

NAPA COUNTY BEHAVIOR RESPONSE TRACKING FORM

Probationer Name:		Date of response:
PID Number/Event(s):		PO:
Synopsis of Violation:		Date PO notified of VOP:
Date of LS/CMI:	Date of Static-99:	Date of SARA:
<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

*Pick the highest level of any of the assessments as the overall risk level. Pick the highest level violation for severity

Overall Risk Level: Low Medium High Very High

Severity of Violation: Low Medium High

Presumptive Response Grid					
Overall Risk Level					
		Low	Medium	High	Very High
Severity of Violation	Low	Low Response <input type="checkbox"/>	Low Response <input type="checkbox"/>	Medium Response <input type="checkbox"/>	High Response <input type="checkbox"/>
	Medium	Low Response <input type="checkbox"/>	Medium Response <input type="checkbox"/>	Medium Response <input type="checkbox"/>	High Response <input type="checkbox"/>
	High	Medium Response <input type="checkbox"/>	Medium Response <input type="checkbox"/>	High Response <input type="checkbox"/>	High Response <input type="checkbox"/>

Recommended Responses (Pick up to 3):

<input type="checkbox"/> Criminal History	<input type="checkbox"/> Companions	<input type="checkbox"/> Procriminal Attitude	<input type="checkbox"/> Antisocial Pattern
<input type="checkbox"/> Family/Marital	<input type="checkbox"/> Education/Employment	<input type="checkbox"/> Leisure/Recreation	<input type="checkbox"/> Alcohol/Drug

- Check top 3 criminogenic need areas.

Override/Under-ride Necessary: *If box is checked please consider the following factors:

Stabilizing/Destabilizing factors:

Recency & Frequency of VOP	History of Violence	Victim Consideration
Level of Compliance	Cognitive Ability	Engagement of Prosocial activity
Identified Barrier	Medications	Lack of appropriate program

Override Level: Low Medium High

Recommended Response:

Supervisor approval and authorization: _____
Signature
Date