



## RISK ASSESSMENT REPORT

To: The Honorable  
County Superior Court

Date of report:

|                   |                  |                     |
|-------------------|------------------|---------------------|
| Name:             | DOC number:      | Sentence date:      |
| Alias(es):        |                  |                     |
| Current location: | Home address:    | Telephone:          |
| Crime(s):         | Cause number(s): | Date of offense(s): |
| County:           | Attorney:        | Fax number:         |

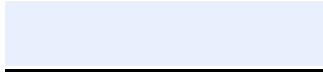
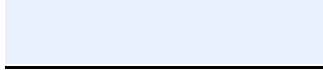
Drug Offender Sentencing Alternative Eligible?  Yes  No  
Offender Accountability Act?  Yes  No

| SENTENCE INFORMATION |        |              |                   |
|----------------------|--------|--------------|-------------------|
| Prefix               | County | Cause Number | Crime Description |
|                      |        |              |                   |
|                      |        |              |                   |
|                      |        |              |                   |
|                      |        |              |                   |

| RISK/NEEDS SUMMARY   |
|--|
| Criminal history:  |
| Historical risk and needs assessment information, if applicable: |
| Education/employment narrative:                                  |

|  |
|--|
| Financial narrative:                                       |
| Family/marital/state registered domestic partnership name: |
| Accommodation narrative:                                   |
| Leisure/recreation narrative:                              |
| Companions narrative:                                      |
| Alcohol/drugs narrative:                                   |
| Emotional/personal narrative:                              |
| Attitudes/orientation narrative:                           |
| Victim/family impact statement and/or community concerns:  |

I certify or declare under penalty of perjury of the laws of the State of Washington that the foregoing statements are true and correct to the best of my knowledge and belief based on the information available to me as of the date this report is submitted.

|                                  |  |           |
|----------------------------------|--|-----------|
| _____                            |  | _____     |
| Case manager                     | Signature  | Date      |
| _____                            | _____  | _____     |
| Address                          |  | Telephone |
| _____                            |  | _____     |
| Community Corrections Supervisor | Signature  | Date      |
| _____                            | _____  | _____     |
| Address                          |  | Telephone |

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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