



COMPAS REFERRAL form

REFERRING PERSON/AGENCY:

Contact Name:

Agency:

Street Address:

Phone Number: () - e-mail address:

Date: / /

If this is a Joint Referral, list all persons that should receive the COMPAS results:

- | | | | |
|---|-------|-----------------|-----------|
| <input type="checkbox"/> DA | Name: | Street Address: | Date: / / |
| <input type="checkbox"/> Public Def. | Name: | Street Address: | Date: / / |
| <input type="checkbox"/> Private Att. | Name: | Street Address: | Date: / / |
| <input type="checkbox"/> DOC | Name: | Street Address: | Date: / / |
| <input type="checkbox"/> Ho-Chunk
Nation Judge | Name: | Street Address: | Date: / / |
| <input type="checkbox"/> Other | Name: | Street Address: | Date: / / |

CLIENT INFORMATION:

Client Name: Client DOB: / /

Phone Number: () - SID #:

Location Jackson County Jail Own Residence Other:

Pending Case #:

REASON FOR EVALUATION:

- Treatment Court Referral Pre-sentence DPA/DAGP Jail Programming
 Other:

TYPE OF EVALUATION:

- Core COMPAS NIJ Mental Health URICA (motivation scale) TCU AODA
 Static 99 TCU Criminal Thinking UNCOPE

Send the completed referral to: Jackson County Criminal Justice Council Office FAX: 715-284-0297

Completed COMPAS will be returned to referring agency for dissemination within 2 weeks unless noted otherwise



WELCOME TO THE COMPAS

You have been referred to complete a COMPAS risk and needs evaluation

In order to expedite your court case we ask that you contact the COMPAS assessor **within 3 days** of this referral at 715-284-0287. If you do not have a phone you may stop at the Criminal Justice/Treatment Court Office on the second floor of the courthouse.

Delays in this assessment WILL result in delays in your case. We want to make this process as seamless as possible.

The assessment tool that we will be using is called COMPAS. It is a computer based program that asks questions which will help us identify your specific needs. A summary from the COMPAS will be used by the prosecution, defense and Judge to recommend the most appropriate sentence based on the risk and needs factors identified in your COMPAS.

It is important that we figure out the things in your life that may have caused you problems in the first place that lead to criminal behaviors. By learning about yourself in these ways, we will be able to work together to identify a plan that may aid in preventing those same problems in the future.

We hope you take full advantage of this important time and look forward to working with you and helping you to achieve your goals.

What do I need to do:

1. Call the number listed above and schedule an appointment as soon as possible
2. Arrive on time to your scheduled appointment
3. Based on your cooperation the session should take 1 hour
4. Do not bring children
5. You will only be allowed one (1) rescheduling (if you call in advance)

Thank you!



REQUEST FOR SID NUMBER & CRIMINAL HISTORY REPORT FORM

Individual Whom is Subject of Request:

Name: _____

D.O.B. _____

Authorize SID Number & Criminal History Report to/From:

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

I authorize the individual/agency/organization(s) listed above to disclose to each other the State identification Number (SID) and the Criminal History Report in order to complete the COMPAS Assessment.

As evidenced by my signature below, I hereby authorize disclosure of the SID Number and the Criminal History Report to the person(s) or agency(s) as specified above. I intend that a photocopy or fax of this authorization shall be as effective as the original.

Signature of individual who is subject to record

Date