



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

RISK ASSESSMENT REPORT

REPORT TO: The Honorable
County Superior Court

REPORT DATE:

NAME: SENTENCE DATE:
AKA: DOC NUMBER:
CRIME: CAUSE NUMBERS:
DATE OF OFFENSES: COUNTY:
CURRENT LOCATION: DRUG OFFENDER SENTENCING
ALTERNATIVE ELIGIBLE: Yes No
HOME ADDRESS: OFFENDER ACCOUNTABILITY ACT: Yes No
ATTORNEY:
TELEPHONE NUMBER: FAX NUMBER:

Sentence Information			
Prefix	County	Cause number	Crime description

Risk/Need Summary
Criminal history
Education/employment narrative
Financial narrative
Family/marital/state registered domestic partner narrative
Accommodation narrative

Leisure/recreation narrative
Companions narrative
Alcohol/drugs narrative
Emotional/personal narrative
Attitudes/orientation narrative
Family impact statement
Victim statement/issues and community concerns

I certify or declare under penalty of perjury of the laws of the state of Washington that the foregoing statements are true and correct to the best of my knowledge and belief based on the information available to me as of the date this report is submitted.

Submitted by:

Approved by:

_____ Date
Case manager
Location/Facility
Address
City, Washington Zip Code
Telephone () -
typist/CCO/date

_____ Date
Community Corrections Supervisor

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Court **COPY** - Prosecuting Attorney, Defense Attorney, Field file