



PARENTING SENTENCING ALTERNATIVE - RISK ASSESSMENT REPORT

To: The Honorable
County Superior Court

Date of report:

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

SENTENCE INFORMATION

This Risk Assessment Report (RAR) has been completed, per Court Order dated [Click or tap to enter a date.](#), to determine eligibility and suitability for the Family and Offender Sentencing Alternative (FOSA)/Parenting Sentencing Alternative (PSA) (ESSB 5291).

Criminal history was obtained from the National Crime Information Center (NCIC), Washington Crime Information Center (WACIC), Judicial Access Browser System (JABS), WA State Dept. of Corrections records, and self-report.

In determining eligibility, risk factors, and continuation of social services, individuals requesting sentencing under the FOSA option must sign release of information (ROI) forms permitting the Department of Social and Health Services (DSHS) and the Department of Children, Youth, and Families (DCYF) Child Welfare System (CWS) to report historical and current services provided to the defendant to include food assistance medical services, chemical dependency assessments and/or treatment, as well as reports of interaction with Child Protective Services (CPS) in WA State.

FOSA SENTENCE OPTION:

To be considered for a FOSA sentence, individuals must be both eligible and suitable for this alternative sentence.

The intent of the legislation mandating FOSA sentencing was that the prospective participant plead guilty and, in doing so, accept responsibility for criminal behavior. This sets a foundation for honesty, transparency, and forthcoming interaction, all of which are required for FOSA supervision.

Per Affidavit for Probable Cause for County Cause :

Per self-report of the criminal behavior above:

RISK/NEEDS SUMMARY
<p>Criminal history: WA State Misdemeanor/Driving/Traffic- guilty or committed findings:</p> <p>WA State Adult Felony Convictions:</p> <p>WA State Juvenile Convictions:</p> <p>Out of State/Federal/Tribal Convictions:</p> <p>Washington State DOC History:</p> <p>No Contact Order:</p> <p>Convictions of crimes against a child:</p> <p>Self- Report as to Criminal History:</p> <p>Historical risk and needs assessment information, if applicable:</p>

Education/employment narrative:

Financial narrative:

Family/marital/state registered domestic partnership name:

Summary of DCYF Child Welfare History, dated:

Accommodation narrative:

Leisure/recreation narrative:

Companions narrative:

Alcohol/drugs narrative:

Emotional/personal/physical narrative:

Attitudes/orientation narrative:

Victim statement/issues and/or community concerns:

FAMILY IMPACT STATEMENT

With whom will the children reside if parent is sentenced to prison? What is the relationship between proposed caregiver & children?

How will the child maintain a relationship with their parent? If separated, are there barriers to visiting? What is recommended to minimize separation resulting from incarceration? How will classification/placement decisions impact child?

The visitation process is somewhat time consuming. All adults must submit an application and pass a criminal background check. Any minor visiting a facility must have a birth certificate submitted with an application completed by the guardian.

Economic impact on family as a whole:

Will the separation affect parental rights regarding the education, medical/health, stability and supervision of their children? Is the child aware of the arrest/court procedures and possible prison/separation?

Is there CPS involvement with this family? Family Court involvement? Why? How will future reunification be impacted?

Are other family members dependent on this individual for financial or other support (e.g., aging parent, developmentally challenged adult child, children of the defendant's partner) who live with the defendant?

Is there an alternative to incarceration program or probation sentencing option that could impact the family less or minimize separation of the parent/child?

The FOSA option focuses on strengthening families in an effort to break the cycle of generational criminal behavior to include drug use, property crimes and victimization. Those sentenced under this option learn to utilize community-based programs and resources in an effort to change their response to life challenges. It is essential to redirect negative habits and behavior by providing new approaches. Being clean and sober is essential. Learning, developing and utilizing skills as present and active parents making decisions based on what is in the best interest of their child/children is essential in breaking the cycle. The FOSA option focuses on the following protective factors which are directly linked to a lower incident of child abuse and neglect: Nurturing and Attachment; Knowledge of Parenting and of Child and Youth Development; Parental Resilience; Social Connections; Concrete Support for Parents; and Developmental Competence/Social and Emotional Competence of Children.

RECOMMENDATION CRITERIA

Individuals are eligible for FOSA if they meet all of the following conditions:

- Defendant must be a parent with physical custody of a minor child; or be an expectant parent; or a legal guardian of a minor child; or a biological parent, adoptive parent, custodian, or a stepparent with a proven, established, ongoing, and substantial relationship with a minor child that existed at the time of the offense.
- Will be sentenced for an offense where the high end of the standard sentence range is greater than one year,
- Has no current or history of a felony sex offense; a serious violent offense; or a felony offense where the individual was armed with a firearm or deadly weapon in the commission of the offense.
- Has no current conviction for a violent offense.
- Signed all release of information forms and resides in Washington State.

RECOMMENDATION NARRATIVE:

FOSA eligible Yes No FOSA suitable Yes No

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.

FOSA Corrections Specialist	Signature	Date
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Address	Telephone
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FOSA Program Supervisor/Administrator	Signature	Date
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Address	Telephone
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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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