

Committing County _____

RISK LEVEL DETERMINATION

Youth's Name: _____

Date: _____

Date Sent to OYDC: _____

Date Sent Back to Court Counselor: _____

Court Counselor: _____

Offense: _____

Committing Offense Starting Score

3 – Low Level Felony

5 – Moderate Level Felony

7 – Serious Level Felony

Starting Risk Score: _____

Aggravating Factors (1 Point Each)

____ Offense Impact on Victim/Community

____ Prior Violent Delinquent Conduct

____ Substantial Adjudication History

____ Lack of Amenability w/Lessor Sanctions

____ Lack of School Programs

____ Gang Involvement

____ Multiple-Counts (Felony)

____ Drug Use

Adjustment Score Computation

Aggravation Factor Total _____

Mitigating Factor Total (-) _____

Final Adjustment to Score (=) _____

Adjusted score cannot exceed a plus or minus 3.

Mitigating Factors (1 Point Each)

____ Significant Improvement since Offense

____ Physical/Mental Impairment

____ Limited Adjudication History

____ Age and Maturity of Offender

____ Treatment Needs exceeds Punishment

____ Educational Needs

Final Risk Score

Starting Score _____

Adjustment Score (+ or -) _____

Final Risk Score (=) _____

Approved by Institutional Director: _____

Date: _____