

PAROLE GUIDELINES RISK ASSESSMENT FORM

Inmate Name: _____ **#** _____
Institution: _____

Static Items:

Points:

1.	Current Offense		
	Theft/Burglary/Robbery	+2	
	Other	0	_____
2.	Any Felon Revocation(s)		
	Yes	+2	
	No	0	_____
3.	Prior DOC Incarcerations		
	Yes	+1	
	No	0	_____
4.	High School Degree/GED <i>or</i> Attending School <i>or</i> Employed for \geq 6 months prior to arrest		
	No condition met	+2	
	One condition met	+1	
	Two conditions met	0	_____
5.	Marital Status at most recent DOC Admission		
	Single <i>or</i> Never married	+1	
	Other	0	_____
6.	Age at time of hearing		
	\leq 21	+4	
	22-30	+3	
	31-40	+2	
	41-50	+1	
	\geq 51	0	_____
7.	Current Classification Level		
	Close/Maximum	+2	
	Community/Minimum <i>or</i>		
	Restricted/Medium	0	_____

8. **Completed Education *or* Vocation
or Treatment Programs**

No +2
Yes 0

9. **Most Severe Disciplinary Report in the
last 2 years** (If in local jail, match with DOC
category and list here)

Category VII or VI +2
Category V or IV +1
Category III, II, I *or* None 0

10. **Current Drug Abuse Rating**

Serious Abuse/
Not Addressed +2
None/Occasional Abuse 0
Serious Abuse/
Addressed 0

Total Static Score: _____

Total Dynamic Score: _____

Total Risk Assessment Score: _____

Overall Risk Level: (Check Correct Risk Level)

Level I (0-6 pts.) Level II (7-11 pts.) Level III (12-14 pts.) Level IV (15+ pts.)

RISK LEVEL

	IV	III	II	I
Offense Severity				
HIGHEST				
HIGH				
MODERATE				
LOW				

DECISION: ___ Parole ___ Reinstatement ___ Deferred _____ months ___ Serve Out