COLORADO "SB94"

JUVENILE DETENTION SCREENING AND ASSESSMENT GUIDE

1/96

Last Name:		Sex:	Charge 1:	Fel. Misd.	Code:
First Name, MI:	DOB:		Charge 2:	Fel. Misd.	Code:
Ethnicity: Hispanic Afr-Amer. NatAmer. AsianAmer. (Circle all that apply) White Other:		Age:	Charge 3:	Fel. Misd.	Code:
Screening Date/Time	Parent(s)/ Guardian:		Contact Information:		

SCREENING TREE

MANDATORY HOLD FACTORS and WARRANTS

Y N 1. Current crime of violence or weapon charge (CRS 19-2-204).
Y N 2. OYS warrant or escape from secure.
Y N 3. Active warrant or order from a district court. IF NONE

INDICATORS OF SERIOUS REPEAT DELINQUENCY

Y N 4. Prior felony adjudications.
Y N 5. Pending felony charge(s) (excluding present charges).
Y N 6. Currently under bond or release conditions.
Y N 7. Past FTAs, violation of court conditions, or bond.
Y N 8. Crimes against persons, arson, or weapons history. IF NONE

9. Age 14 or younger at first arrest. Y N
10. Associates/identifies with delinquents/gang members. Y N

RISK OF SELF HARM

Y N 11. Suicidal or risk of self harm.
Y N 12. Risk of victimization, prostitution history.
Y N 13. History of running from placements.
Y N 14. Severe substance abuse. IF NONE

PUBLIC SAFETY RISK

Y N 15. Prior history of violence.
Y N 16. Arson or sex offense charges/history.
Y N 17. History of weapon use.
Y N 18. Threatens victims or witnesses. IF NONE

FAMILY OR COMMUNITY RESOURCES

Y N 19. Youth been victimized by family.
Y N 20. Family has been victimized by youth.
Y N 21. Youth is in custody of Social Services.
Y N 22. History of repeated runaways. IF NONE

23. No stable school or work situation. Y N

N 24. Family or responsible adult can supervise. CAN SUPERVISE

Y 25. Current arrest is a felony charge. IF NOT

Referral for assessment

LEVEL 1 Secure Detention

LEVEL 2 Staff-Secure

LEVEL 3 Residential /Shelter

LEVEL 4 Home Detention/ Services

LEVEL 5 Release

INSTRUCTIONS:

The *SCREENING TREE* is used to make an initial placement decision based on information that is readily available at the point of law enforcement referral. Any Y (Yes) circled on the left side of a question takes you to the box below.

The *ASSESSMENT* column is completed after more information is collected and verified.

Please see the *Instruction Manual* for more information about using the *Guide*.

ASSESSMENT

ALL ITEMS MUST BE ADDRESSED

MANDATORY HOLDS
1. Y N _____
2. Y N _____
3. Y N _____

SERIOUS DELINQUENCY
4. Y N _____
5. Y N _____
6. Y N _____
7. Y N _____
8. Y N _____
9. Y N _____
10. Y N _____

RISK OF SELF HARM
11. Y N _____
12. Y N _____
13. Y N _____
14. Y N _____

PUBLIC SAFETY RISK
15. Y N _____
16. Y N _____
17. Y N _____
18. Y N _____

FAMILY / RESOURCES
19. Y N _____
20. Y N _____
21. Y N _____
22. Y N _____
23. Y N _____

RESPONSIBLE ADULT
24. N Y _____

FELONY CHARGE
25. Y N _____

REQUIRED DATA ENTRY

Level by Screening Tree (Circle): 1 2 3 4 5		Reason for Actual Placement:	Placement Code:
Level by Local Policy or Judgement: 1 2 3 4 5		Detention Hearing Recommendation: 1 2 3 4 5	No Hearing
Reason for Override:	Override Code:	Level Ordered by Court: 1 2 3 4 5	
Actual Placement Level: 1 2 3 4 5		Court Finding:	Finding Code:

LOCAL USE

Screener Name:		Recommendation By:
County:	Agency:	Hearing Notes:
Screening Notes:		