

**JUVENILE DETENTION SCREENING AND ASSESSMENT GUIDE**

Last Name:				Sex:	Charge 1:	Fel.	Misd.	Code:
First name, MI:			DOB:	Age:	Charge 2:	Fel.	Misd.	Code:
Work Phone:		Home Phone:			Charge 3:	Fel.	Misd.	Code:
Ethnicity:(Check all that apply)	Hispanic	Afr-Amer	Nat-Amer	Asian-Amer	White	Other:	Contact Information:	
Screening Date/Time:		Parent(s)/Guardian:						

**MANDATORY HOLD FACTORS and WARRANTS**

- Y N 1. Current crime of violence or weapons charge (CRS 19-2-508).  
 Y N 2. Division of Youth Corrections warrant or escape from secure.  
 Y N 3. District Court warrant or order.

**IF NONE****FOR SECURE N ADMISSIONS**

- a. Drug/Alcohol Use? \_\_\_\_\_  
 b. Medications? \_\_\_\_\_  
 c. Injuries? \_\_\_\_\_

**ASSESSMENT**

ALL ITEMS MUST BE ADDRESSED

**INDICATORS OF SERIOUS REPEAT DELINQUENCY**

- Y N 4. Prior felony adjudications.  
 Y N 5. Pending felony charge(s) (excluding present charges).  
 Y N 6. Currently under bond or release conditions.  
 Y N 7. Past FTAs, violation of court conditions, or bond.  
 Y N 8. Crimes against persons, arson, or weapons history.  
 9. Age 14 or younger at first arrest.  
 10. Associates/identifies with delinquents/gang members

**IF NONE**

VICTIM NOTIFICATION Y N

LAW ENFORCEMENT  
REQUESTED TO PROVIDE  
PUMPKIN SHEET. Y N**RISK OF SELF HARM**

- Y N 11. Suicidal or risk of self harm.  
 Y N 12. Risk of victimization, prostitution history.  
 Y N 13. History of running from placements.  
 Y N 14. Severe substance abuse.

**IF NONE****PUBLIC SAFETY RISK**

- Y N 15. Prior history of violence.  
 Y N 16. Arson or sex offense charges/history.  
 Y N 17. History of weapon use.  
 Y N 18. Threatens victims or witnesses.

**IF NONE****FAMILY OR COMMUNITY RESOURCES**

- Y N 19. Youth has been victimized by family.  
 Y N 20. Family has been victimized by youth.  
 Y N 21. Youth is in custody of Social Services.  
 Y N 22. History of repeated runaways.

**IF NONE**

23. Lacks stable school or work situation. Y N

N 24. Family or responsible  
adult can supervise.**CAN SUPERVISE**Y 25. Current arrest is a  
felony charge. **IF NOT**Referral  
for assessment**LEVEL 1**  
Secure  
Detention**LEVEL 2**  
Staff  
Secure**LEVEL 3**  
Residential/  
Shelter**LEVEL 4**  
Home  
Detention/  
Services**LEVEL 5**  
Release**MANDATORY HOLDS**

1. Y N \_\_\_\_\_  
 2. Y N \_\_\_\_\_  
 3. Y N \_\_\_\_\_

**SERIOUS DELINQUENCY**

4. Y N \_\_\_\_\_  
 5. Y N \_\_\_\_\_  
 6. Y N \_\_\_\_\_  
 7. Y N \_\_\_\_\_  
 8. Y N \_\_\_\_\_  
 9. Y N \_\_\_\_\_  
 10. Y N \_\_\_\_\_

**RISK OF SELF HARM**

11. Y N \_\_\_\_\_  
 12. Y N \_\_\_\_\_  
 13. Y N \_\_\_\_\_  
 14. Y N \_\_\_\_\_

**PUBLIC SAFETY RISK**

15. Y N \_\_\_\_\_  
 16. Y N \_\_\_\_\_  
 17. Y N \_\_\_\_\_  
 18. Y N \_\_\_\_\_

**FAMILY / RESOURCES**

19. Y N \_\_\_\_\_  
 20. Y N \_\_\_\_\_  
 21. Y N \_\_\_\_\_  
 22. Y N \_\_\_\_\_  
 23. Y N \_\_\_\_\_

**RESPONSIBLE ADULT**

24. Y N \_\_\_\_\_

**FELONY CHARGE**

25. Y N \_\_\_\_\_

**REQUIRED DATA ENTRY**

Level by Screening Tree: (Check One)	1	2	3	4	5	Reason for Actual Placement:	Placement Code:
Level by Local Policy or Judgment: (Check One)	1	2	3	4	5	Detention Hearing Recommendation:	No Hearing
Reason for Override:						Level Ordered by Court:	Override Code:
Actual Placement Level:	1	2	3	4	5	Court Finding:	Finding Code

**LOCAL USE**

Screener's Name:	Court Date:	Recommendation By:
County:	Agency:	Hearing Notes:
Screening Notes:		