/her children are involved in at their school, such as sports, PTA, performances, etc.?</i>		
<b>23. →</b>	<b>Is the offender involved in positive family activities?</b>	<b>N   Y</b>
JUSTIFICATION:		

**Offender's Childhood**

<b>***** INFORMATION TO CONSIDER *****</b>		
<i>When growing up was the offender ever placed in protective custody? When growing up does the offender indicate that neighbors or other relatives had to provide food or care because their parents (guardian) did not? Did siblings or the offender take on age inappropriate parenting responsibilities? Did adults in the offender's childhood home abuse drugs or alcohol? Does the offender indicate that they were often punished for what appeared to be no reason?</i>		
<b>24. →</b>	<b>Did the offender report experiences consistent with having a physically, emotionally or sexually abusive family as a child?</b>	<b>N   Y</b>
JUSTIFICATION:		

**Offender's Current Living Situation**

<b>***** INFORMATION TO CONSIDER *****</b>		
<i>How does the offender think his/her family or roommate(s) can help him/her to complete supervision? How willing does the offender think his/her family or roommate is to do these things to help him/her? Does the offender report that there are frequent arguments/fighting in the household? Do members of the offender's household use drugs or alcohol? Is the offender in a physically or emotionally abusive relationship?</i>		
<b>25. →</b>	<b>Is the offender's current family environment positive?</b>	<b>N   Y</b>
JUSTIFICATION:		

**Offender's Housing**

<b>***** INFORMATION TO CONSIDER *****</b>		
<i>Is the home adequately cooled or heated? Does the home have adequate sanitary facilities? Does the home contain human or animal waste, dirty dishes, infested with bugs or bees? Is there currently any involvement with Social Services?</i>		
<b>26. →</b>		

Officer Interview and Impressions

<b>Is the offender's current residence suitable?</b>	<b>N</b>	<b>Y</b>
JUSTIFICATION:		

**Offender's Mental Health**

***** INFORMATION TO CONSIDER *****		
<i>Does the offender present with disorganized speech?</i>		
<i>Have erratic physical movements?</i>		
<i>Seem unusually passive?</i>		
<i>Seem hostile or threatening?</i>		
<i>Express excessive paranoia?</i>		
<i>Expresses beliefs that are clearly implausible, not understandable, and not derived from ordinary life experiences?</i>		
<b>27. →</b>	<b>Does the offender need a mental health referral?</b>	<b>N</b> <b>Y</b>
JUSTIFICATION:		

**Offender's Substance Abuse**

***** INFORMATION TO CONSIDER *****		
<i>Does the offender appear to be under the influence?</i>		
<i>Does the offender smell of alcohol, marijuana or some other drug?</i>		
<i>Are there "track marks" or other visual signs of drug abuse on the offender's body?</i>		
<i>Is there drug paraphernalia in the home or auto?</i>		
<i>Has the offender had a positive drug screen?</i>		
<b>28. →</b>	<b>Does the offender present visual or behavioral signs of substance abuse?</b>	<b>N</b> <b>Y</b>
JUSTIFICATION:		

**Offender's Language Skills**

***** INFORMATION TO CONSIDER *****		
<i>Is English the language spoken in the home ?</i>		
<i>Is English the offender's primary language?</i>		
<i>Did the court require an interpreter for the trial?</i>		
<i>Is the offender enrolled in ESL classes?</i>		
<b>29. →</b>	<b>Does the offender speak English fluently?</b>	<b>N</b> <b>Y</b>
JUSTIFICATION:		
<b>30. →</b>	<b>Does the offender need assistance in reading the materials related to his supervision?</b>	<b>N</b> <b>Y</b>

**Offender's Thinking, Behavior and Attitudes**

***** INFORMATION TO CONSIDER *****		
<i>Does the offender have a reputation for losing his/her temper?</i>		
<i>Does the offender have a reputation for taking action on the spur of the moment?</i>		
<i>Has the offender interrupted or argued with you?</i>		
<i>Is it difficult to communicate with the offender because he/she frequently loses his/her focus?</i>		
<b>31. →</b>	<b>Does the offender exhibit impulsive behavior?</b>	<b>N</b>   <b>Y</b>
JUSTIFICATION:		
***** INFORMATION TO CONSIDER *****		
<i>Does the offender answer "I don't know" often?</i>		
<i>Do you sense that the offender is hiding his/her true feelings?</i>		
<i>Do you think the offender is giving you what you "want" to hear?</i>		
<i>Have you found evidence of lying by the offender?</i>		
<i>Is the offender evasive when answering questions?</i>		
<b>32. →</b>	<b>Is the offender truthful in answering questions?</b>	<b>N</b>   <b>Y</b>
JUSTIFICATION:		
***** INFORMATION TO CONSIDER *****		
<i>Does the offender express no remorse for the crime(s) committed?</i>		
<i>Does the offender blame others for their criminal behavior?</i>		
<i>Does the offender blame the victim?</i>		
<i>Does the offender express the attitude that if something bad happens to people they get what they deserve?</i>		
<b>33. →</b>	<b>Does the offender display a lack of remorse or guilt for his/her behavior?</b>	<b>N</b>   <b>Y</b>
JUSTIFICATION:		

**Offender's Friends & Associates**

34	Does the offender have gang markings or gang tattoos?	N	Y
35	Did the offender commit the crime(s) with another person?	N	Y
36	Has the offender indicated that they have no friends?	N	Y

**Offender's Legal Needs**

37	Does the offender have any pending charges or protective orders?	N	Y
38	Has the offender ever been arrested for assaultive behavior?	N	Y
39	Is the offender currently involved in civil, divorce, child custody or child support proceedings?	N	Y

Officer Interview and Impressions

**Offender's Outcomes**

Select the value that best represents your impression of the offender at this assessment.

40.	Please rate the offender's attitude. -5=Offender has a very negative attitude. 0=Offender is indifferent. 5=Offender has a very positive attitude.										
-5	-4	-3	-2	-1	0	1	2	3	4	5	
41.	Please rate how the offender's attitude will affect their ability to complete the conditions of their release/supervision. -5=Extremely negative impact. 0=No impact. 5=Extremely positive impact.										
-5	-4	-3	-2	-1	0	1	2	3	4	5	
42.	Please rate the likelihood that the offender will successfully complete this period of supervision. 0=The offender will certainly be revoked. 5=The offender has a 50/50 chance of being revoked. 10=The offender will certainly complete the supervision period.										
0	1	2	3	4	5	6	7	8	9	10	
43.	Please rate the likelihood that the offender will be arrested for another crime after the period of supervision is complete. 0=The offender will certainly be rearrested after supervision is complete. 5=The offender has a 50/50 chance of being rearrested after supervision is complete. 10=The offender will not be rearrested after supervision is complete.										
0	1	2	3	4	5	6	7	8	9	10	

## Risk/Needs Summary Report

Offender:

Period of Supv: 03/09/2010

# Assigned Supervision Level: L2

**Risk of Rearrest (from OTI): Moderate (L2)**

**Needs Level: Extreme (L1)**

Type: Full/Yrly Assigned: 02/02/2012

Offender Traits Inventory (OTI)

Case Factor	Pts
1. Conviction (0-10) Vehicle theft, all other larceny/thefts: 2 Other: 0	2
3. Marital (0, 3, 5) Single: 5	5
5. Drug Addiction (0, 5) Has past history of drug addiction: 5	5
7. Employment Status (0, 4) Unemployed/Unstable employment, Problem student: 4	4
9. Gender OPUS Scored: 0	0
11. Punishment Type OPUS Scored: 0	0

Case Factor	Pts
2. Financial Status (0, 3, 6) Some or severe difficulty in meeting court and other obligations: 6	6
4. Attitude (0, 6) Motivated to change, receptive to assistance: 0	0
6. Employment (0, 4) Employed less than 7 of the past 12 months: 4	4
8. High School Dropout High School dropout: 3	3
10. Age OPUS Scored: 6	6
<b>Total OTI Score: 35</b>	

### Risk of Rearrest (from OTI)

This offender scored in the moderate risk of re-arrest range. Research has shown that offenders who scored 26-35 points have an average of 23% probability of being re-arrested within the first year of supervision.

Criminogenic Needs	Life Area in the Case Plan
Criminal Peers	Friends & Associates
Dysfunctional Family	Family Situation
Anti-Social Values	Pro-Social Behavior
Substance Abuse	Substance Abuse
Self Control	Pro-Social Behavior

**Criminal Peers** is widely accepted as one of the criminogenic need factors. Associating with other criminals increases the likelihood of an offender will reoffend. If an offender is immersed in a group of peers who continue to commit unlawful acts, it will be more likely this offender will commit more crimes. The responses to the Offender Self Report give an indication there is a current association with peers who:

- are involved in the criminal justice system
- use or sell drugs
- are gang members

The officer's observations indicate there is a codefendant in the case.

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**Dysfunctional Family** is widely accepted as one of the criminogenic need factors. The DCC assessment questions identify current and/or past history where criminal activity, substance abuse behaviors, physical, emotional, or psychological abuse may exist or have been present in the home at one time or another. The responses to the Offender Self Report give an indication of a past history or a current family situation of:

- lack of family involvement
- lack of problem solving ability
- growing up in a family that did not have established roles or support
- lack of rules or standards for acceptable behavior

The officer's observations indicate:

- family members are currently in the correctional system
- minor children are present in the home

The officer's observations also indicate the current family environment is positive and the offender did not report experiences consistent with having a physically, emotionally or sexually abusive family as a child.

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**Anti-Social Values** or criminal thinking is widely accepted as one of the criminogenic need factors. Anti-Social Values allow offenders to disassociate themselves from community peers and the values and norms of the community. In addition, they limit their interaction with others in the community except those who are engaged in criminal conduct. The responses to the Offender Self Report give an indication that the offender's criminal thinking style exhibits:

- the belief that the individual deserves special considerations (entitlement)
- the interaction with others is confrontational or manipulative (power orientation)
- the inability of the individual to empathize with others or feel emotion (cold heartedness)
- the lack of desire to accept responsibility for one's behavior (personal irresponsibility)
- shows the desire for retribution or revenge

The officer's observations indicate the offender:

- is truthful in answering the questions
  - is involved in pro-social activities (church, sports, activities or hobbies)
  - does not display a lack of remorse for behavior
  - reports having friends
-

**Substance Abuse** behavior is widely accepted as one of the criminogenic need factors. Research has shown there is a relationship between substance abuse and criminal behavior. If substance abuse is flagged it is likely the offender is in need of a substance abuse assessment. The responses to the Offender Self Report give an indication that the following symptoms of substance abuse are present:

- increased tolerance or increased frequency of use
- life disruptions due to continued use
- the desire to stop using drugs or alcohol
- continued legal problems due to drugs and alcohol

The officer's observations indicate that the offender presents visual and behavioral signs of substance abuse.

**Self Control** The responses to the Offender Self Report give an indication that the offender has problems controlling his own behavior and is more likely to end up with negative consequences if events or situations, people, places or things that set off certain behaviors at a particular time are not identified.

The officer's observations indicate the offender does not exhibit impulsive behavior.

Other Identified Needs or Barriers	Life Area in the Case Plan
Academic/Vocational	Academic/Vocational
Housing	Housing/Current Living Situation
Mental Health Level 3 (potential for mental health issue)	Mental Health
Transportation	Transportation

**Mental Health Level 3 (potential for mental health issue)** The responses to the Offender Self Report and the Officer Interview and Impressions indicate potential mental health issue. Refer to local mental health as necessary.

Offender Self-Reported Life Area Problems (from the DCC Self-Assessment Survey)

Problem Life Area	Interest in Improving (out of 10)	Suggestions for Improvement
Employment	10	finding a job
Financial Situation	7	need help
Housing/Current Living Situation	5	need a job
Substance Abuse	10	need help to stop smoking
Transportation	3	need bus pass

## Academic/Vocational

I try to make my job or school situation better.	Never true
When I was in school I was in special education classes.	Never true
I find it difficult to read.	Never true
When I buy something with cash, I can figure out how much change I should get back.	Always true
Are you currently enrolled in school?	Yes
Do you have a high school diploma/GED?	No
Do you have a trade or other professional credentials?	No
Does the offender speak English fluently?	Yes english is her first language.
Does the offender need assistance in reading the materials related to his supervision?	No

## Employment

I am okay with my current work or school situation.	Usually true
I have the skills that I need to get a good job.	Always true
Are you currently employed?	No
Does the offender's work/school history show a pattern of instability?	Yes def has failed to obtain her g.e.d., but is working on getting it, and has not been able to secure a job at current time.

## Family Situation

(Some items are used to flag the Criminogenic Need: Dysfunctional Family)

Family members were in trouble with the law.	Sometimes true
There were fights and arguments in my home.	Sometimes true
When I had a problem I knew someone in my family would help me solve it.	Rarely true
I knew I would be punished if rules were broken.	Rarely true
We didn't hold to any rules or standards.	Sometimes true
Anything goes in our family.	Never true
Did the offender report experiences consistent with having a physically, emotionally or sexually abusive family as a child?	No no abuse reported
I am happy with my current family life.	Sometimes true
My family understands my situation and problems.	Always true
Is anyone dependent on you for financial support?	No
Are any other members of your family currently under supervision?	No
Are any other members of your family currently incarcerated or in jail?	Yes
Are there any minor children in your home?	Yes
Is the offender's current family environment positive?	Yes def. mother allows def to stay with her and supports her while she is unemployed.

## Financial Situation

I run out of money right before payday.	Never true
I struggle to pay the rent or things like my light bill.	Sometimes true
I have to rely on others for money.	Usually true
It's hard for me to pay for my medical needs.	Usually true
Are you dependent upon public assistance or a limited pension for income?	No
Have you been homeless in the past year?	No

## Friends & Associates

(Some items are used to flag the Criminogenic Need: Criminal Peers)

How many friends do you have?	4
How many of those friends are on probation, parole or post release (like you are now)?	4
How many of those friends are members of a gang?	2
How many of those friends have ever committed a crime, whether or not they were arrested?	2
How many of those friends sell or use drugs (including pot)?	3
How many of those friends are involved in community or social organizations?	0
How many of those people are your close friends?	4
Does the offender have gang markings or gang tattoos?	No
Did the offender commit the crime(s) with another person?	Yes

## Housing/Current Living Situation

I have a permanent place to live.	Always true
How many times have you changed residences in the past year?	4
Is the offender's current residence suitable?	Yes suitable, ofc has verified her residence.

## Legal

Does the offender have any pending charges or protective orders?	No
Has the offender ever been arrested for assaultive behavior?	No
Is the offender currently involved in civil, divorce, child custody or child support proceedings?	No
Please rate how the offender's attitude will affect their ability to complete the conditions of their release/supervision.	-1 on a scale of -5 to 5
Please rate the likelihood that the offender will successfully complete this period of supervision.	4 on a scale of 0 to 10
Please rate the likelihood that the offender will be arrested for another crime after the period of supervision is complete.	4 on a scale of 0 to 10

## Mental Health

(Some items are used to flag the Criminogenic Need: Anti-Social Personality)

In trouble before age 15 for Skipping school	Yes
In trouble before age 15 for Running away	No
In trouble before age 15 for Fighting	No
In trouble before age 15 for Having weapons	No
In trouble before age 15 for Forcing sexual activities on others	No
In trouble before age 15 for Hurting animals or people	No
In trouble before age 15 for Tearing up others' property	No
In trouble before age 15 for Starting fires	Yes
In trouble before age 15 for Lying	Yes
In trouble before age 15 for Stealing something from others	No
Sometimes I can't stop myself from doing something, even if I know it is wrong.	Sometimes true
It's exciting to try something that might get me in trouble.	Never true
I try to stay out of situations that might get me in trouble.	Always true
I apologize to others when I do wrong.	Always true
I get in trouble because I have bad luck.	Rarely true
Breaking the law is not a big deal as long as you don't hurt someone.	Never true
I hear or see things that other people say they don't hear or see.	Sometimes true
I believe that other people can control my mind by putting thoughts into my head or taking thoughts out of my head.	Never true
I have so much energy that I can go for days without sleep and thoughts just race through my head.	Never true
I feel so bad that I think of taking my own life.	Never true
Have you ever been hospitalized for emotional or mental health problems?	No
Have you ever taken medication for emotional or mental health problems?	No
Are you now on medication for emotional or mental health problems?	No
Does the offender need a mental health referral?	Yes def is already enrolled in daymark services for sub abuse and mental health
Please rate the offender's attitude.	-1 on a scale of -5 to 5

## Physical Health

Because of my health, it's hard to do everyday tasks.	Sometimes true
Are you currently under a doctor's care or taking medications?	No
Are you pregnant?	No
Do you have any chronic medical conditions that require frequent care?	No
Do you have health insurance?	Yes

## Pro-Social Behavior

(Some items are used to flag the Criminogenic Needs: Anti-Social Values and Low Self-Control)

People would describe me as impulsive.	Rarely true
I become angry when people try to tell me what to do.	Usually true
I think about what could happen before acting.	Always true
I lose my temper easily.	Sometimes true
I blurt out whatever is on my mind.	Usually true
I think the world owes me a better life.	Usually true
I get even with people who mess with me.	Sometimes true
I think about how my actions will affect others.	Usually true
I can control the things I say.	Always true
I do things I had not planned to do.	Always true
Are you involved in any community or social organizations? (i.e., hobbies, church or religious organization, volunteer activities, sports)	Yes
Is the offender involved in positive family activities?	Yes def stays with her mother and is very active with her mother life.
Does the offender exhibit impulsive behavior?	No none reported
Is the offender truthful in answering questions?	Yes appears truthful
Does the offender display a lack of remorse or guilt for his/her behavior?	No accepts responsibility
Has the offender indicated that they have no friends?	No

## Sex Offender

## Substance Abuse

(Some items are used to flag the Criminogenic Need: Substance Abuse)

How many days in a typical week do you drink alcohol or use drugs?	3-5 days
How many days in a typical week do you drink more than 5 drinks at one sitting?	2
At the time of the offense that I am on probation for happened, I was...	under the influence of just drugs
When I drink alcohol or use drugs I get in arguments with others.	Never true
I feel 'hung over' or sick when I wake up.	Rarely true
When I drink or use drugs I get in trouble at work/school.	Rarely true
I think about stopping drinking or doing drugs.	Always true
Does the offender present visual or behavioral signs of substance abuse?	Yes court ordered tasc, has past history of smoking marijuana along with pending charges.

## Transportation

Do you have a valid driver's license?	No
Do you have a reliable method of transportation?	Yes

## Victims

# Open/Ongoing Special Conditions/Sanctions

Sent	Condition/Sanction	Qualifier	Length	Effective
01-001	TRANS TO UNSUPV UPON COMPLY	COURT ORDERED	12 mth	03/09/2010
01-001	PAY SUPERVISION FEES	COURT ORDERED	12 mth	03/09/2010
01-001	PAY COSTS OF COURT	COURT ORDERED	12 mth	03/09/2010
01-001	SUB TO DRUG SCREENING	COURT ORDERED	12 mth	03/09/2010
01-001	OTHER SANCTIONS, SEE COMMENTS	COURT ORDERED	12 mth	03/09/2010
Comments		UPON PAYMENT OF TOTAL AMOUNT DUE, AND IF NO POSITIVE DRUG		
		TESTS, PPO MAY TRANSFER TO UNSUPV PROBATION.		

Case Plan for:

OPUS ID:

Officer:

Last Revised: 02/02/2012

Current Address:

<b>Employment</b>	Goal: Determine Employment ability. Personal Statement: finding a job
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<b>Family Situation</b>	Goal: Improve and maintain positive family relationships. Personal Statement: just leave
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Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Maintain positive relationship with family members.	01/10/2011	Ongoing	OFFENDER		
Be honest and dependable for your family.	01/10/2011	Ongoing	OFFENDER		

<b>Financial Situation</b>	Goal: Review/Monitor financial status. Personal Statement: need help
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Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Pay supervision fees	03/09/2010*	Ongoing	OFFENDER		
Pay costs of court	03/09/2010*	Ongoing	OFFENDER		

<b>Friends &amp; Associates</b>	Goal: Maintain positive relationships. Personal Statement:
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Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Develop positive friends/community relationships.	01/10/2011	Ongoing	OFFENDER		

<b>Housing/Current Living Situation</b>	Goal: Obtain/Maintain stable residence Personal Statement: need a job
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<b>Legal</b>	Goal: Satisfy all pending legal matters and refrain from further criminal activities. Personal Statement:
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Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Transfer to Unsupervised upon Completion.	03/09/2010*	Ongoing	OFFENDER		
Other Sanctions, see comments	03/09/2010*	Ongoing	OFFENDER		

<b>Mental Health</b>	Goal: Address any mental health needs identified and establish a healthy lifestyle. Personal Statement: need counseling
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<b>Pro-Social Behavior</b>		Goal: Remain crime free by developing skills for pro-social behavior.			
		Personal Statement: attitude problem			
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Develop positive leisure activities.	05/03/2011	Ongoing	OFFENDER		

<b>Substance Abuse</b>		Goal: Remain alcohol and drug free. Learn techniques to avoid use.			
		Personal Statement: need help to stop smoking			
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Submit to Drug Screening.	03/09/2010*	Ongoing	OFFENDER		
Attend TASC assessment as scheduled. Follow any treatment recommendations.	10/06/2010	Ongoing	OFFENDER		

<b>Transportation</b>		Goal: Locate and secure suitable transportation.			
		Personal Statement: need bus pass			

<b>Carey Guides Blue</b>		Goal: Explore new ways to prevent re-arrest and be successful on probation.			
		Personal Statement:			
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Anger-Complete Tool #1-Recognizing physical signs of anger.	01/23/2012	Achieved	OFFENDER		

<b>Carey Guides Red</b>		Goal: Apply new techniques to be successful on probation.			
		Personal Statement:			
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Motivating Offenders to Change-Complete Tool #1-Making your Decision.	08/08/2011	Achieved	OFFENDER		
Motivating Offenders to Change-Complete Tool #2-Making your commitment.	08/08/2011	Achieved	OFFENDER		
Motivating Offenders to Change-Complete Tool #3-Making your change plan.	08/08/2011	Achieved	OFFENDER		
Motivating Offenders to Change-Complete Tool #4-Renewing your commitment.	08/08/2011	Achieved	OFFENDER		

## Risk/Needs Summary Report

**Offender:**

Period of Supv: 10/26/2011

# Assigned Supervision Level: L4

**Risk of Rearrest (from OTI): Low (L3)**

**Needs Level: Moderate (L3)**

Type: Initial Assigned: 01/12/2012

Offender Traits Inventory (OTI)

Case Factor	Pts
1. Conviction (0-10) DWI: 1 Other: 0	1
3. Marital (0, 3, 5) Married/Widowed: 0	0
5. Drug Addiction (0, 5) No history of drug addiction: 0	0
7. Employment Status (0, 4) Employed, passing in school: 0	0
9. Gender OPUS Scored: 7	7
11. Punishment Type OPUS Scored: 0	0

Case Factor	Pts
2. Financial Status (0, 3, 6) No known difficulty: 3	3
4. Attitude (0, 6) Motivated to change, receptive to assistance: 0	0
6. Employment (0, 4) Employed more than 7 of the last 12 months: 0	0
8. High School Dropout High School dropout: 3	3
10. Age OPUS Scored: 4	4
<b>Total OTI Score: 18</b>	

### Risk of Rearrest (from OTI)

This offender scored in the low risk of re-arrest range. Research has shown that offenders who scored 16-25 points have an average of 14% probability of being re-arrested within the first year of supervision.

Criminogenic Needs	Life Area in the Case Plan
Dysfunctional Family	Family Situation
Self Control	Pro-Social Behavior

**Dysfunctional Family** is widely accepted as one of the criminogenic need factors. The DCC assessment questions identify current and/or past history where criminal activity, substance abuse behaviors, physical, emotional, or psychological abuse may exist or have been present in the home at one time or another. The responses to the Offender Self Report give an indication of a past history or a current family situation of:

- lack of family involvement
- lack of problem solving ability
- growing up in a family that did not have established roles or support

The officer's observations indicate:

- family members are dependent on the offender for financial support
- minor children are present in the home

The officer's observations also indicate the current family environment is positive and the offender did not report experiences consistent with having a physically, emotionally or sexually abusive family as a child.

**Self Control** The responses to the Offender Self Report give an indication that the offender has problems controlling his own behavior and is more likely to end up with negative consequences if events or situations, people, places or things that set off certain behaviors at a particular time are not identified.

The officer's observations indicate the offender does not exhibit impulsive behavior.

Other Identified Needs or Barriers	Life Area in the Case Plan
Academic/Vocational	Academic/Vocational
Financial	Financial Situation
Legal	Legal
Physical Health	Physical Health
Transportation	Transportation

Offender Self-Reported Life Area Problems (from the DCC Self-Assessment Survey)

Problem Life Area	Interest in Improving (out of 10)	Suggestions for Improvement
Financial Situation	10	WORK MORE.
Legal	9	NOT BREAK LAW.
Pro-Social Behavior	10	
Substance Abuse	9	NOT TO DRINK.
Transportation	9	GET D.L. BACK.

## Academic/Vocational

I try to make my job or school situation better.	Always true
When I was in school I was in special education classes.	Never true
I find it difficult to read.	Sometimes true
When I buy something with cash, I can figure out how much change I should get back.	Sometimes true
Are you currently enrolled in school?	No
Do you have a high school diploma/GED?	No
Do you have a trade or other professional credentials?	No
Does the offender speak English fluently?	No ENGLISH IS NOT THE LANGUAGE SPOKEN IN HIS HOME. ENGLISH IS NOT HIS PRIMARY LANGUAGE. SPANISH IS HIS PRIMARY LANGUAGE. HE DID NEED AN INTERPRETER FOR COURT. HE IS NOT ENROLLED IN ANY ESL CLASSES.
Does the offender need assistance in reading the materials related to his supervision?	Yes

## Employment

I am okay with my current work or school situation.	Always true
I have the skills that I need to get a good job.	Sometimes true
Are you currently employed?	Yes
Does the offender's work/school history show a pattern of instability?	No HE SAID HE HAS NEVER BEEN FIRED FROM A JOB. HE THINKS HE WAS SUSPENDED, BUT NOT EXPELLED. HE FINISHED 6 GRADES. HE SAID HE HAS HELD DOWN A JOB FOR A WHOLE YEAR BEFORE. HE SAID HE HAS WORKED WITH CURTAINWALL FABRICATORS FOR 4 YEARS, BUT HE SAID HE GETS LAYED OFF AT LEAST ONCE A YEAR. HE IS EMPLOYED THERE NOW.

## Family Situation

(Some items are used to flag the Criminogenic Need: Dysfunctional Family)

Family members were in trouble with the law.	Never true
There were fights and arguments in my home.	Never true
When I had a problem I knew someone in my family would help me solve it.	Usually true
I knew I would be punished if rules were broken.	Always true
We didn't hold to any rules or standards.	Never true
Anything goes in our family.	Always true
Did the offender report experiences consistent with having a physically, emotionally or sexually abusive family as a child?	No HE WAS NEVER PLACED IN ANY TYPE OF PROTECTIVE CUSTODY. BOTH OF HIS PARENTS TOOK CARE OF HIM WHEN HE WAS GROWING UP. HE SAID HE AND HIS SIBLINGS DID NOT HAVE TO TAKE ON ANY AGE INAPPROPRIATE PARENTING RESPONSIBILITIES. NO ADULTS IN HIS CHILDHOOD HOMOE ABUSED DRUGS OR ALCOHOL. HE DOES NOT FEEL THAT HE WAS EVER PUNISHED FOR NO REASON.
I am happy with my current family life.	Never true
My family understands my situation and problems.	Always true
Is anyone dependent on you for financial support?	Yes
Are any other members of your family currently under supervision?	No
Are any other members of your family currently incarcerated or in jail?	No
Are there any minor children in your home?	Yes
Is the offender's current family environment positive?	Yes HE SAID HE DOES FEEL THAT HIS FAMILY CAN HELP HIM COMPLETE HIS PROBATION. HE SAID THEY ARE WILLING TO HELP HIM. THEY DO NOT HAVE FREQUENT ARGUMENTS OR FIGHTING IN HIS HOUSEHOLD. NONE OF HIS FAMILY MEMBERS OR HOUSEHOLD MEMBERS USE DRUGS OR ALCOHOL. HE IS NOT CURRENTLY IN A PHYSICALLY OR EMOTIONALLY ABUSIVE RELATIONSHIP.

## Financial Situation

I run out of money right before payday.	Sometimes true
I struggle to pay the rent or things like my light bill.	Always true
I have to rely on others for money.	Usually true
It's hard for me to pay for my medical needs.	Always true
Are you dependent upon public assistance or a limited pension for income?	No
Have you been homeless in the past year?	No

## Friends & Associates

(Some items are used to flag the Criminogenic Need: Criminal Peers)

How many friends do you have?	10
How many of those friends are on probation, parole or post release (like you are now)?	0
How many of those friends are members of a gang?	0
How many of those friends have ever committed a crime, whether or not they were arrested?	0
How many of those friends sell or use drugs (including pot)?	0
How many of those friends are involved in community or social organizations?	0
How many of those people are your close friends?	5
Does the offender have gang markings or gang tattoos?	No
Did the offender commit the crime(s) with another person?	No

## Housing/Current Living Situation

I have a permanent place to live.	Always true
How many times have you changed residences in the past year?	0
Is the offender's current residence suitable?	Yes HIS HOME IS ADEQUATELY HEATED AND COOLED AND IS HAS ADEQUATE BATHROOM FACILITIES. THEY HAVE NO INVOLVEMENT WITH SOCIAL SERVICES. HE SAID HIS RESIDENCE DOES NOT HAVE ANY HUMAN OR ANIMAL WASTE, BUG INFESTATION, OR DIRTY DISHES.

## Legal

Does the offender have any pending charges or protective orders?	Yes
Has the offender ever been arrested for assaultive behavior?	No
Is the offender currently involved in civil, divorce, child custody or child support proceedings?	No
Please rate how the offender's attitude will affect their ability to complete the conditions of their release/supervision.	2 on a scale of -5 to 5
Please rate the likelihood that the offender will successfully complete this period of supervision.	7 on a scale of 0 to 10
Please rate the likelihood that the offender will be arrested for another crime after the period of supervision is complete.	6 on a scale of 0 to 10

# Mental Health

(Some items are used to flag the Criminogenic Need: Anti-Social Personality)

In trouble before age 15 for Skipping school	No
In trouble before age 15 for Running away	No
In trouble before age 15 for Fighting	No
In trouble before age 15 for Having weapons	No
In trouble before age 15 for Forcing sexual activities on others	No
In trouble before age 15 for Hurting animals or people	No
In trouble before age 15 for Tearing up others' property	No
In trouble before age 15 for Starting fires	No
In trouble before age 15 for Lying	No
In trouble before age 15 for Stealing something from others	No
Sometimes I can't stop myself from doing something, even if I know it is wrong.	Never true
It's exciting to try something that might get me in trouble.	Never true
I try to stay out of situations that might get me in trouble.	Always true
I apologize to others when I do wrong.	Always true
I get in trouble because I have bad luck.	Never true
Breaking the law is not a big deal as long as you don't hurt someone.	Never true
I hear or see things that other people say they don't hear or see.	Never true
I believe that other people can control my mind by putting thoughts into my head or taking thoughts out of my head.	Never true
I have so much energy that I can go for days without sleep and thoughts just race through my head.	Never true
I feel so bad that I think of taking my own life.	Never true
Have you ever been hospitalized for emotional or mental health problems?	No
Have you ever taken medication for emotional or mental health problems?	No
Are you now on medication for emotional or mental health problems?	No
Does the offender need a mental health referral?	No HE SAID HE DOES NOT FEEL THAT HE NEEDS A MENTAL HEALTH REFERRAL. I DO NOT BELIEVE HE DOES EITHER. I WOULD HAVE TO SAY "NO" TO ALL QUESTIONS LISTED ABOVE ON THIS TOPIC.
Please rate the offender's attitude.	3 on a scale of -5 to 5

# Physical Health

Because of my health, it's hard to do everyday tasks.	Always true
Are you currently under a doctor's care or taking medications?	No
Are you pregnant?	No
Do you have any chronic medical conditions that require frequent care?	No
Do you have health insurance?	No

# Pro-Social Behavior

(Some items are used to flag the Criminogenic Needs: Anti-Social Values and Low Self-Control)

People would describe me as impulsive.	Rarely true
I become angry when people try to tell me what to do.	Always true
I think about what could happen before acting.	Always true
I lose my temper easily.	Always true
I blurt out whatever is on my mind.	Always true
I think the world owes me a better life.	Sometimes true
I get even with people who mess with me.	Never true
I think about how my actions will affect others.	Always true
I can control the things I say.	Always true
I do things I had not planned to do.	Always true
Are you involved in any community or social organizations? (i.e., hobbies, church or religious organization, volunteer activities, sports)	No
Is the offender involved in positive family activities?	Yes HE SPENDS TIME WITH HIS FAMILY. THEY STAY HOME TOGETHER AND DO THINGS OUTSIDE. HIS DAUGHTER IS NOT IN SCHOOL. HE DOES NOT HELP WITH ANY SCHOOL WORK BECAUSE HIS DAUGHTER DOES NOT HAVE ANY CURRENTLY. SHE SAID HE WATCHES TELEVISION WITH HIS DAUGHTER AND PLAYS WITH HER WITH HER TOYS. HIS DAUGHTER IS NOT INVOLVED IN ANY ACTIVITIES YET. SHE STAYS WITH A BABYSITTER DURING THE DAY.
Does the offender exhibit impulsive behavior?	No HE DOES NOT HAVE A REPUTATION FOR LOSING HIS TEMPER. HE DOES NOT HAVE A REPUTATION FOR ACTING ON THE SPUR OF THE MOMENT. HE HAS NOT INTERRUPTED OR ARGUED WITH ME. HE IS ONLY DIFFICULT TO COMMUNICATE WITH DUE TO THE LANGUAGE BARRIER.
Is the offender truthful in answering questions?	Yes HE SAID HE HAS BEEN HONEST IN ANSWERING MY QUESTIONS TODAY. I AGREE AND I HAVE NOT FOUND ANY EVIDENCE OF LYING. HE HAS NOT BEEN EVASIVE.
Does the offender display a lack of remorse or guilt for his/her behavior?	No HE IS REMORSEFUL. HE DOES NOT BLAME ANY OTHERS OR THE VICTIM. HE DOES NOT AGREE WITH THE LAST STATEMENT.
Has the offender indicated that they have no friends?	No

# Sex Offender

## Substance Abuse

(Some items are used to flag the Criminogenic Need: Substance Abuse)

How many days in a typical week do you drink alcohol or use drugs?	0 days
How many days in a typical week do you drink more than 5 drinks at one sitting?	0
At the time of the offense that I am on probation for happened, I was...	under the influence of just alcohol
When I drink alcohol or use drugs I get in arguments with others.	Never true
I feel 'hung over' or sick when I wake up.	Never true
When I drink or use drugs I get in trouble at work/school.	Never true
I think about stopping drinking or doing drugs.	Never true
Does the offender present visual or behavioral signs of substance abuse?	No I HAVE NEVER OBSERVED HIM UNDER THE INFLUENCE OF ALCOHOL OR DRUGS. I HAVE NEVER SMELLED ANY DRUGS OR ALCOHOL ON HIS PERSON. HE HAS NEVER HAD A POSITIVE DRUG TEST. HE SAID HE HAS NO POSSESSION OF DRUG PARAPHERNALIA IN HIS HOUSE, AUTO, OR ON HIS PERSON. HE HAS NO TRACK MARKS.

## Transportation

Do you have a valid driver's license?	No
Do you have a reliable method of transportation?	Yes

## Victims

# Open/Ongoing Special Conditions/Sanctions

Sent	Condition/Sanction	Qualifier	Length	Effective
01-001	PARTICIPATE/COMPLETE TREATMENT	COURT ORDERED	36 mth	10/26/2011
01-001	PAY SUPERVISION FEES	COURT ORDERED	36 mth	10/26/2011
01-001	PAY COSTS OF COURT	COURT ORDERED	36 mth	10/26/2011
01-001	PAY FINES ORDERED BY COURT	COURT ORDERED	36 mth	10/26/2011
01-001	POSS/USE CONTROLLED SUBSTANCE	COURT ORDERED	36 mth	10/26/2011
01-001	SUB TO DRUG SCREENING	COURT ORDERED	36 mth	10/26/2011
01-001	SUBMIT TO WARRANTLESS SEARCH	COURT ORDERED	36 mth	10/26/2011
01-001	OBTAIN SUBST ABUSE ASSESSMENT	COURT ORDERED	36 mth	10/26/2011
01-001	OTHER SANCTIONS, SEE COMMENTS	COURT ORDERED	36 mth	10/26/2011
	Comments	DEFENDANT IS NOT TO OPERATE A MOTOR VEHICLE UNTIL LICENSED		
		BY DMV;		
		DEFENDANT IS NOT TO ABUSE ALCOHOL.		
		PROBATION MAY BE TRANSFERRED TP PITT COUNTY.		
		HE MAY SERVE ACTIVE SENTENCE IN PITT COUNTY IF ALLOWED BY		
		THE SHERIFF OF THAT COUNTY.		

Case Plan for:

OPUS ID:

Officer:

Last Revised: 02/07/2012

Current Address:

<b>Employment</b>		Goal: Determine Employment ability.			
Personal Statement:					
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Obtain and maintain full-time employment and provide monthly verification to PPO.	02/07/2012	Ongoing	OFFENDER	10/26/2011	

<b>Financial Situation</b>		Goal: Review/Monitor financial status.			
Personal Statement:					
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Pay supervision fees	10/26/2011*	Ongoing	OFFENDER	10/26/2011	
Pay costs of court	10/26/2011*	Ongoing	OFFENDER	10/26/2011	
Pay fines ordered by court	10/26/2011*	Ongoing	OFFENDER	10/26/2011	
PAY \$68.00 PER MONTH ON MOORE CO. CASE# 10CRS51533 BEGINNING ON 11/26/11 AND CONTINUING ON THE 26TH OF EACH MONTH THEREAFTER UNTIL PAID IN FULL.	02/07/2012	Ongoing	OFFENDER	10/26/2011	

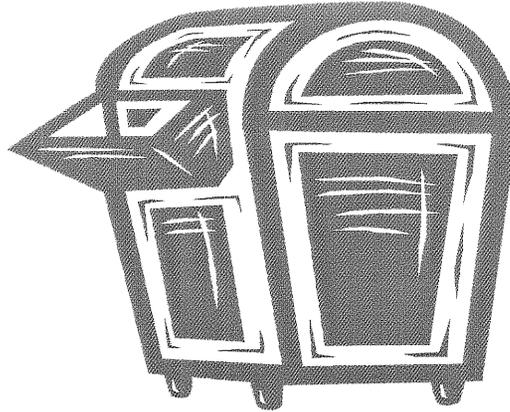
<b>Legal</b>		Goal: Satisfy all pending legal matters and refrain from further criminal activities.			
Personal Statement:					
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Submit to warrantless searches	10/26/2011*	Ongoing	OFFENDER	10/26/2011	
Other Sanctions, see comments	10/26/2011*	Ongoing	OFFENDER	10/26/2011	
Complete Special Probation Active T.	10/26/2011*	Achieved	OFFENDER	10/28/2011	11/13/2011
Report all contacts with Law Enforcement or the Courts.	02/07/2012	Ongoing	OFFENDER	10/26/2011	
Commit no criminal offense in any jurisdiction.	02/07/2012	Ongoing	OFFENDER	10/26/2011	
Not be in possession of a deadly weapon as listed on G.S. 14-269.	02/07/2012	Ongoing	OFFENDER	10/26/2011	

<b>Pro-Social Behavior</b>		Goal: Remain crime free by developing skills for pro-social behavior.			
Personal Statement:					
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
REPORT FOR ALL APPOINTMENTS AS DIRECTED BY HIS PO.	02/07/2012	Ongoing	OFFENDER	10/26/2011	

<b>Substance Abuse</b>		Goal: Remain alcohol and drug free. Learn techniques to avoid use.			
Personal Statement:					
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Participate in and Complete Treatment.	10/26/2011*	Projected	OFFENDER		
Obtain substance abuse assessment	10/26/2011*	Projected	OFFENDER		
Do not possess/use controlled substances	10/26/2011*	Ongoing	OFFENDER	10/26/2011	
Submit to Drug Screening.	10/26/2011*	Ongoing	OFFENDER	10/26/2011	
HE IS NOT TO ABUSE ALCOHOL.	02/07/2012	Ongoing	OFFENDER	10/26/2011	

<b>Transportation</b>		Goal: Locate and secure suitable transportation.			
Personal Statement:					
Action Step	Ordered* / Created	Status	Responsible Party	Start Date	End Date
Surrender license.	10/26/2011*	Achieved	OFFENDER	10/26/2011	10/26/2011
HE IS NOT TO OPERATE A MOTOR VEHICLE UNTIL RELICENSED BY DMV.	02/07/2012	Ongoing	OFFENDER	10/26/2011	



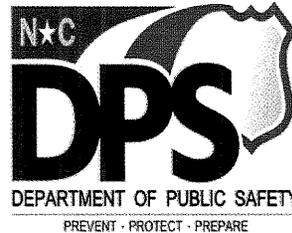


### STEPS TO LOG IN (CONTINUED)

Answer all the questions. Click "Next" to continue to the next question. You are expected to answer questions about the following:

- \* Your current living address
- \* Your current mailing address
- \* Your other contact information (phone numbers, e-mail)
- \* Your employment and/or student status and contact information
- \* Information about any sources of income you may have
- \* Information about any contact with law enforcement you may have had
- \* Whether you have completed or are complying with your Conditions of Supervision
- \* You will also have the opportunity to submit additional notes or comments that you want to discuss with your probation/parole officer.

If you do not have access to the internet, you can submit your report via US Mail. Your officer will give you the Mail-In form which is to be completed monthly. The form can be mailed to your officer or you can drop it by the office.



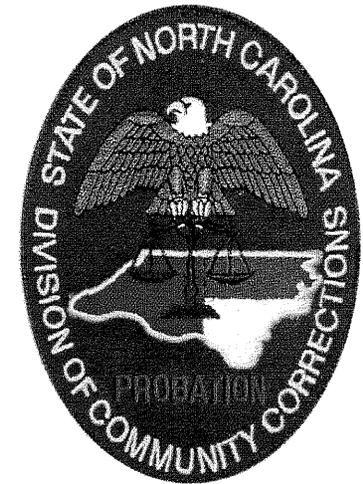
Contact your Probation/Parole officer if you have additional questions:

NAME: \_\_\_\_\_

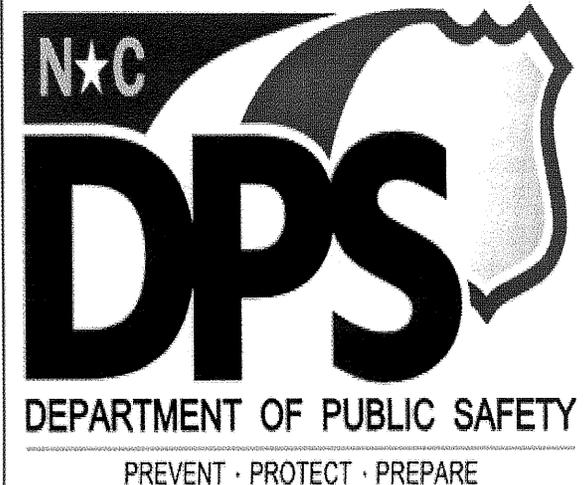
E-Mail: \_\_\_\_\_

Phone #: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_



## Offender Accountability Reporting



**\*\*NOTE:** You must answer all the report questions accurately, truthfully, and completely. Failure to do so in a timely manner may be considered a violation of your supervision.

# OAR

## Offender Accountability Reporting

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This brochure is designed to help answer questions you may have about remote reporting electronically.

If you are reading this information, you have most likely been on supervision for at least a few months. Based on your officer's observations, assessment results and compliance with the conditions of supervision to date, you are eligible to report to your probation/parole officer electronically through the internet.

Reporting electronically to your assigned officer is a privilege and just as important as reporting in person and is considered mandatory. Failure to comply could place you in violation of the conditions of your supervision.

### Frequently Asked Question's

#### 1. What are the benefits of remote reporting?

- Remote Reporting saves you time, money, and gas because you won't have to travel to the office location to meet with your officer.
- You don't have to take time off from work, find a ride or make child care arrangements in order to meet with your officer.
- You can check in with your assigned officer any time, including nights, weekends, or holidays.
- You can remote report from any location that can access the internet.



### Frequently Asked Question's Continued

#### 2. What are the consequences of failing to cooperate with remote reporting?

- Failure to submit your remote report is viewed the same as missing an actual office appointment with your assigned probation/parole officer.
- Failure to remote report may result in a violation of your probation/parole.
- You may lose the option to remote report and will then have to report to the office more frequently.

#### 3. Will I ever have to report in person to my officer again?

Being placed on remote reporting does not mean you will never have to report in person. Your officer may request you appear in person, if additional information is needed to ensure your compliance with your supervision conditions.

#### 4. How often do I have to remote report?

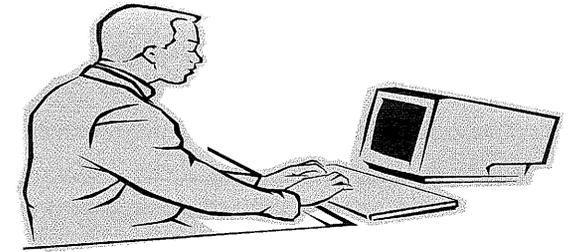
It is important to remote report every 30 days.

#### 5. What if I am unable to submit my report on time?

Contact your officer immediately.

#### 6. How do I remote report?

You will use a computer with internet access to complete the report. You can use a computer in your home, the public library, at a friend's house or any Smart-phone device. Most Community Corrections office locations have a computer in the lobby available for your use.



### STEPS TO LOG IN:

- Start an Internet Web Browser, for example: Microsoft Internet Explorer, Mozilla, Firefox, or Apple Safari.

*\*\*NOTE: the reporting program uses pop-up windows, so you must ensure that pop-up blockers are disabled, at least temporarily.*

- Go to the address box and enter the following link: <http://www.doc.state.nc.us/dcc>
- Click the button that says "Offender Accountability Report".
- Sign in with your DOC Number and the 4-digit PIN that you agreed on with your supervising officer.

*\*\*Note: you must enter the DOC Number and PIN successfully in less than five tries or your ability to log in will be revoked. You must contact your supervising officer if this happens.*

## **Chapter E Noncompliance**

### **Section .0200 THE NONCOMPLIANCE GRID AND RESPONSES TO NONCOMPLIANCE**

**Issue Date: January 1, 2012**

**Supersedes: July 1, 2011**

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#### **.0201 PURPOSE**

This section sets out the minimum response to offender noncompliance. The chart establishes which actions should be taken at a minimum and can be elevated upon proper review with the chief probation parole officer.

#### **.0202 THE NONCOMPLIANCE GRID**

The authorized response to offender noncompliance by offenders of each supervision level is set out in the chart below. The five types of noncompliance (S1 being the most severe, S5 being the least severe, as further discussed below) are placed vertically on the left side of the chart. The five supervision levels are placed horizontally on the top of the chart. Knowing an offender's supervision level and the type of violation(s) he or she has committed, an officer can use the grid to determine the appropriate class of response.

The four classes of officer response, A, B, C, and D are set out to the right of the grid. Particular responses within a response class are listed from highest to lowest in terms of seriousness. Each type of response is discussed below in [§E.0205, Descriptions of Responses to Noncompliance](#).

When an offender's supervision level and type of noncompliance direct a class A response, the officer will file a violation report with the controlling authority and obtain an order for the offender's arrest or arrest the offender using form [DCC-12, Authority to Arrest](#). When an offender's supervision level and type of noncompliance direct a class B, class C or class D response, the officer will choose the appropriate response from the options set out to the right of the grid, taking into account the particular facts associated with the noncompliance, the case plan, the need for control versus the need for treatment, and responses to prior noncompliance.

For all noncompliance by L1 offenders, the supervising officer will, except for emergencies, make a recommendation to the chief probation/parole officer and obtain prior approval before responding. For all other offenders, the supervising officer will obtain prior approval from the CPPO only if the response requires court involvement (or, in the case of delegated authority, potential court involvement). Those responses are marked with an asterisk on the grid.

**Noncompliance by an offender whose supervision level has not yet been established will be addressed on a case-by-case basis through coordination between the supervising officer and the chief probation/parole officer.**

		SUPERVISION LEVEL					MINIMUM RESPONSE HIERARCHY
		L1*	L2*	L3	L4	L5	
TYPE OF NONCOMPLIANCE	S1 (public safety)	A	A	A	A	A	<b>A</b> PVR + arrest*
	S2 (new crime behavior or conviction)	A/B/C	A/B/C	C	C	C	<b>B</b> Delegated Authority Quick Dip*
	S3 (reoccur/multiple)	A/B/C	B/C	C	D	D	<b>C</b> PVR + cite* Contempt* Modify/extend* Delegated authority non quick dip* Increase searches Increase drug screens Increase contacts
	S4 (nonrecurring)	C	C	D	D	D	<b>D</b> Refer treatment CPPO reprimand Modify pay schedule Initiate contact, PPO reprimand
	S5 (non-willful)	D	D	D	D	D	
* CPPO approval required for responses marked (*) and all responses to violations by L1 and L2 offenders							

**.0203 TYPES OF NONCOMPLIANCE DEFINED**

Offender noncompliance is any behavior contrary to the offender's conditions of supervision. The Division categorizes noncompliance into five types, S1 through S5, from most to least severe. Categorizing violations is not an exact science; officers are expected to use their professional judgment in determining, for example, when a new criminal act or a combination of a new criminal act and technical violations constitute imminent threat to public safety and should thus be categorized as S1 instead of S2.

- (a) **Severity 1 (S1) noncompliance.** Offender behavior that causes a current or imminent threat to public safety, including actions that cause actual or threatened physical or mental harm.

- (b) **Severity 2 ( S2) noncompliance.** Offender behavior that constitutes a new crime (other than a Class 3 misdemeanor), but falls short of a actual or threatened physical or mental harm. When utilizing the 2-3 day quick-dip confinement through delegated authority, the officer should note the behavior that constitutes violations of supervision rather than the charge itself. [\*Examples of behaviors that constitute a violation of probation.\*](#) Convictions for new crimes should be formally reported to the court.
- (c) **Severity 3 ( S3) noncompliance.** Recurring or multiple violations of supervision conditions or program rules and regulations.
- (d) **Severity 4 ( S4) noncompliance.** Isolated or non-recurring violations of supervision conditions or program rules and regulations, or behavior that constitutes a Class 3 misdemeanor.
- (e) **Severity 5 ( S5) noncompliance.** Noncompliance with supervision conditions or program rules and regulations attributable to circumstances beyond the offender's control.

