**Case Staffing Form**

**Inmate/Offender Name:** Click here to enter text. **PID#:** Click here to enter text.

**DOB:** Click here to enter text.

**Facility Site**: Choose an item. **District Office Site**: Choose an item.

**Facility CSS:** Click here to enter text. **Field CSS:** Click here to enter text.

**Min Release Date:** Click here to enter text. **Max Release Date:** Click here to enter text.

**Current Offense(s):** Click here to enter text.

**LSI-R/ORAS Score: Low** [ ]  **Moderate** [ ]  **High** [ ]

**Criminogenic Need Areas scoring Moderate and High:**

Click here to enter text.

**VASOR Score:** Choose an item. **SOTIPS Score:** Choose an item.

**Static 99 R Score:** Choose an item.

**Required to register with the Sex Offender Registry: Yes** [ ]  **No** [ ]

**Sex Offender Registry Completed: Yes** [ ]  **No** [ ]

**CASE STAFFING TYPE**:

Custody and Placement [ ]  Furlough Violation [ ]  RSN Designation [ ]

VRAG Requested [ ]  Level C Designation [ ]  Direct Community Placement [ ]

Sex Offender Release and Sex Offender Parole Recommendation [ ]

Risk Reduction Programming [ ]  Sex Offender Treatment [ ]

Community Notification Plan [ ]

**STAFFING INFORMATION**

Date of Request: Click here to enter a date.

Requested By: Click here to enter text.

Request Approved By: Click here to enter text.

**CONVICTIONS AND SENTENCE INFORMATION**

Affidavit Attached: Yes [ ]  No [ ]

Prior Record: Enter relevant convictions that relate to current convictions or behaviors.

Click here to enter text.

**INSTITUTIONAL BEHAVIOR AND FIELD SUPERVISION**

Facility Behavior Summary: Enter brief overview of inmate’s behavior

Click here to enter text.

Prior Supervision History: Enter brief overview of inmate’s past supervision history

Click here to enter text.

**PROGRAM NEEDS AND HISTORY**

VTPSA Program Summary Attached: Yes [ ]  No [ ]  NA [ ]

Is Offender currently in Risk Reduction Programming (RRP) Yes [ ]  No [ ]

Risk Reduction Program Summary and Continuum of Care Recommendations Attached: Yes [ ]  No [ ]  NA [ ]

Overview: Enter brief overview of inmate’s program needs

Click here to enter text.

Program History: Current and Past Program History

Click here to enter text.

**VICTIM**

Victim Services Specialist Input:

Click here to enter text.

Victim Services Notified of the Release and informed of Staffing Date: Yes [ ] No [ ]

**CASE PLAN**

Is OCP up-to-date: Yes [ ] No [ ]

Current OCP attached: Yes [ ]  No [ ]

Reentry Checklist attached: Yes [ ] No [ ]

Be prepared to discuss inmate/offender’s criminogenic need areas, progress in recommended treatment programs/services, and overall compliance with current case plan.

**LEVEL C CRITERIA**

In order to be designated Level C all boxes must be checked **YES**

Convicted of a Listed Offense: Yes [ ]  No [ ]

Crime must be determined as egregious by use of the Egregious Form: Yes [ ]  No [ ]

LSI-R/ORAS Score Moderate or Higher: Yes [ ]  No [ ]

VRAG Score of 7-9: Yes [ ]  No [ ]  VRAG Score: Choose an item.

**RSN CRITERIA**

In order to receive automatic RSN designation both boxes must be checked yes:

Offender is designated Level C Yes [ ]  No [ ]

Offender is designated High Risk by the Sex Offender Review Committee: Yes [ ]  No [ ]

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For individuals to be reviewed for RSN designation, the Case Review Committee will evaluate the following. Check all that apply:

Listed Offender [ ]  Risk Score Moderate or Higher [ ]  Victim Notification on File [ ]

Level C Designation [ ]  Designated High Risk by Sex Offender Review Committee [ ] Heightened Media Issues/Coverage [ ]  Political issues/Coverage [ ]

Strong Victim Reaction [ ]  Strong Community Reaction [ ]  Victim/Community Safety [ ]

Other issues not addressed above [ ]

**FURLOUGH VIOLATION**

Narrative of Violation: A description of conditions and behavior causing the violation:

Click here to enter text.

Field Supervision History: History of non-compliance and responses within the past twelve months:

|  |  |  |
| --- | --- | --- |
|  Date of Violation | Behavior/Condition Violated | Response |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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CASE STAFFING RECOMMENDATION

 CSS recommendation and rationale:

Click here to enter text.

CASE STAFFING DECISION

Choose the staffing type below and document decision. If more than one staffing decision is made document each.

Choose an item. Date: Click here to enter a date. Explanation: Click here to enter text.

Choose an item. Date: Click here to enter a date. Explanation: Click here to enter text.

Choose an item. Date: Click here to enter a date. Explanation: Click here to enter text.