


### MMP / SSPB Program Quick Screen

(IA Risk 11 or below, 6 months left of supervision, cannot be a Sex Offender or have an underlying Sex Offense)

<b>Name:</b> Click here to enter text.	<b>ICON:</b> Click here to enter text.	
<b>Address:</b> Click here to enter text.		
<b>Phone:</b> Click here to enter text.		
<b>IA Risk Score/Date:</b> Click here to enter text.	<b>LOS:</b> Click here to enter text.	
<b>Education Level:</b> Click here to enter text.	<b>Jesness Inventory/Date:</b> Click here to enter text.	

Job Status	Employer	Start Date
Click here to enter text.	Click here to enter text.	Click here to enter text.

Sup Status	Start Dt	County – Cause – Count – Offense Description	SDD/TDD
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Paid In full	Current per plan	Balance	Financial
<input type="checkbox"/>	<input type="checkbox"/>		Balance of ALL CBC fees (Fee Notice must be signed/scanned if money owed)
<input type="checkbox"/>	<input type="checkbox"/>		Balance of Court Costs, Fine, Surcharge, Restitution, Other

**The following must be checked off in order to meet the transfer criteria:**

- No pending charges
- No pending Reports of Violation
- No unaddressed pending violations/new arrests during supervision.
- No incidents of alcohol/drug abuse in the last six months
- DNA Completed or NA      Date Required: Click here to enter text.      Submitted: Click here to enter text.
- PREA completed
- No victim info in ICON      Victim Alert Info: Click here to enter text.
- Not a registered sex offender (for supervision charge or other)      SO Registry Alert Info: Click here to enter text.
- Photo taken: Click here to enter text.

**Court Ordered Conditions (check all that apply)**

- SA Eval/Tx (check one):  Completed on (date) \_\_\_\_\_ at (location) \_\_\_\_\_  
 Needs Evaluation     Needs to Comply w/ Rec     Currently involved
- Drinking Driver's School (check one):  Needs 12 hours     Needs 48 hours     Completed
- Random UA's (Protocol Group (check one):  Intensive     Normal     Minimum
- Community Service: Hours left to complete \_\_\_\_\_
- Abstain from alcohol
- No Contact Order; Victim: \_\_\_\_\_
- Group/Class: \_\_\_\_\_
- Other: \_\_\_\_\_

**Open Interventions (MMP Intervention must have start date and class time entered)**

Click here to enter text.      **Start Date:** Click here to enter text.      **Class:** Click here to enter text.

<p><b>RECOMMENDATION</b> (if SSP referral, Self Sup Agmt must be signed)</p> <p><input type="checkbox"/> SSP <input type="checkbox"/> MMP <input type="checkbox"/> Retain</p> <p><b>Agent:</b> Click here to enter text.      <b>Date of Referral:</b> _____</p> <p>3/13/2020</p> <p><b>Comments:</b></p>	<p><b>SUPERVISOR APPROVAL</b></p> <p><input type="checkbox"/> SSP <input type="checkbox"/> MMP <input type="checkbox"/> Retain</p> <p><b>Supervisor:</b> _____      <b>Date Approved:</b> _____</p> <p><b>Comments:</b></p>
---	---

For Public Information Only