

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

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

Pretrial Items		Verified
1. Age at First Arrest 0=33 or older 1=Under 33	<input type="text"/>	<input type="checkbox"/>
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"/>
3. Three or more Prior Jail Incarcerations 0=No 1=Yes	<input type="text"/>	<input type="checkbox"/>
4. Employed at the Time of Arrest 0= Yes, Full-time 1= Yes, Part-time 2= Not Employed	<input type="text"/>	<input type="checkbox"/>
5. Residential Stability 0=Lived at Current Residence Past Six Months 1=Not Lived at Same Residence	<input type="text"/>	<input type="checkbox"/>
6. Illegal Drug Use During Past Six Months 0=No 1=Yes	<input type="text"/>	<input type="checkbox"/>
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:

Reason for Override (note: overrides should not be based solely on offense):

Other Areas of Concern. Check all that Apply:

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

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

Source: Center for Criminal Justice Research, University of Cincinnati School of Criminal Justice, 2010.

Level of Need

HIGH	7-8	4-6	0-3	Criminal History	*
MOD	5-6	2-4	0-1	Education, Employment, and Financial Situation	
LOW	4-5	2-3	0-1	Family and Social Support	*
	2-3	1	0	Neighborhood Problems	
	5-6	3-4	0-2	Substance Use	
	5-8	2-4	0-1	Peer Associations	*
	9-13	4-8	0-3	Criminal Attitudes and Behavioral Patterns	*

Levels of Pretrial Supervision

Minimal

- One (1) face to face contact per month
- Court notification
- Compliance Verification

Standard

- Two (2) face to face contacts per month
- One (1) additional phone contact per month
- Court notification
- Compliance Verification

Intensive

- One (1) face to face contact per week
- One (1) additional phone contact per month
- Court notification
- Compliance Verification

Risk Level	Pretrial Supervision Level
Low*	Minimal
Moderate	Standard
High	Intensive

*Although PTS does not recommend supervision for low risk defendants, if the court orders such, minimal supervision will be utilized unless the defendant is moderate or high needs.

Risk Level	Needs	Supervision Level
Low	High	Intensive
Low	Moderate	Standard
Low	Low	Minimal
Moderate	High	Intensive
Moderate	Moderate	Standard
Moderate	Low	Standard
High	High	Intensive
High	Moderate	Intensive
High	Low	Intensive