

APPENDIX A: SCORING FORMS FOR EACH ASSESSMENT

OHIO RISK ASSESSMENT SYSTEM: PRETRIAL ASSESSMENT TOOL (ORAS-PAT)

Name: _____ Date of Assessment: _____
 Case#: _____ Name of Assessor: _____

Pretrial Items		Verified
1.1. Age at First Arrest 0=33 or older 1=Under 33	<input type="text"/>	<input type="checkbox"/>
1.2. Number of Failure-to-Appear Warrants Past 24 Months 0=None 1=One Warrant for FTA 2=Two or more FTA Warrants	<input type="text"/>	<input type="checkbox"/>
1.3. Three or more Prior Jail Incarcerations 0=No 1=Yes	<input type="text"/>	<input type="checkbox"/>
1.4. Employed at the Time of Arrest 0= Yes, Full-time 1= Yes, Part-time 2= Not employed	<input type="text"/>	<input type="checkbox"/>
1.5. Residential Stability 0=Lived at Current Residence Past Six Months 1=Not Lived at Same Residence	<input type="text"/>	<input type="checkbox"/>
1.6. Illegal Drug Use during Past Six Month 0=No 1=Yes	<input type="text"/>	<input type="checkbox"/>
1.7. Severe Drug Use Problem 0=No 1=Yes	<input type="text"/>	<input type="checkbox"/>
Total Score:		<input type="text"/>

Scores	Rating	% of Failures	% of Failure to Appear	% of New Arrest
0-2	Low	5%	5%	0%
3-5	Moderate	18%	12%	7%
6+	High	29%	15%	17%

Please State Reason if Professional Override:

Other Areas of Concern. Check all that Apply:

- Low Intelligence*
- Physical Handicap
- Reading and Writing Limitations*
- Mental Health Issues*
- No Desire to Change/Participate in Programs*
- Transportation
- Child Care
- Language
- Ethnicity
- Cultural Barriers
- History of Abuse/Neglect
- Interpersonal Anxiety
- Other _____

*If these items are checked it is strongly recommended that further assessment be conducted to determine level or severity.