

Confidential

Intermediate Sanctions Report for Risk Reduction Programming

Individual Name: _____ **Date:** _____ **DOB:** _____ **Age:** _____

POB: _____ **Defense Attorney:** _____ **State's Attorney:** _____

Offense(s):

Docket #(s):

Author of Report:

Proposed Residence:

Residence Appropriate:

Comments:

Supervision Level Assessment for Risk Reducing Programming: _____

Individual scores appropriately on the ORAS-CST (19 or above for males or 25 or above for females):

Identified Risk Areas to be addressed in Risk Reducing Programming:

Companion	Attitude	Employment	Accommodation	Financial	Substance Abuse
Violence	Sex	Education	Family Relations	Emotional	Family Relations

Orientation and Agreement:

Has Been Oriented to Intermediate Sanctions Program
Has Agreed to the Conditions of Supervision of PAF or SCS
Willing to Actively Participate in Program

Recommendation:

Justification for not approving:

Comments:

Probation Officer Signature & Date

Supervisor Signature & Date