Florida Parishes Juvenile Justice District
JUVENILE DETENTION SCREENING INSTRUMENT

Arrest Date: _____   Arresting Agency: _____

Juvenile – Last Name:_____ First Name:_____

DOB:_____   Ethnicity: _____   Gender: ____M   ____F

____Completed as part of detention decision   ____ Completed as follow-up

REFERRAL OFFENSE(S): _____

SECTION A.   OFFENSE
(Score only the most serious offense.)

Article 897.1 and Article 305(B)(2) Offenses…………………………………10	
Assaultive Felonies against persons, including sex felonies…………………10	
Possession of Weapon…………………………………………………………..10	
Verified Complaint, 90 Day Order, Remand, Bench Warrant…………………10	

> ▶ **Mandatory Detention; Stop Screening.**

Simple Burglary of an Inhabited Dwelling…………………………………… 8

PWITD Narcotics (Heroin ONLY)………………………………………….. 8

Domestic Violence Offenses…………………………………………………… 7

Felony Property Crimes Including Auto………………………………………. 5

Felony Possession of Narcotics………………………………………………. 5

Other Felonies Not Covered Above…………………………………………… 4   **OFFENSE**

Misdemeanors……………………………………………………………........3   **A._____POINTS**

SECTION B.   PRIOR OFFENSE HISTORY
(Score only one of the following. Score 0 if none apply.)

Felony Crimes Petition Pending (within 24 hours)…………………………… 3

Currently in State Custody (OJJ)……………………………………………..5

Prior Felony Adjudication Within the Last 12 Months………………………..6

Prior Felony Adjudication Within the Last 36 Months………………………..3

Prior Misdemeanor Adjudication Within the Last 6 Months…………………...3   **HISTORY**

Documented Escape from Secure Custody Within the Last 18 Months………..5   **B._____POINTS**

SECTION C.   AGGRAVATING FACTORS
(Add all that apply, up to 5 points. Score 0 if none apply.)

Multiple Misdemeanor Offenses Alleged for This Referral……………………1

Multiple Felony Offenses Alleged for This Referral…………………………...3

Confirmed Runaway History or Non-Secure Placement - Last 6 Months……...1

Documented Court Failure to Appear - Last 12 Months………………………1

Under Probation or Parole/Release Conditions, or has been - Last 6 Months….1   **AGG.**

Tested Positive for Drugs at Time of Detention Assessment Screening………..1   **C._____POINTS**

SECTION D.   MITIGATING FACTORS
(Subtract all that apply; up to 2 points. Score 0 if none apply.)

Parent or Relative Is Able to Assume Immediate Responsibility for Minor……1   **MITIGATING**

No Arrests or Citations – Last 12 Months…………………………………1   **D._____POINTS**

TOTAL RISK SCORE (A + B + C – D) ——————————————▶ [ ]

> **DECISION SCALE: 0-6 RELEASE, 7-9 RESTRICTED RELEASE, 10+ DETAIN**

DETENTION OVERRIDE: _____ Parent, guardian, or responsible relative cannot be located.
                                          _____ Parent, guardian, or responsible relative refuses custody.

_____ Other: Juvenile is detained because _____

RELEASE OVERRIDE: _____ The juvenile is released because _____

Detention Screening Completed By:_____ Date:_____ Time:__ _ __ __

Override Approval (Supervisor signature required within 24 hrs.): _____ Date: _____

FINAL DECISION:	_____RELEASE	_____RESTRICTED RELEASE	_____DETAIN