

MMP / SSPB Program Quick Screen

For any client who scores Low Normal (11) or below

ICON: _____

Client: _____ County: _____ Case#: _____
 Probationer Parolee Interstate Compact

Supervision Offense(s) _____ (Can not be a Sex Offender or having an underlying Sex Offense)

Discharge Date: _____ (must have at least 6 months remaining)

Current Risk Score: _____ Current LSI Score (if completed): _____ Jesness Score (if completed): _____

Check all that apply (All the following must be checked off in order to meet the transfer criteria):

- _____ No pending charges
- _____ No pending Report of Violation
- _____ No unaddressed pending violations/new arrests during supervision
- _____ No incidents of alcohol/drug abuse in the last six month
- _____ DNA completed
- _____ PREA completed
- _____ Photo taken (Exceptions for outlying counties and neighborhood centers)

Current Financial Status

Supervision Fee Balance (attach printout of status): \$ _____

Case (choose one): Paid in Full Plan of Payment: \$ _____ per month, beginning _____

Total amount paid \$ _____ (attach clerk's online printout of payments & balance)
 (To be current, amount must be greater than or equal to (months POP in effect) x (amount due per month).

If client is not current on POP, total amount delinquent: \$ _____
 (Client should not be more than one or two months delinquent to be considered for transfer).

Why is client delinquent? _____
 (If client's delinquency is not willful, please revise POP to a more realistic amount before transfer).

If Community Service is required, how many hours ordered? _____; # of CS hours remaining to do? _____
 (Circle reason for CS: In POP in Sentence Order Other: _____)

Placement: _____ Are hours being tracked by CS Office & in Poole? Yes No |

Court Ordered Conditions

Check all that apply:

- _____ Substance abuse evaluation/treatment
 (circle one: Needs Evaluation Needs to comply w/ Rec Currently involved Completed)
- _____ Drinking Driver's School (Circle one: Needs 12 hours Needs 48 hours Completed)
- _____ Random UA's (Protocol Group: Intensive Normal Minimum)
- _____ Abstain from alcohol
- _____ No Contact Order, Victim: _____
- _____ Group/Class: _____
- _____ Other: _____

PPO's Recommendation (circle one): SSP MMP Retain (over-ride to High Normal)

Comments: _____

Agent making referral: _____ Date of Referral: _____

Supervisor Approval: _____ Date of Approval: _____

Program Approved (circle one): SSP MMP Retain (over-ride to High Normal)