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|

|  |
| --- |
| Idaho Department of Correction |
| Division of Prisons |
| <Select Here> |

| **Addendum to the Presentence Investigation** |
| --- |
| **Offender Last Name** | **Offender First Name** | **IDOC #** |
| Enter Text Here | Enter Text Here | Enter Text Here |

|  |  |
| --- | --- |
| **Judge** | **County** |
| Enter Text Here | Select County Here |
| **Crime** | **Case No.** | **Sentence** |
| Enter Text Here | Enter Text Here | Enter Text Here |

|  |  |
| --- | --- |
| **Rider Type:** | Choose Type |

|  |  |
| --- | --- |
| **Section 1**  | **Needs Assessment and Program Plan Recommendations** |
| Using the Level of Service Inventory-Revised (LSI-R), a standard screening instrument to determine specific criminal risk/need areas associated with criminal behavior, assessments indicate the following rankings to be addressed in risk reduction, in descending order: |
| 1. | Choose an item. | 6. | Choose an item. |
| 2. | Choose an item. | 7. | Choose an item. |
| 3. | Choose an item. | 8. | Choose an item. |
| 4. | Choose an item. | 9. | Choose an item. |
| 5. | Choose an item. | 10. | Choose an item. |
|  |  |
| **LSI level, per the LSI-R is**  | Choose an item. |
|  |  |
| The Texas Christian University Drug Screen II/Alcohol/Drug Self-Assessment was completed and indicated [ ]  no dependency or [ ]  dependency. If dependency indicated, drug preference is: |
| Click here to enter text. |

|  |  |
| --- | --- |
| **Section 2** | **Individual Program Plan** |

 |

|  |  |  |
| --- | --- | --- |
| **Program** | **Start Date** | **Participation** |
| Choose an item. | Select Date | Choose an item. | Select Date |
| Choose an item. | Select Date | Choose an item. | Select Date |
| Choose an item. | Select Date | Choose an item. | Select Date |
| Choose an item. | Select Date | Choose an item. | Select Date |
| Choose an item. | Select Date | Choose an item. | Select Date |
| Choose an item. | Select Date | Choose an item. | Select Date |

|  |
| --- |
| **DESCRIPTION OF ASSIGNED PROGRAMS** |
|  |
|  |
|  |
|  |
|  |
|  |

**Section III Disciplinary** [ ]  **No** [ ]  **Yes** (see detail below)

**Formal Disciplinary Sanctions (DORS & Infractions)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Offense** | **Action Taken** |
| Select Date | Enter Text Here | Enter Text Here |
| Select Date | Enter Text Here | Enter Text Here |
| Select Date | Enter Text Here | Enter Text Here |
| Select Date | Enter Text Here | Enter Text Here |
| **Summary of offense(s)** |
| Enter Text Here |

**Informal Disciplinary Sanctions (Written & Verbal Warnings)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Offense** | **Action Taken** |
| Select Date | Enter Text Here | Enter Text Here |
| Select Date | Enter Text Here | Enter Text Here |
| Select Date | Enter Text Here | Enter Text Here |
| Select Date | Enter Text Here | Enter Text Here |
| **Summary – Written and verbal warnings are basic rule violations and do not indicate unwillingness or inability to follow successfully the expectations of probation.** |
| Enter Text Here |

|  |
| --- |
| **When the offender was asked if they would like to comment on any discipline received, they stated:** |
| Enter Text Here |

**Section IV Activity/Issue Summary**

|  |  |
| --- | --- |
| **Arrival Date at Facility:** | Select Date |
| An orientation was conducted on arrival at the facility and rules and regulations were reviewed and agreed to. |

|  |
| --- |
| **When asked to what they attribute the success of their behavior on the Rider, they stated:** |
| Enter Text Here |

In order to ascertain the goals that were achieved, as well as what was gained from the experience, the following comments on progress were offered:

|  |  |
| --- | --- |
| **Program:** |  |
| **The facilitator reports:** |
| Enter Text Here |
| **The offender reports learning:** |
| Enter Text Here |
| **Program:** |  |
| **The facilitator reports:** |
| Enter Text Here |
| **The offender reports learning:** |
| Enter Text Here |
| **Program:** |  |
| **The facilitator reports:**Enter Text Here |
| **The offender reports learning:** |
| Enter Text Here |
| **Program:** |  |
| **The facilitator reports:**Enter Text Here |
| **The offender reports learning:** |
| Enter Text Here |

**Section V Summary of Probation Plan**

**Residence and Support System** **[ ]  Private Residence** **[ ]  Transitional House**

|  |  |
| --- | --- |
| Residence Address: | Enter Text Here |
| Phone Number: | Enter Text Here |
| Name(s) of Residents: | Enter Text Here |
| Name of individual who verified residence:(Letter from individual who verified is on file at the facility) | Enter Text Here |

**Employment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The offender reports that they will have employment on release | [ ]  | Yes | [ ]  | No |
| If Yes, name of employer: | Enter Text Here |
| [ ]  | The offender reports that they will seek employment through Idaho Commerce and Labor, or help wanted ads. Current job skills include: |
| Enter Text Here |

**Community Programming/Treatment Plans**

The offender will follow the direction of the court and Probation Officer regarding aftercare.

**Probation Assignment**

|  |  |
| --- | --- |
| **District** | **Telephone** |
| Choose District Here | Choose Number Here |

**Section VI Recommendations**

Based on their performance while at this facility:

[ ]  We recommend the court consider placing this offender on probation.

[ ]  We recommend the court consider relinquishing jurisdiction on this offender.

This recommendation is based on the following:

|  |
| --- |
| Enter Text Here |

|  |  |
| --- | --- |
| **When asked why they felt they should be granted the privilege of probation, the offender replied**Enter Text Here

|  |
| --- |
|  The offender was offered an opportunity to submit a written statement to the court and [ ]  declined or [ ]  statement is attached. |

 |

**Check if applicable:**

[ ] The offender completed Therapeutic Community and a Discharge Summary is attached

[ ] The offender completed Sex Offender Assessment Group and a Discharge Summary is attached.

[ ] The offender was assessed as a CMHS1 or above and a Discharge Summary is attached.

Respectfully submitted,

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Enter Name Here |
| Phone | Enter Phone Number Here | Extension | Enter Phone Extension Here |

Reviewed and Approved by:

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Enter Name Here |
| Phone | Enter Phone Number Here | Extension | Enter Phone Extension Here |

cc: Prosecuting Attorney

 Defense Attorney

 Files (2)