

NEW ORLEANS PRETRIAL SERVICES PRETRIAL REPORT

Magistrate Number: _____ Folder Number: _____

Name: _____
Last Middle First

Alias: _____

DOB: _____ Age: _____ Gender: M ___ F ___

Race: B ___ W ___ As ___ AI ___ Other ___ Hispanic: Y ___ N ___

Offense Type: Persons Property Narcotics Other

Charges:

- 1
- 2
- 3
- 4
- 5
- 6

Current Booking

Offense Date: _____ Arrest Date: _____ Magistrate Section: _____ PTS: _____

Interview Date: _____ Location: _____ Not Interviewed: ___ Reason: _____

Primary Language: _____ English Proficiency: _____

Translator needed: Y ___ N ___ Name of Translator: _____

Type of Restriction: Violent ___ Felony Firearm ___ Do _____ PV _____

Restriction on ROR or PSBU: Y ___ N ___

Co-defendants on Current Charge: Y ___ N ___ _____

Current Hold: Y ___ N ___ Agency: _____

Current Arrest Warrant: Y ___ N ___ Jurisdiction: _____

Current Alias Capias or Municipal Attachment: Y ___ N ___ For: _____ Jurisdiction: _____

Pending Case: Y ___ N ___ Arrest Charge: _____ Jurisdiction: _____ Section: _____

Current Community Supervision: Y ___ N ___ Jurisdiction: _____

Eligible for Early Diversion Screen: Y ___ N ___

Criminal History Summary

Number of Prior Convictions: Felonies _____ Misdemeanors _____ Date of Most Recent: _____

Number of Prior Violent Convictions: Felonies _____ Misdemeanors _____

Number of Prior Failures to Appear: _____ Number of Bond Forfeiture(s): _____

Prior Probation or Parole: Y ____ N ____ Prior Probation or Parole Revocations: Y ____ N ____

Age at first arrest: _____

Most recent release from incarceration: _____

Prior escape conviction: Y ____ N ____

Prior violation of protection order: Y ____ N ____

Risk Assessment

- | | Score |
|-----------------------------------------------------------------------------------------|-------|
| 1. Primary Charge Category | |
| <input type="radio"/> a. Misdemeanor (0) | _____ |
| <input type="radio"/> b. Felony (1) | _____ |
| 2. Primary Charge Type (Score all that apply) | |
| <input type="radio"/> a. Other (0) | _____ |
| <input type="radio"/> b. Violent Felony (2) | _____ |
| <input type="radio"/> or Violent Misdemeanor (inc. DV) (1) | _____ |
| <input type="radio"/> c. Felony with Firearm (2) | _____ |
| 3. Open Charge at Time of Alleged Offense | |
| <input type="radio"/> a. No (0) | _____ |
| <input type="radio"/> b. Yes (2) | _____ |
| 4. Under Supervision (e.g. probation, diversion, drug court) at Time of Alleged Offense | |
| <input type="radio"/> a. No (0) | _____ |
| <input type="radio"/> b. Yes (2) | _____ |
| 5. Prior Probation or Parole Revocation or Escape Conviction | |
| <input type="radio"/> a. No (0) | _____ |
| <input type="radio"/> b. Yes (2) | _____ |
| 6. Misdemeanor Convictions | |
| <input type="radio"/> a. 0 - 1 (0) | _____ |
| <input type="radio"/> b. 2 - 3 (1) | _____ |
| <input type="radio"/> c. 4 or more (2) | _____ |
| 7. Felony Convictions | |
| <input type="radio"/> a. 0 (0) | _____ |
| <input type="radio"/> b. 1 (1) | _____ |
| <input type="radio"/> c. 2 or more (3) | _____ |
| 8. Prior Violent Conviction or Conviction for Violation of Protective Order | |
| <input type="radio"/> a. No (0) | _____ |
| <input type="radio"/> b. Yes (2) | _____ |

9. Prior Failures to Appear

- a. 0-2 (0)
- b. 3 or more (1)

10. Employment Status

- a. Employed full time or full time equivalent (0)
- b. Full time caregiver (0)
- c. Disabled receiving benefits (0)
- d. Retired with benefits(0)
- e. Full time student (0)
- f. Part time school or work (1)
- g. Unemployed for less than 3 months (1)
- h. Unemployed for more than 3 months (2)

Verified ____

11. Residence Status

- a. Same residence 6 months or more (0)
- b. Current residence less than 6 months (1)
- c. No verifiable current residence (2)

Verified ____

12. Substance Abuse

- a. Less than 2 drug-related convictions (0)
- b. 2 or more drug-related convictions (1)

Total Score

Risk Category: Low (0-3) ____ Low Moderate (4-6) ____ Moderate (7-9) ____ High (10-24) ____

Other Pertinent Facts

Criminal History Report

| Date of Conviction | Charge(s) | Type | F/ M | Jurisdiction | Sentence | P/P Revoc. | Case# |
|--------------------|-----------|------|---------|--------------|----------|---------------|-------|
| | | | | | | | |

Residence/Family

Verified: ___ By: _____

Unable to verify because: _____

Address: _____

How long at current address: _____ Can you return there: Y ___ N ___ How long in area: _____

Alternate address if applicable: _____ Can live there: Y ___ N ___

Married or Domestic Partner: Y ___ N ___ Spouse/ Partner in household: Y ___ N ___ # of children: _____

Lives with: Self ___ Spouse/Partner ___ Girl/Boyfriend ___ Family ___ Friends ___ Homeless ___ Other ___

Who can verify: _____ Relationship: _____ Ph#: _____

_____ Relationship: _____ Ph#: _____

Phone number: _____

Alternate Phone Number: _____ Relationship: _____

Alternate Phone Number: _____ Relationship: _____

Current student: Y ___ N ___ F/T ___ P/T ___

Highest grade completed: _____ High school _____ Post-secondary degree _____

Vocational training program: Y ___ N ___ F/T ___ P/T ___

Treatment Program: Y ___ N ___ Name of program: _____

Prior U.S. Military Service: Y ___ N ___ 24 months of continuous military service: Y ___ N ___

Type of Discharge from the Military _____

If not from area, friends/family/connec _____ N ___ Relationship: _____

Community activities: _____

Employment/Indigency

Verified: ___ By: _____

Unable to verify because: _____

Employed: Y ___ N ___ Employer Name: _____ Position: _____

Type of Employment: Full-Time ___ Part-Time ___ Odd Jobs ___ Self-Employed ___ Unemployed ___

Length of Employment: _____ Can Return: Y ___ N ___

Hours/Week: _____ Average Monthly Pay from Primary Employment: _____

Name of person who can verify: _____

Secondary employment (if any): _____ Phone #: _____

Average Monthly Pay from Secondary Employment: _____

If unemployed, length of unemployment: _____ If < 3 mo, prior employer: _____

Full-Time Caregiver: Y ___ N ___ Relationship to those cared for: _____

Disabled: Y ___ N ___ Disability Benefits Y ___ N ___

Retired: Y ___ N ___ Retirement Benefits: Y ___ N ___

Other Sources of Income: Source: _____ Amount: _____

Source: _____ Amount: _____

Total Monthly Income From All Sources: _____

Spouse/Partner employed: Y ___ N ___ Amount Spouse/Partner earns per month: _____

Public Assistance (check all that apply): None ___ TANF/Welfare ___ SSI/Disability ___

Food Stamps ___ Public Housing ___ Medicaid ___ Other (Describe): _____

Living expenses paid by another person: All ___ Some ___ None ___ Relationship: _____

defendant's children under 18 living in household: _____ Ages: _____

Additional Financial Support of Others: Y ___ N ___ How many: _____ Relationship: _____

Do you pay court-ordered child support: Y ___ N ___ How much: _____

Other large monthly obligations: Type _____ Amount _____

Type _____ Amount _____

Own Home: Y ___ N ___ When purchased: _____ Amount owed: _____

Own Car: Y ___ N ___ Year and model: _____ Amount owed: _____

Amount in Savings: _____ Amount in investments: _____

Pending Case: Y ___ N ___ Released by: _____ Bond Amount: _____

Represented by: Private Attorney ___ Court Appointed Attorney ___

Can defendant afford an attorney: Y ___ N ___ Does defendant intend to hire a private attorney: Y ___ N ___

Notes Re Indigency: _____
