### ADMISSION TO ADULT FIELD CASELOAD
#### ASSESSMENT OF OFFENDER RISK

<table>
<thead>
<tr>
<th>OFFENDER NAME</th>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>DOC NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE PLACED ON PROBATION OR RELEASED ON PAROLE IN WISCONSIN (MM/DD/YY)</td>
<td>AGENT LAST NAME</td>
<td>AREA NUMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FACILITY OF RELEASE</td>
<td>CODE</td>
<td>DATE COMPLETED (MM/DD/YY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Select the appropriate answer and enter the associated weight in the score column.)

**Number of Address Changes in last 12 Months:**
- Prior to incarceration for parolees
  - None: 0
  - One: 2
  - Two or more: 3

**Percentage of Time Employed in Last 12 Months:**
- Prior to incarceration for parolees
  - 60% or more: 0
  - 40% - 59%: 1
  - Under 40%: 2
  - Not applicable: 0

**Alcohol Usage Problems:**
- Prior to incarceration for parolees
  - No interference with functioning: 0
  - Occasional abuse; some disruption of functioning: 2
  - Frequent abuse; serious disruption; needs treatment: 4

**Other Drug Problems:**
- Prior to incarceration for parolees
  - No interference with functioning: 0
  - Occasional abuse; some disruption of functioning: 1
  - Frequent abuse; serious disruption; needs treatment: 2

**Attitude:**
- Motivated to change; receptive to assistance: 0
- Dependent or unwilling to accept responsibility: 3
- Rationalizes behavior; negative; not motivated to change: 5

**Age at First Conviction:**
- Prior to incarceration (or Juvenile Adjudications)
  - 24 or older: 0
  - 20 - 23: 2
  - 19 or younger: 4

**Number of Prior Periods of Probation/Parole Supervision:**
- Prior to incarceration (Adult or Juvenile)
  - None: 0
  - One or more: 4

**Number of Prior Probation/Parole Revocations:**
- Prior to incarceration (Adult or Juvenile)
  - None: 0
  - One or more: 4

**Number of Prior Felony Convictions:**
- Prior to incarceration (or Juvenile Adjudications)
  - None: 0
  - One: 2
  - Two or more: 4

**Convictions or Juvenile Adjudications for: (Include current offense, Score must be either 0,2,3, or 5.)**
- None of the Offense(s) stated below: 0
- Burglary, theft, auto theft, or robbery: 2
- Worthless checks or forgery: 3
- One or more from the above categories: 5

**Assaultive Offense within Last Five Years:**
- An offense which involves the use of a weapon, physical force or the threat of force
  - Yes: 15
  - No: 0

**Total all scores to arrive at the risk assessment score**
<table>
<thead>
<tr>
<th>ACADEMIC/VOCATIONAL SKILLS</th>
<th>EMPLOYMENT</th>
<th>FINANCIAL MANAGEMENT</th>
<th>MARITAL / FAMILY RELATIONSHIPS</th>
<th>COMPANIONS</th>
<th>EMOTIONAL STABILITY</th>
<th>ALCOHOL USAGE</th>
<th>OTHER DRUG INVOLVEMENT</th>
<th>MENTALABILITY</th>
<th>HEALTH</th>
<th>SEXUAL BEHAVIOR</th>
<th>AGENT'S IMPRESSION OF OFFENDER'S NEEDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school or above skill level</td>
<td>Adequate skills; able to handle everyday requirements</td>
<td>Secure employment; no difficulties reported; or homemaker, student or retired</td>
<td>No current difficulties</td>
<td>No adverse relationships</td>
<td>No symptoms of emotional instability; appropriate emotional responses</td>
<td>No interference with functioning</td>
<td>No interference with functioning</td>
<td>Able to function independently</td>
<td>Sound physical health; seldom ill</td>
<td>No apparent dysfunction</td>
<td>Minimum</td>
</tr>
<tr>
<td>-1</td>
<td>+2</td>
<td>+3</td>
<td>+3</td>
<td>+2</td>
<td>+4</td>
<td>+3</td>
<td>+3</td>
<td>+3</td>
<td>+1</td>
<td>+3</td>
<td>+1</td>
</tr>
</tbody>
</table>

Select the appropriate answer and enter the associated weight in the score column. Higher numbers indicate more severe problems. If offender is to be referred to a community resource or to clinical services, check appropriate referral box. **REFERRAL**

**TOTAL**

**DEPARTMENT OF CORRECTIONS**
**ADMISSION TO ADULT FIELD CASELOAD**
**ASSESSMENT OF OFFENDER NEEDS**

**OFFENDER NAME**
Last First MI DOC NUMBER

**DATE PLACED ON PROBATION OR RELEASED ON PAROLE**
**IN WISCONSIN**
(MM/DD/YY)

**AGENT LAST NAME**

**AREA NUMBER**

**FACILITY OF RELEASE**

**CODE**

**DATE COMPLETED**
(MM/DD/YY)

Minimum
Low
Medium
Maximum