***Please follow these important instructions: (See back of form for additional instructions)***

* Complete this form for all registered offenders whether they are eligible for scoring or not (print or type).
* If the offender is ineligible for scoring or there are insufficient documents to score the offender, please complete sections 1, 3 and 4 of the form.
* Probation and parole must provide treatment providers with the documents needed to score the dynamic and violence risk assessment tools (e.g., rap sheet, probation pre-sentencing report, police report, institutional evaluations, 288.1 forensic evaluation, juvenile records, sealed records). (Penal Code section 290.07.)
* Treatment providers should score the STABLE-2007 and LS/CMI typically within 90 to 120 days of starting the program.
* Treatment providers should submit this score submission form and the scoring or tally form for the instrument scored to the probation or parole officer within 30 days after scoring.
* Probation or parole have **5 working days** upon receipt of scores from the treatment provider to e-mail this score submission form **AND** the scoring or tally form for the instrument scored to CAHRSO@doj.ca.gov via secure server (preferred method), OR fax to (916) 227-5092, OR mail to the Risk Assessment Unit, 4949 Broadway, Room H216, Sacramento, California 95820.
* **Submit a separate form for each instrument being scored.**
* Retain a copy in client’s/offender’s file.

**Section 1: To be completed by the treatment provider**

|  |  |
| --- | --- |
| OFFENDER’SINFORMATION | LAST NAME (PLEASE PRINT/TYPE) FIRST NAME MIDDLE NAME                   |
| D.O.B. (MM/DD/YYYY)    /     /         | SSN      -     -          |
| CII NUMBER (Use numeric characters only, e.g., 12345678)                | CDCR NUMBER (e.g., A-12345, AB-1234)            |
| SENTENCING DATE      | CASE NUMBER      | COUNTY OF CONVICTION      |
| COUNTY WHERE OFFENDER RESIDES/IS REGISTERED AS A SEX OFFENDER (SHOULD BE SAME COUNTY)      |
| STATUS OF OFFENDER[ ]  PAROLE [ ]  PROBATION [ ]  PRCS [ ]  MANDATORY SUPERVISION [ ]  FEDERAL PROBATION |

**Section 2: To be completed by the treatment provider**

|  |  |
| --- | --- |
| SARATSOINFORMATION | RISK ASSESSMENT INSTRUMENT TYPE (SELECT ONLY ONE)[ ]  STABLE-2007 [ ]  LS/CMI [ ]  SRA-FV\*  |
| TOTAL NUMERICAL SCORE (e.g., 1)      | LITERAL SCORE (e.g., Low)      |
| NAME OF SCORER      | DATE SCORED      |
| NAME OF TREATMENT PROGRAM | LOCATION OF TREATMENT PROGRAM | PHONE NUMBER |

**Section 3: To be completed by the treatment provider ONLY if the client cannot be scored**

|  |  |
| --- | --- |
| SARATSOINFORMATION | RISK ASSESSMENT INSTRUMENT TYPE[ ]  STABLE-2007 [ ]  LS/CMI [ ]  SRA-FVL \*  |
| NAME OF SCORER (Print/Type)      | DATE       |
| REASON INELIGIBLE FOR SCORING? [ ]  YES (e.g., Category B offense, 10 years  offense free in community) Specify reason offender is ineligible for scoring:        | OR | INSUFFICIENT DOCUMENTS TO SCORE THIS OFFENDER?[ ]  YES (Specify what document(s) were unavailable below) [ ]  Crime report requested but unavailable [ ]  Prior presentencing report requested but unavailable [ ]  Other document requested but unavailable Specify:         |

**Section 4: To be completed by probation or parole**

|  |  |
| --- | --- |
| PROBATION/ PAROLE OFFICERINFO. | LAST NAME OF SUPERVISING OFFICER/AGENT FIRST NAME EMAIL                 -  |
| PROBATION AGENCY/PAROLE OFFICE      | PHONE NUMBER(     )-       -         |
|  | STATUS OF OFFENDER[ ]  PAROLE [ ]  PROBATION [ ]  PRCS [ ]  MANDATORY SUPERVISION [ ]  FEDERAL PROBATION |

\* For those who have not yet been certified by SARATSO to score the STABLE-2007, SRA-FVL scores will be accepted until June 2015.

**SECTION 1**

**NAME:** Use the first name listed on the rap sheet, exactly as written (e.g., Thomas Smith, not Tom Smith or

Thomas “Tommy” Smith)

**DOB:** Use the first DOB listed on the rap sheet (Format – MM/DD/YYYY)

**SSN:** Use the first SSN listed on the rap sheet

**CII NUMBER** – On the CII # listed on the rap sheet. Use the 8 numerical characters only (e.g., 12345678, not A12345678)

**CDCR NUMBER** – Use the CDCR # on the rap sheet. Consists of 1 alpha character and 5 numerical

characters or 2 alpha characters and 4 numerical characters (e.g., A12345 or AB1234)

**SENTENCING DATE –** Found on the rap sheet in the conviction cycle for the sex offense (See rap sheet training

video and handouts on secure portion of SARATSO website for additional information)

**CASE NUMBER** –Found on the rap sheet in the conviction cycle for the sex offense

**COUNTY OF CONVICTION**

**COUNTY WHERE OFFENDER RESIDES –** Should be the same as the county where he/she is registered

**STATUS OF OFFENDER –** Check the box indicating type of supervision.

**Parole** – Being supervised by California Department of Corrections & Rehabilitation upon release from prison

**Probation** –Being supervised by local probation department

**PRCS** – (Post Release Community Supervised) Being supervised by probation upon release from prison

**Mandatory Supervision** – Being supervised by probation for a crime that previously required a prison sentence

(See Penal Code § 1170(h))

**Federal Probation** – Being supervised by federal probation after being convicted in Federal court

**SECTION 2**

**RISK ASSESSMENT INSTRUMENT TYPE** – Select only one instrument per form

**TOTAL NUMERICAL SCORE** – For the instrument being scored (list only one)

**LITERAL SCORE** – For the instrument being scored (list only one)

**NAME OF SCORER** – Please print or type name of treatment provider scoring the instrument

**DATE SCORED** – Use MM/DD/YYYY format

**NAME OF TREATMENT PROGRAM** – Name of the treatment program or private practice

**LOCATION OF TREATMENT PROGRAM** – List the county where the treatment program is physically located

**PHONE NUMBER** – List the phone number of the treatment provider

**SECTION 3**

**RISK ASSESSMENT INSTRUMENT TYPE** – Select only one instrument per form

**NAME OF SCORER** – Please print or type the name of the treatment provider

**DATE** – Date treatment provider attempted to score the instrument

**REASON INELIGIBLE FOR SCORING ON THIS INSTRUMENT** – Specify the reason the offender is ineligible for scoring (e.g., Category B offense, 10 years offense free in community)

**INSUFFICIENT DOCUMENTS TO SCORE THIS OFFENDER** – Specify which document(s) were unavailable

**SECTION 4**

**NAME OF SUPERVISING OFFICER/AGENT** – Print or type

**EMAIL ADDRESS** – Print or type your work email address

**PROBATION AGENCY/PAROLE OFFICE** – Name of county probation department or parole office (i.e.: Sac Metro Parole Office)

**PHONE NUMBER** – List the work phone number for the supervising officer

**STATUS OF OFFENDER –** Check the box indicating type of supervision

**Parole** – Being supervised by California Department of Corrections & Rehabilitation upon release from prison

**Probation** –Being supervised by local probation department

**PRCS** – (Post Release Community Supervised) Being supervised by probation upon release from prison

**Mandatory Supervision** – Being supervised by probation for a crime that previously required a prison sentence

**Federal Probation** – Being supervised by federal probation after being convicted in federal court.