

CUSTODY REASSESSMENT SCALE

Inmate Name: _____ Inmate I.D. # _____ Date of Birth: _____

Assessment Date: _____ County Jail

Reason for Reassessment: Routine Disciplinary Other _____

A. <u>Severity of Current Offense/ Conviction:</u> (Use Severity of Offense Scale and Rate Most Serious Offense/Conviction, including any detainees/warrants)	Low Moderate	0 1	High Highest	4 6	
B. <u>Serious Offense History:</u> (Use Severity Scale and Rate Most Serious Prior Convictn)	None or Low Moderate	0 1	High Highest	3 6	
C. <u>Escape History:</u> (Excluding Current Offense if scored in Item A)	No Offense for Escape, Escape Attempts, or Unauthorized Absences Unauthorized Absence From Community Corrections Facility or Assigned Program Offense for Escape From (secured) Custody, From Felony Arrest or Jail, or Attempt of Same			0 2 6	
Subtotal 1 (Add A, B, and C scores)		A total score of 7 or Higher in items A, B, and C automatically assign to maximum custody.			
D. <u>Number of Disciplinary Convictions:</u>	None One	0 2	Two Three or More	4 6	
E. <u>Most Serious Disciplinary Conviction:</u>	None Low Moderate	0 1 2	High Highest	5 7	
F. <u>Prior Felony Convictions:</u> This should include the last 5 years of 'street time.'	None One Two or More			0 1 2	
G. <u>Alcohol and/or Drug Abuse:</u>	No Social, Economic, Legal Problems due to abuse Abuse resulting in Social, Economic, Legal Problems Abuse resulting in assaultive behavior			0 1 2	
Subtotal 2 (Add D, E, F, and G scores)		Add scores D,E, F, and G.			
Total Comprehensive Custody		Add subtotal 1 and subtotal 2.			

<p>7 or more points on Items A, B, and C 11 or more points on Items A through G</p> <p style="text-align: center;"><input type="checkbox"/> Maximum Custody</p>	<p>Scale and Summary Recommendations: 6 to 10 points on Items A through G 5 or fewer points on Items A through G w/ Detainer or Warrant(Out-of-County or from another agency)</p> <p style="text-align: center;"><input type="checkbox"/> Medium Custody</p>	<p>5 or fewer points on Item A through G</p> <p style="text-align: center;"><input type="checkbox"/> Minimum Custody</p>
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Special Managed Concerns which apply:

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|---|--|---|--|
| <input type="checkbox"/> Protective Custody | <input type="checkbox"/> Psychological Impairment | <input type="checkbox"/> Escape Threat | <input type="checkbox"/> Serious Violence Threat |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Suspected Drug Trafficker | <input type="checkbox"/> Mental Deficiency | <input type="checkbox"/> Known Gang Affiliation |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Suicide Risk | <input type="checkbox"/> Known Management Problem | <input type="checkbox"/> Physical Impairment |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Other | | |

Is an override of Custody Level Recommended? Yes No

Explanation of Override:

Recommended Custody Level: Maximum Custody Medium Custody Minimum Custody

Signature of Officer conducting assessment: _____ Date of assessment: _____

Supervisory Review of Override: (if disapproved, provide a written explanation) Approved Disapproved

Written Explanation of Disapproval:

Final Custody Level: Maximum Custody Medium Custody Minimum Custody

Signature of Supervisor conducting review: _____ Date of assessment: _____