

**OHIO RISK ASSESSMENT SYSTEM  
COMMUNITY SUPERVISION SCREENING TOOL (ORAS-CSST)  
INTERVIEW GUIDE**

Name: JORGE ZAMBRANO

Date of Assessment: 4.11.16

APR #: \_\_\_\_\_

Probation Officer: 

**1.0 Number of Prior Adult Felony Convictions:**

Score this item as 0 if the offender does not have any prior adult felony convictions.

Score this item as 1 if the offender has one or two felony convictions as an adult.

Score this item as 2 if the offender has three or more prior adult felony convictions.

All felony convictions are tallied regardless of if they were from a single arrest event or multiple events over the course of time. Only the final dispositions are considered for scoring.

For example, any prior felony charge which was pled to a misdemeanor would not count.

In addition, any alternative to a conviction (i.e., diversion) would not count.

For Federal offenses, if level of offense is unknown, the offense should be matched to state code.

For military offenses, the level of offense should be applied to state code.

Generally, if confinement in a military offense occurs it should be considered a felony level offense.

1. How many times have you been convicted of a felony (not counting current offense)?

2

SCORE

1a. Have you been criminally charged in any other state?

NO

YES

If YES, what state(s)? \_\_\_\_\_

**2.0 Currently Employed:**

Score as 0 if the offender is currently legally employed and either: works 30 hours or more a week (full-time), if verifiably disabled and unable to work, is retired and existing on a pension, is a seasonal worker but the income covers expenses year round, is a full-time homemaker whose job is to maintain the house and care for dependents, or is currently attending school full-time (part-time schooling co-occurring with a part-time job). If self employed this must be verified. Only legal employment should be considered. If the individual is unemployed or employed less than 30 hours, score as 1.

2. Are you currently employed?

NO

YES

0

SCORE

2a. If yes, how many hours do you work? \_\_\_\_\_

Occupation: CONSTRUCTION

Employer: SELF

4a. Have any of these people been involved in criminal behavior?

NO  YES

4b. Of the group identified above, how many have been involved in criminal behavior not necessarily resulting in an arrest?

—  
—

4c. What percentage have been in trouble with the law?

100 %

**2**

SCORE

4d. What kind of things have they been involved in, even if it did not result in a criminal charge?

# OHIO RISK ASSESSMENT SYSTEM - COMMUNITY SUPERVISION SCREENING TOOL (ORAS-CSST)

Name: JORGE ZAMBRAND

Date of Assessment: 4.11.16

APR #: \_\_\_\_\_

Probation Officer: 

**1.0 Number of Prior Adult Felony Convictions**

- 0 = None
- 1 = One or Two
- 2 = Three or More

2

**2.0 Currently Employed**

- 0 = Yes, Full-time, Disabled or Retired
- 1 = Not Employed or Employed Part-time

0

**3.0 Drugs Readily Available in Neighborhood**

- 0 = No, Generally Not Available
- 1 = Yes, Somewhat Available
- 2 = Yes, Easily Available

ADDRESS: 65 UXBRIDGE ST,  
Worc

1

**4.0 Criminal Friends**

- 0 = None
- 1 = Some
- 2 = Majority

2

TOTAL SCORE

**RISK Categories for MALES**

**RISK Categories for FEMALES**

Scores	Rating	Percent of Failures
0-2	Low	15%
3+	High	50%

Scores	Rating	Percent of Failures
0-3	Low	12%
4+	High	40%

Date: \_\_\_\_\_ (A)CPO

ORAS - CSST reviewed and approved. Probationer screens out and shall be supervised as LOW. Assign to PO: \_\_\_\_\_

ORAS - CSST reviewed and approved. Probationer scores as HIGH. Further assessment is required. Assign to PO: 

ORAS - CSST reviewed and approved. Professional override due to:

ORAS - CST assigned to PO: \_\_\_\_\_

\*\*\*HOPE ELIGIBLE? YES \_\_\_\_\_ NO X

HOPE ASSIGNED? YES \_\_\_\_\_ NO X

SELF-REPORT SURVEY - COMMUNITY SUPERVISION ASSESSMENT TOOL

Name: Jorge Zambrano

Today's Date: 4-19

The following questions ask about several things in your life, such as education, employment, your family, friends, and your beliefs. Please answer the following questions the best you can. There are no right or wrong answers to these questions. Some questions will be simple yes/no questions, and others will ask you to circle a number which corresponds to how much that statement reflects your beliefs or is "true" for you.

1. Highest Education

- Less than 12<sup>th</sup> Grade
- High School Graduate
- GED
- College

2. In school were you ever suspended or expelled? Yes  No

3. How long have you lived at your current address? 5 months

4. How many address changes have you had in the past 12 months (do not count incarceration)? 1

5. What is the age that you first began regularly using alcohol? 17

6. How long has it been since you last drank alcohol? Week

7. What is the longest period of time you have abstained from drinking? years

8. What percent of your close friends have been in trouble with the law? 80 %

9. Would you say that you live in a "high crime" neighborhood? Yes  No

10. Were you employed at the time of your arrest? Yes  No

11. If yes, how many hours per week did you work? 40+

12. Are you currently employed?

- Full- time
- Part- time
- No, I am on disability
- No, I am retired
- No, not currently employed

13. In your opinion, do you have a lot of free time? Yes  No

14. On average, approximately what percent of your week is considered free time? 0 %



## **OHIO RISK ASSESSMENT SYSTEM: COMMUNITY SUPERVISION TOOL (ORAS - CST) INTERVIEW GUIDE**

---

### **Conducting the Interview**

The interview guide is designed to assist the assessor in gathering the information necessary to accurately assess the offender. It is important to establish rapport with the offender. While it is recommended that the interview guide be closely followed, the wording of the questions may vary. Here are some tips for conducting the interview:

Conduct the interview in a relaxed and private environment

Explain the purpose of the interview and stress the need for honesty and complete answers to questions

Do not hesitate to use follow-up questions and probe. Examples of follow-up questions:

- Tell me more. I want to be certain that I understand you.
- What happened next?
- Could you explain that further?
- What do you mean?
- Can you describe some examples?
- How did that make you feel?

Remember what information you are trying to obtain. Develop clear examples and remember there are sometimes differences in perception.

Remember that the interviewer sets the tone. Be patient and try not to correct or teach

Whenever possible use open-ended questions where the respondent provides his or her opinion and is able to elaborate. For example, "Tell me more about your relationship with?"

Avoid double-barreled questions where the respondent is asked a combination of questions:

"How is your relationship with your mother and father?"

Avoid biased questions where the respondent is led in a certain direction:

"Your relationship with your mother isn't bad, is it?"

Also remember that the interview is only one source of information. Official records, the self-report questionnaire, and collateral sources such as family members or other professionals should also be consulted. It is important that to corroborate the offenders' responses whenever possible.

---

## SECTION 1: GENERAL RISK/NEED DOMAINS

### 1.0 CRIMINAL HISTORY:

*The first section of the interview is designed to gather information necessary to score the Criminal History domain of the tool. While some of this information can be obtained from official records, it is still recommended that the assessor ask the offender about the current offense and past criminal behavior. This information will help score other areas of the assessment, particularly the Peers and Criminal Thinking and Behavioral Patterns sections. It is important to corroborate self report information in this area with official records.*

The following items are scored in this area:

- 1.1 Most Serious Arrest Under Age 18: 0=None 1=Yes, Misdemeanor 2=Yes, Felony
- 1.2 Number of Prior Adult Felony Convictions: 0=None 1=One or Two 2=Three or more
- 1.3 Prior Sentence as an Adult to a Jail or Secure Correctional Facility: 0=No 1=Yes
- 1.4 Received Official Misconduct while Incarcerated: 0=No 1=Yes
- 1.5 Prior Sentence to Probation as an Adult: 0=No 1=Yes
- 1.6 Community Supervision Ever Been Revoked for Technical Violation as an Adult: 0=No 1=Yes

#### Questions for Criminal History Domain:

1a. Tell me about the first time you were ever arrested? lots of stupid juv, - shop

1b. How old were you when you were first arrested? 14

1c. What was it for? Shop lifting

*I want to now ask you about your criminal record as an adult.*

1d. Tell me about what happened the day you were arrested. over tool off - tried pull  
did not want to stop just  
pissed off - pissed off

- 1e. Why did you decide to commit the offense? pissed off
- 1f. What part did others play in the offense? - by self
- 1g. What part did drugs or alcohol play? NO
- 1h. Did you threaten or hurt anyone? one hurt ~~threatened~~ threat / 02
- 1i. How many times have you been convicted of a felony? 5\*
- 1j. Have you ever gotten in trouble for fighting or assaultive type behavior?  No  Yes
- 1k. How many times? NUMEROUS
- 1l. What happened? too many to tell
- 1m. Have you ever been sentenced to jail?  No  Yes      How many times?
- 1n. Have you ever been sentenced to prison?  No  Yes      How many times?
- 1o. Have you ever been sentenced to another type of secure correctional facility like a CBCF?  
 No  Yes  
How many times?
- 1p. While you were incarcerated did you ever get written up or punished for misconduct?  
 No  Yes.      How many times? NUMEROUS
- What was it for? (Probe to see if any misconducts were for violence)  
- Home brew, knives fighting  
-> seq -

1q. What was the result of the misconduct? Seq

1r. How did you feel about the sanction you received? was guilty

1s. Have you ever been on probation?  No  Yes How many times? 1

1t. What were you on probation for? \_\_\_\_\_

1u. Did you complete probation supervision?  No  Yes

1v. Have you ever been on parole?  No  Yes

1w. Did you complete parole supervision?  No  Yes

1x. What was the hardest part of being on supervision? being on time

1y. Have you ever had probation or parole supervision revoked for a technical violation?

No  Yes How many times? 1 → district

## 2.0 EDUCATION, EMPLOYMENT, AND FINANCIAL SITUATION:

*This domain is designed to gather information about the offender's educational attainment, employment, and current financial situation. It is fairly straightforward and most respondents will be forthcoming.*

The following items are scored in this area:

2.1 Highest Education: 0=High School Grad or Higher 1=Less than High School or GED

2.2 Ever Suspended or Expelled From School: 0=No 1=Yes

2.3. Employed at the Time of Arrest: 0=Yes 1=No

2.4 Currently Employed: 0=Yes, Full-time, Disabled, or Retired 1=Not Employed or Employed Part-time

2.5 Better Use of Time: 0=No, Most Time Structured 1=Yes, Lots of Free Time

2.6 Current Financial Situation: 0=Good 1=Poor

**Questions for Education, Employment, and Financial Situation Domain:**

*I would now like to talk with you about your education, employment and financial situation:*

2a. What is the highest grade you completed? 12 Did you graduate?  No  Yes - college

Did you get a GED?  No  Yes

2b. Were you ever in any special education classes?  No  Yes

2c. Tell me about problems you might have had in school? yes  
knife

2d. Were you ever suspended or expelled from school?  No  Yes

What happened? → susp

2e. Were you working at the time of your arrest?  No  Yes

What were you doing? CONST

2f. Are you currently employed?  Yes  Full time  Part Time  Seasonal  No  
If no, why not: \_\_\_\_\_

Where do you work? self emp

How long have you had this job? → coup years

2g. If no, how do you support yourself while not working? →

2h. How many hours a week do you work?  Year around or seasonal?  Yearly  Seasonal

If not employed, find out why. ← 50 - now / winter 50

2i. How do you get along with your co-workers? → wife working w/ NO well

2j. How do you get along with your boss? self.

2k. Walk me through a typical day for you? work all day long hrs at wk - self employed

Do you have a lot of free time? NO

How much free time would you estimate you have each week? \_\_\_\_\_  
(Probe to make sure structured time is prosocial and not just hanging out.)

2l. What percentage of your week would you say is free time: 5 %

2m. Tell me about your current financial status. getting out of debt  
and drinking  
drinking OK.

2n. What are your sources of income? WK

2o. Are you behind in your debts or court ordered obligations? SOME - going to  
payment on court just start.

2p. How do you think your financial status is as far as meeting your monthly needs?  
yes

2q. Are you able to get by or are you struggling to make ends meet? get by

2r. Do you worry about finances and meeting your basic needs? NO

How would you rate your current financial situation:



### 3.0 Family and Social Support:

*The family and social support section examines the familial and social support of the offender. Research has shown that an individual's family and social support can influence the probability of future criminal behavior. Individuals with family and social support systems who are supportive or tolerant of criminal behavior are more likely to engage in criminal behavior. Alternatively, individuals who have a strong family or social support network which condemns criminal activities reduce the likelihood that an individual will engage in future criminal behavior.*

The following items are scored in this area:

- 3.1 Parents have Criminal Record: 0=No 1=Yes
- 3.2 Currently Satisfied with Current Marital or Equivalent Situation: 0=Yes 1=No
- 3.3 Emotional and Personal Support Available from Family or Others:  
0=Very Strong Support 1=None to Strong Support
- 3.4 Level of Satisfaction with Current Level of Support from Family or Others:  
0=Very Satisfied 1=Not Satisfied
- 3.5 Stability of Residence: 0=Stable 1=Not Stable

#### Questions for Family and Social Support Domain:

*I now want to talk with you about your family and the support you get from them.*

3a. Describe your relationship with your family? (Probe to determine if parents (both biological and step parents are still alive and how much contact they have with them).

good - MOM + Dad d.v. 18 yrs  
do not talk to dad. Mom "these"  
Sisters - close to Niece + nephews

3b. Who raised you? MOM -

Dad always out of country - alcoholic  
depress!

3c. How often do you get together with them? → Nieces / Neph 3x5

WILL + Sister + MOM

3d. How do they feel about you getting in trouble with the law? black sheep  
used to it

3e. Has your trouble with the law changed your relationship with your family? used to

Explain? it by now

3f. Does anyone in your family have a criminal record? No  Yes Who? brother  
What was it for? weed at school

When was the last time you saw them? - NO - "just ratted  
me out"

3g. Now let me ask you about your current marital situation. Are you married?  No  Yes

Are you involved with anyone? Probe to determine if it is a casual relationship or a significant other. - together 6 months

it feels like years

3h. Describe your relationship with your partner? "Ae ok"

How do you get along? yes -

How do you resolve disagreements? "I give in"

3i. In this relationship have you experienced physical, psychological, or sexual abuse?

NO

Whether involved or single, ask how satisfied the offender is with his/her current situation. - yea

3j. Do you have a supportive relationship with your family? YES  
want the best for me

Close friends? cut them all off

3k. In terms of your family, spouse, and close friends, how would you rate the emotional and personal support you received from them:

Very Strong Support  Strong Support  Ok Support  Weak Support  No Support

3l. How satisfied are you with current level of support you have received from your family or close friends?

Very Satisfied  Satisfied  Somewhat Satisfied  Not Satisfied

3m. If the offender is not living with family or significant other, ask them who they currently live with. w/ s/f

Just moved into new apartment  
but had stable apartment  
prior - just moved into nicer one

#### 4.0 NEIGHBORHOOD PROBLEMS:

*This next domain is very short and asks about the neighborhood that the offender lives in. High crime neighborhoods and places where drugs are readily available often increase the opportunity for an offender to engage in criminal behavior.*

The following items are scored in this area:

4.1 High Crime Area: 0=No 1=Yes

4.2 Drugs Readily Available in Neighborhood:  
0=No, Generally Not Available 1=Yes, Somewhat Available 2=Yes, Easily Available

#### Questions for Neighborhood Problems Domain:

*I would now like to talk with you about where you live.*

4a. How long have you lived at your current address? 5 months

4b. How many times have you moved in the past year (do not count incarcerations)? 1

What were the reasons for the moves? (Probe to determine stability of current living situation.) left to move in w/ 8/F

4c. Tell me about the neighborhood you live in. Nice

4d. Tell me about the kinds of crimes happening in your neighborhood. NO

Are police there frequently? NO

Do you feel safe? yes

How would you rate your neighborhood?

High Crime Moderate Crime Some but no more than most Little crime

Are drugs readily available in your neighborhood?

Generally not available Somewhat available Easily available

*Pat  
for  
new  
neighborhood  
1/11*

## 5.0 SUBSTANCE USE

The substance use section examines the occurrence of substance use in the offender's life and the extent to which its use has caused problems across varying aspects of the offender's life. Substance use can be pervasive in its ability to influence multiple aspects of a person's life including involvement with the legal system, issues with loved ones and friends, health and social service problems, and its interaction with seeking or maintaining employment. For this domain alcohol and drug use are separated.

The following items are scored in this area:

5.1 Age First Began Regularly Using Alcohol: 0=17 or older 1=Under Age 17

5.2 Longest Period of Abstinence from Alcohol: 0= Six Months or Longer 1=Less than Six Months

5.3 Ever Used Illegal Drugs: 0 = No 1 = Yes

5.4 Drug Use Caused Problems: 0=Never 1=Past 2= Current

5.5 Drug Use Caused Problems with Employment: 0=No 1=Yes

### Questions for Substance Abuse Domain:

*Let's talk about your substance use.*

5a. Have you ever had a problem with alcohol? No  Yes

5b. When did you first start to regularly drink? 17 - daily

5c. Describe your drinking habits. have not drank in wk drinking bottle - 2 day stopped #

What is the longest period you have abstained from drinking? years

How long has it been since you last drank? 1 week

5d. Have you ever been in treatment for alcohol use? NO

5e. Have you ever had a problem with drugs other than alcohol? No  Yes

5f. Describe your drug use in the past. self medicate

5g. How often did you use? daily

What drugs? Cocaine

Did you use alone or with others? alone

5h. Have you ever had any problems due to your drug use (Social, family, legal, employment, family, etc)?

yes states NO  
but legal shows on  
COKI - drinking

How many times? stated 0

5i. Has your drug use ever caused you problems with a job?  No  Yes

What happened? -

5j. Have you ever been in treatment for drug use?  No  Yes

If yes, please explain: IOP

Adcare  
Parole

5k. If drugs or alcohol are a problem ask the offender if they are willing to consider going to a program. no NO

last yr I was depressed using coke to get going alcohol to bring down

- drinking  
most for selling but also using ad care

## 6.0 PEER ASSOCIATIONS

This domain is designed to examine the peer association of the offender, how much contact they have, and how much the offender engages in criminal activities. Friends can have a strong influence over offenders, and it is important to determine the degree to which their friends are involved in criminal behavior.

### The Following Items are Scored in this Domain:

6.1 Criminal Friends: 0=None 1=Some 2=Majority

6.2 Contact with Criminal Peers: 0=No Contact with Criminal Peers 1=At Risk of Contacting Criminal Peers 2=Contact or Actively Seeks out Criminal Peers

6.3 Gang Membership: 0=No, Never 1=Yes, but Not Current 2=Yes, Current

6.4 Criminal Activities: 0=Strong Identification with Prosocial Activities 1=Mixture of Pro- and Antisocial Activities 2=Strong Identification with Criminal Activities

### Question for the Peers Domain:

*I now want to ask you about your friends.*

6a. How many close friends would you say you have? NONE - JUST g/t

How often do you see them? N/D

6b. Was anyone else involved in the current offense?  No  Yes

If yes explain: \_\_\_\_\_

What is your current relationship with them? N/A

6c. Have any of your close friends been involved in criminal behavior? NO

What percentage of your close friends have been in trouble with the law? NO %

What kind of things have they been involved in? N/A

6d. What are some the activities you like to do with your family and friends? hiking  
fishing, walking.

*Now I want you to think of other friends, not necessarily close ones, but more like acquaintances. These are people you see and hang out with occasionally.*

6e. How many of your acquaintances have been in trouble with the law? None

What kind of activities have they been involved in? N/A

How often do you have contact with them? \_\_\_\_\_

6f. Have you ever been in a gang?  No  Yes

When? \_\_\_\_\_

Are you in one now?  No  Yes

If yes probe for more information: \_\_\_\_\_

6g. Do you have any hobbies or interests? out doors, wk

Do you belong to any groups or clubs? \_\_\_\_\_

Do you go to church? No

(Probe to find out degree to which the offender is involved in prosocial activities.)

### 7.0 CRIMINAL ATTITUDES AND BEHAVIORAL PATTERNS:

This domain addresses the criminal attitudes of the offender as well as some behavioral patterns that can often lead to criminal behavior. In addition to the specific questions for this item, the interviewer should score this item from the totality of the responses in the interview. Listen for rationalizations, minimizations, and justifications of behavior throughout the interview.

#### The Following Items are Scored for this Domain:

- 7.1 Criminal Pride: 0=No Pride in Criminal Behavior 1=Some Pride 2=A Lot of Pride
- 7.2 Expresses Concern about Others: 0=Concerned About Others: 1=Limited Concern 2=No real Concern for Others
- 7.3 Feels Lack of Control Over Events: 0=Controls Events 1=Sometimes Lacks Control 2=Generally Lacks Control
- 7.4 Sees No Problem in Telling Lies: 0=No 1=Yes
- 7.5 Engages in Risk Taking Behavior: 0=Rarely Takes Risks 1=Sometimes Takes Risks 2=Generally Takes Risks
- 7.6 Walks Away from a Fight: 0=Yes 1=Sometimes 2=Rarely
- 7.7 Believes in "Do Unto Others Before They Do Unto You": 0=Disagree 1=Sometimes 2=Agrees

#### Questions for the Criminal Attitudes and Behavioral Patterns Domain:

*Let's talk again about the trouble you got in.*

7a. How do you feel about what happened? Disse d

What do you think about crime? NOT good

Tell me about the victims? N/A

How do you think they feel about what you did? N/A

~~No pride in criminal behavior~~  Some pride  A lot of pride

7b. As a general rule do you worry about other people's problems? Yes

Concerned about others  Some concern  No real concern for others

Now I want you to think about how things have been going for you recently.

7c. Do you sometimes feel that you have lost control over events in your life? Yes  
+ NO

Feels in Control over Events  Sometimes lacks control  Generally lacks control

Why? → People calling upon other  
peeps problems

Now let me ask you about honesty.

7d. Do you think it is sometimes ok to tell a lie? NO

Under what circumstances? \_\_\_\_\_

Never only small white lies  Yes it is ok

7e. A lot of people like to take chances and risks. Do you consider yourself to be a risk taker?  
Yes

How about when you committed your offense? → NO

How did it make you feel? & Stupid

If I asked you to rate yourself as a risk taker on a scale from 1 to 5 with 1 being not at all, and 5 being often how would you rate yourself? 3

7f. Would you describe yourself as someone who "Walks Away from a fight", or "Tries to avoid it but it seems to find you" or, "first one in"? tries to walk away  
but ends

If I asked you to rate yourself on a scale from 1 to 5 with 1 being "walks away", and 5 being "first one in" how would you rate yourself? 5

7g. Have you ever heard the saying, "Do Unto Others Before They Do Unto You"? In general do you:

Disagree with statement,  depends on the situation, or  Agree with statement

7h. How do you feel about getting some help or participating in programs? NOT open

## SECTION 2: RESPONSIVITY ASSESSMENT

Considering the entire interview as well as official records, the next section is designed to identify special considerations or responsivity factors that might affect the offender's engagement in supervision or programming. For each of the following areas check the boxes that best describes the offender for each of these items.

Low Intelligence\*

Physical Handicap (describe) \_\_\_\_\_

Reading or Writing significantly below normal\*

Mental Health Issues (list diagnoses\* \_\_\_\_\_

Motivation is a Problem\* (No Desire to Change/Participate in Programs) Note, some offenders will be motivated to obtain help in some areas but not others. For example, they may want assistance in getting a job, but are not willing to go to substance abuse treatment. This can be important for case planning. Please provide information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Transportation is a problem

Child Care is a problem

Language is a problem. List offender's native language: \_\_\_\_\_

Ethnicity or cultural barriers. Describe: \_\_\_\_\_

History of Abuse/Neglect poses a barrier for offender. Explain: \_\_\_\_\_

Interpersonal Anxiousness (offender is very nervous and may require program with little confrontation)

Other, Please explain: \_\_\_\_\_

*\*If these items are checked it is strongly recommended that further assessment be conducted to determine level or severity.*

# OHIO RISK ASSESSMENT SYSTEM - COMMUNITY SUPERVISION TOOL (ORAS-CST)

Name: Jorge Zambrano

Date of Assessment: 4.19.16

APR #: \_\_\_\_\_

Probation Officer: 

## 1.0 CRIMINAL HISTORY

1.1. Most Serious Arrest Under Age 18

0=None

1=Yes, Misdemeanor

2=Yes, Felony

1

1.2. Number of Prior Adult Felony Convictions

0=None

1=One or Two

2=Three or More

2

1.3. Prior Sentence as an Adult to a Jail or Secure Correctional Facility

0=No

1=Yes

1

1.4. Received Official Misconduct While Incarcerated as an Adult

0=No

1=Yes

1

1.5. Prior Sentence to Probation as an Adult

0=No

1=Yes

1

1.6. Community Supervision Ever Been Revoked for Technical Violation as an Adult

0=No

1=Yes

0

Total Score in Criminal History

6

## 2.0 EDUCATION, EMPLOYMENT, AND FINANCIAL SITUATION

2.1. Highest Education

0=High School Graduate or Higher

1=Less than High School or GED

0

2.2. Ever Suspended or Expelled From School

0=No

1=Yes

1

2.3. Employed at Time of Arrest

0=Yes

1=No

0

2.4. Currently Employed

0=Yes, Full-time, Disabled, or Retired

1=Not Employed or Employed Part-time

0

2.5. Better Use of Time

0=No, Most Time Structured

1=Yes, Lots of Free Time

0

2.6. Current Financial Situation

0=Stable/Minimal problems

1=Problems

0

Total Score in Education, Employment, and Financial Situation

1

**3.0 FAMILY AND SOCIAL SUPPORT**

3.1. Parents have Criminal Record

0=No

1=Yes

0

3.2. Currently Satisfied with Current Marital or Equivalent Situation

0=Yes

1=No

0

3.3. Emotional and Personal Support Available from Family or Others

0=Very Strong Support

1=None to Strong Support

1

3.4. Level of Satisfaction with Current Level of Support From Family or Others

0=Very Satisfied

1=Satisfied to Not Satisfied

1

3.5. Stability of Residence

0=Stable

1=Not Stable

0

Total Score in Family And Social Support

2

**4.0 NEIGHBORHOOD PROBLEMS**

4.1. High Crime Area

0=No

1=Yes

1

4.2. Drugs Readily Available in Neighborhood

0=No, Generally Not Available

1=Yes, Somewhat Available

2=Yes, Easily Available

2

Total Score in Neighborhood Problems

3

**5.0 SUBSTANCE USE**

5.1. Age First Began Regularly Using Alcohol

0=17 or Older

1=Under 17

0

5.2. Longest Period of Abstinence From Alcohol

0=Six Months or Longer

1=Less Than Six Months

1

5.3. Ever Used Illegal Drugs

0=No

1=Yes

1

5.4. Drug Use Caused Legal Problems

0=None

1=Past

2=Current

1

5.5. Drug Use Caused Problems with Employment

0=No

1=Yes

0

Total Score for Substance Use

3

**6.0 PEER ASSOCIATIONS:**

6.1. Criminal Friends

- 0=None
- 1=Some
- 2=Majority

2

6.2. Contact with Criminal Peers

- 0=No Contact with Criminal Peers
- 1=At Risk of Contacting Criminal Peers
- 2=Contact or Actively Seeks out Criminal Peers

1

6.3. Gang Membership

- 0=No, Never
- 1=Yes, but Not Current
- 2=Yes, Current

0

6.4. Criminal Activities

- 0=Strong Identification with Prosocial Activities
- 1=Mixture of Pro- and Antisocial Activities
- 2=Strong Identification with Criminal Activities

1

Total Score for Peer Associations:

4

**7.0 CRIMINAL ATTITUDES AND BEHAVIOR PATTERNS:**

For the following items please rate the offender.

7.1. Criminal Attitudes

- 0=No/Limited Criminal Attitudes
- 1=Some Criminal Attitudes
- 2=Significant Criminal Attitudes

2

7.2. Expresses Concern About Others

- 0=Concerned About Others
- 1=Concern for Immediate Family/Friends
- 2=No Concern for Others

1

7.3. Feels Lack of Control Over Events

- 0=Controls Events
- 1=Sometimes Lacks Control
- 2=Generally Lacks Control

1

7.4. Sees No Problem in Telling Lies

- 0=No
- 1=Yes

1

7.5. Engages in Risk Taking Behavior

- 0=Rarely Takes Risks
- 1=Sometimes Takes Risks
- 2=Generally Takes Risks

2

7.6. Walks Away From a Fight

- 0=Yes
- 1=Sometimes
- 2=Rarely

1

7.7. Believes in "Do Unto Others Before They Do Unto You"

- 0=Disagree
- 1=Sometimes
- 2=Agrees

1

Total Score for Criminal Attitudes and Behavioral Patterns:

9

TOTAL SCORE

28

Risk Categories for MALES		Risk Categories for FEMALES	
<b>Scores</b>	<b>Rating</b>	<b>Scores</b>	<b>Rating</b>
0-14	Low	0-14	Low
15-23	Moderate	15-21	Low/Moderate
24-33	High	22-28	Moderate
34 +	Very High	29 +	High

Professional Override  YES  NO  
Reason for Override (note: override should not be based solely on offense):

Final Level:  LOW  LOW/MOD  MODERATE  HIGH  VERY HIGH

**Recommendations:**

- LOW Minimum supervision or non-reporting supervision
- MODERATE Regular supervision; programming should be provided for moderate and high need domains
- HIGH Enhanced supervision or residential placement; programming should be provided for moderate and high need domains.
- VERY HIGH *For males:* Residential placement preferred or enhanced supervision at highest level; programming should be provided for moderate and high need domains.  
*For females:* Enhanced supervision or residential placement; programming should be provided for moderate and high need domains.

Other Areas of Concern. Check all that Apply:

- Low Intelligence\*
- Physical Handicap
- Reading and Writing Limitations\*
- Mental Health Issues\*
- No Desire to Change/Participate in Programs\* - slow to change
- Transportation
- Child Care
- Language
- Housing
- Cultural Barriers
- History of Abuse/Neglect
- Interpersonal Anxiety
- Other \_\_\_\_\_

\*If these items are checked, it is strongly recommended that further assessment be conducted to determine level or severity.

**Level of Need**

<b>HIGH</b>	7-8	5-6	4-5	2-3	5-6	5-8	9-13
<b>MOD</b>	4-6	2-4	2-3	1	3-4	2-4	4-8
<b>LOW</b>	0-3	0-1	0-1	0	0-2	0-1	0-3
	Criminal History	Education, Employment, and Financial Situation	Family and Social Support	Neighborhood Problems	Substance Use	Peer Associations	Criminal Attitudes and Behavioral Patterns

6

1

2

3

3

4

9

## CORRECTIONAL SCREEN FOR MEN (CMHS-M)\*

QUESTIONS	NO	YES
1. Have you ever had worries that you just can't get rid of?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Some people find their mood changes frequently - as if they spend every day on an emotional roller coaster. Does this sound like you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you often get into trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Do you tend to hold grudges or give people the silent treatment for days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Has there ever been a time when you felt depressed most of the day for at least two weeks?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been in a hospital for non-medical reasons, such as a psychiatric hospital? (DO NOT include going to an Emergency Room if you were not hospitalized).	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Have you ever felt constantly on guard or watchful even when you didn't need to, or felt jumpy and easily startled?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>TOTAL YES</b>		<b>06</b>

**Comments**

P reports hospitalization in 99 and 06. P reports depression. P reports he will self refer to behavioral health for treatment (was patient in past).  
 PO also to refer to Baker Associates for evaluation in case P does not self refer.

Referred on Apr 25, 2016 to Baker associates.

Not Referred

Probationer Name: Jorge Zambrano

PCF #: 2449471

Probationer Office: [REDACTED]

DOB: 3/14/1981

Court Location: wdc

Date Completed: \_\_\_\_\_

Should  
be  
4/25/16

\*Adapted from Mental Health Screens for Corrections; U.S. Department of Justice, Office of Juvenile Probation and Parole, May 2007.

## TCU DRUG SCREEN II

**During the last 12 months (before being locked up, if applicable) -**

	YES	NO
1. Did you use <u>larger amounts of drugs</u> or use them <u>for a longer time</u> than you planned or intended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Did you <u>try to cut down on your drug use</u> but were <u>unable</u> to do it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Did you <u>spend a lot of time</u> getting drugs, using them, or recovering from their use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a. Did you <u>get so high or sick</u> from using drugs that it <u>kept you from</u> doing work, going to school, or caring for children?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b. Did you get so high or sick from using drugs that it <u>caused an accident</u> or put you or others in danger?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Did you <u>spend less time at work, school, or with friends</u> so that you could use drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a. Did your drug use cause <u>emotional or psychological problems</u> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b. Did your drug use cause problems <u>with family, friends, work or police</u> ?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6c. Did your drug use cause <u>physical health or medical</u> problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Did you <u>increase the amount</u> of a drug you were taking so that you could get the same effect as before?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Did you ever keep taking a drug to <u>avoid withdrawal symptoms</u> or keep from <u>getting sick</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Did you <u>get sick or have withdrawal symptoms</u> when you quit or missed taking a drug?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Which <u>drug</u> caused the <u>most serious problem</u> ? <b>[CHOOSE ONE]</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> None		
<input checked="" type="checkbox"/> Alcohol		
<input type="checkbox"/> Marijuana/Hashish		
<input type="checkbox"/> Hallucinogens/LSD/PCP/Psychedelics/Mushrooms		
<input type="checkbox"/> Inhalants		
<input type="checkbox"/> Crack/Freebase		
<input type="checkbox"/> Heroin and Cocaine (mixed together as Speedball)		
<input checked="" type="checkbox"/> Cocaine (by itself)		
<input type="checkbox"/> Heroin (by itself)		
<input type="checkbox"/> Street Methadone (non-prescription)		
<input type="checkbox"/> Other Opiates/Opium/Morphine/Demerol		
<input type="checkbox"/> Methamphetamine		
<input type="checkbox"/> Amphetamines (other uppers)		
<input type="checkbox"/> Tranquilizers/Barbituates/Sedatives (downers)		

**DRUG USE IN LAST 12 MONTHS**

How often did you use each type of drug during the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	About every day
11a. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11b. Marijuana/Hashish	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11c. Hallucinogens/LSD/PCP/Psychedelics/Mushrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11d. Inhalants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11e. Crack/Freebase	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11f. Heroin and Cocaine (mixed together as Speedball)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11g. Cocaine (by itself)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11h. Heroin (By itself)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11i. Street Methadone (non-prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11j. Other Opiates/Opium/Morphine/Demerol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11k. Methamphetamines	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11l. Amphetamines (other uppers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11m. Tranquilizers/Barbituates/Sedatives (downers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11n. Other (specify) _____	<input type="checkbox"/>				

12. During the last 12 months, how often did you inject drugs with a needle?

- Never     Only a few times     1-3 times/month     1-5 times/week     Daily

13. How Serious do you think your drug problems are?

- Not at all     Slightly     Moderately     Considerably     Extremely

14. How many times before now have you ever been in a drug treatment program?

[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never     1 time     2 times     3 times     4 or more times

15. How important is it for you to get drug treatment now?

- Not at all     Slightly     Moderately     Considerably     Extremely

**MASSACHUSETTS TRIAL COURT  
PROBATION ASSESSMENT SUMMARY**

Probationer: <u>Jorge Zambrano</u>	PCF #: <u>2449471</u>	DOB: <u>3-14-81</u>
Social Security #: <u>593-70-5052</u>	Gender: <u>M</u>	CT #:
Current Offenses: <u>OP after SUSP LIC, A+B PO, Leaving scene, op. NCG</u> <u>failure to obey op after.</u>		
Offender Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Other:		
Probation Officer: 	Date Completed: <u>4-19-16</u>	

ORAS CST:  Initial Assessment  Re-assessment

Total Risk Score: 28

Assessed Risk Level:  Low  Low/Mod  Moderate  High  Very High  
Assigned Risk Level:  Low  Low/Mod  Moderate  High  Very High

Risk / Need Domains	Score	Risk / Need Level		
Criminal History (8)	<u>9</u>	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> High
Education, Employment, Financial* (6)	<u>4</u>	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Family / Social Support* (5)	<u>3</u>	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High
Neighborhood Problems (3)	<u>3</u>	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input checked="" type="checkbox"/> High
Substance Use* (6)	<u>2</u>	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input checked="" type="checkbox"/> High
Peer Associations (8)	<u>1</u>	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Criminal Attitudes / Behavior* (13)	<u>0</u>	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High

**\*Domains to be targeted for treatment / services**

Other Areas of Concern:	<input type="checkbox"/> Low Intelligence
	<input type="checkbox"/> Physical Handicap
	<input type="checkbox"/> Reading and Writing Limitations
	<input type="checkbox"/> Mental Health Issues
	<input checked="" type="checkbox"/> No Desire to Change / Participate in Programs - rest to change.
	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Child Care
	<input type="checkbox"/> Language
	<input type="checkbox"/> Housing
	<input type="checkbox"/> Cultural Barriers
	<input type="checkbox"/> History of Abuse / Neglect
	<input type="checkbox"/> Interperson Anxiety
<input type="checkbox"/> Other: _____	

CMHS	Total Score	2
------	-------------	---

Question 13 (Male)	13.a. <input type="checkbox"/> Yes <input type="checkbox"/> No	13.b. <input type="checkbox"/> Yes <input type="checkbox"/> No		Question 9 (Female)	9.a. <input type="checkbox"/> Yes <input type="checkbox"/> No	9.b. <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	--	--	--	------------------------	---	---

Further Evaluation Recommended  Yes  No - was in treatment prior

TCUDS II: (if administered)	Total Score	3
-----------------------------	-------------	---

Further Evaluation / Treatment Recommended  Yes  No - small talking at each visit about one-on-one treatment

Perceived Seriousness of Problem by Probationer:

Not at all  Slightly  Moderately  Considerably  Extremely

J. Zambrano  
4/19

WHAT I WANT TO WORK ON QUESTIONNAIRE

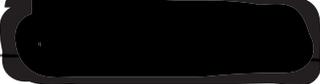
ISSUE	IS THIS SOMETHING YOU NEED TO WORK ON?		HOW IMPORTANT IS THIS FOR YOU TO WORK ON? (Circle)										
	Yes	No	Not at all										Very
Physical Health	Yes	No	1	2	3	4	5	6	7	8	9	10	
Family Life	Yes	No	1	2	3	4	5	6	7	8	9	10	
Relationships (Friends)	Yes	No	1	2	3	4	5	6	7	8	9	10	
Education	Yes	No	1	2	3	4	5	6	7	8	9	10	
Employment	Yes	No	1	2	3	4	5	6	7	8	9	10	
Religious Involvement	Yes	No	1	2	3	4	5	6	7	8	9	10	
Solving Problems & Decision Making	Yes	No	1	2	3	4	5	6	7	8	9	10	
Emotions	Yes	No	1	2	3	4	5	6	7	8	9	10	
Drug Abuse	Yes	No	1	2	3	4	5	6	7	8	9	10	
Alcohol Abuse	Yes	No	1	2	3	4	5	6	7	8	9	10	
Criminal Behavior	Yes	No	1	2	3	4	5	6	7	8	9	10	
Housing	Yes	No	1	2	3	4	5	6	7	8	9	10	
Anger Management	Yes	No	1	2	3	4	5	6	7	8	9	10	

COMMENTS:

X PO will revisit w/ P at  
later date when he may  
be more open to process \*

MASSACHUSETTS TRIAL COURT  
PROBATIONER INDIVIDUAL CHANGE AGREEMENT  
INITIAL

Probationer Name: Jose Zambrano PCF #: 2449471 DOB: 3.14.81

Probationer Officer:  Date Completed: 4.27.16

Present Risk Level:  Low/Moderate  Moderate  High  Very High

ORAS Need Domains Assessed High:

- Criminal History
- Substance Use
- Family / Social Support
- Peer Associations
- Neighborhood Problems
- Criminal Attitudes / Behavior
- Education, Employment, Financial

Court Ordered Special Conditions:

Drug + alcohol free w/ Random testing  
mental health evaluation + treatment

What I Want to Work On Questionnaire Identified Issues and Importance:

Drug use -

**FUTURE AREAS TO WORK ON:**

[Empty space for future areas to work on]

**PROGRAM / SERVICES PARTICIPATION SUMMARY (Present / Future)**

Program / Service	Date Started	Date Completed
Baker Assoc. 4/25/16 ret		

Probationer Signature: \_\_\_\_\_

Date 4.27.16

Probation Officer Signature: \_\_\_\_\_

Date 4.27.16

F/A/CPO Review / Approval: \_\_\_\_\_

Date \_\_\_\_\_