***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](mailto:SHOP@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’S  INFORMATION | 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SARATSO  INFORMATION | 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**

|  |  |  |  |
| --- | --- | --- | --- |
| SARATSO  INFORMATION | 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: | O  R | 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 OFFICER  INFO. | 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.