

Pre-IOMS

Part 4



**Initial Case Planning Document - Intervention / Surveillance**

NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Order (Circle) Probation/ Prison / Probation / Parole/ Intensive Correction / Home Detention /  
 + Community Service (Dual Order)

Date Order commenced.....Date due to complete:.....  
 Additional requirements- Yes/ No [if yes, supply details on Case Plan-Form B]

Induction Process [Tick individual boxes to indicate all necessary explanations have been given and sign and date when induction is complete]	
General requirements of Order explained	
Additional requirements (if any) explained	
Explanation of offender rights given	
Explanation given - case management/ graduated supervision process	
Explanation given- consequences of failure to comply with any/all of the above	
Signed - Supervising Officer _____	Acknowledged Offender _____

Actual RNI Score .....Initial Category (Circle) - **ASSESSED** as HIGH / MEDIUM / LOW  
 (High >20) (Med 10 - 20) (Low <10)

If assessment differs from score - provide reasons:- \_\_\_\_\_

**Surveillance Schedule - Post Assessment to First Case review**

Type of Supervision: (Circle) INTERVENTION / SURVEILLANCE ONLY  
 If circled - complete Form B

Minimum Contact Frequency - Phase 2 (from post assessment to first 6 monthly review)

Risk Level	High <input type="checkbox"/> 4 per month (Inc 2 personal)	Medium <input type="checkbox"/> 2 per month inc 1 personal	Low <input type="checkbox"/> (1 per month) (Parolee - 1 personal per mth)	Other <input type="checkbox"/> Specify .....
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Surveillance Methods to be utilised:


Date Assessment Completed .....	Date of Assessment team decision .....	Date of Next Case Review .....
CCO .....	Sgd Assessment Team Leader (AM or nominee)	
NB - Enter Risk Level/Supervision Type on CIS or advise Regional Office of Risk Level/Supervision Type		

File 14 IOMS 11

**A. CRIMINAL HISTORY**

1. Any prior convictions as adult .....	<input type="checkbox"/>	2. Two or more prior convictions .....	<input type="checkbox"/>
3. Three or more prior convictions .....	<input type="checkbox"/>	4. Three or more present offences .....	<input type="checkbox"/>
5. Arrested under age of 17 .....	<input type="checkbox"/>	6. Ever incarcerated upon conviction .....	<input type="checkbox"/>
7. Ever escaped from an institution .....	<input type="checkbox"/>	8. Ever punished for institution misconduct .....	<input type="checkbox"/>
9. Charge laid during prior community supervision or parole suspended .....	<input type="checkbox"/>	10. Official record of assault/violence .....	<input type="checkbox"/>

Details of Current Offence: .....

Co-offenders: .....

Previous Convictions: .....

Response to prev. community supervision : ..... Bail Response: .....

**B. EDUCATION/EMPLOYMENT**

11. Currently unemployed .....	<input type="checkbox"/>	12. Frequently unemployed .....	<input type="checkbox"/>
13. Never employed for full-year .....	<input type="checkbox"/>	14. Ever fired .....	<input type="checkbox"/>
15. Literacy problems .....	<input type="checkbox"/>	16. Less than grade 10 .....	<input type="checkbox"/>
17. Suspended or expelled at least once .....	<input type="checkbox"/>		

Schools attended: ..... Age at leaving: ..... Highest level attained: .....

Current Employer: ..... Commencement date: ...../...../.....

Past employment: .....

**C. FINANCIAL**

18. Problems with financial management .....	<input type="checkbox"/>	19. Reliance on social assistance .....	<input type="checkbox"/>
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Income: .....p/w Expenditure .....p/w Restitution agreed: ..... p/w

Details of exoenditure: .....

**D. FAMILY/MARITAL**

20. Unsatisfactory marital or equivalent situation .....	<input type="checkbox"/>	21. Nonrewarding, parental .....	<input type="checkbox"/>
22. Nonrewarding, other relatives .....	<input type="checkbox"/>	23. Criminal - Family/Spouce .....	<input type="checkbox"/>

Wife / Husband / De facto / Fiancé / Friend (circle) Name: ..... Age: .....

Address: ..... Length of Relationship: .....

Children & ages: .....

Comments: .....

Name & Address: Father: ..... Mother: .....

Significant Siblings: .....

Comments: .....

### E. ACCOMMODATION

Unsatisfactory .....	<input type="checkbox"/>	25. 3 or more address changes last year .....	<input type="checkbox"/>
26. High crime neighbourhood .....	<input type="checkbox"/>		

Type: ..... Location: ..... Mobility: .....

Comment: .....

### F. SOCIAL INTERACTION

27. Unsatisfactory participation/performance (work/home) .....	<input type="checkbox"/>	28. Unsatisfactory peer interactions .....	<input type="checkbox"/>
29. Unsatisfactory interactions with authority figures .....	<input type="checkbox"/>	30. Unsatisfactory use of time .....	<input type="checkbox"/>
31. A social isolate .....	<input type="checkbox"/>	32. Some Criminal acquaintances .....	<input type="checkbox"/>
33. Some criminal friends .....	<input type="checkbox"/>	34. Few anti-criminal acquaintances .....	<input type="checkbox"/>
35. Few anti-criminal friends .....	<input type="checkbox"/>		

Quantity & Quality of Social Relationships: .....

### G. ADDICTION PROBLEMS

36. Alcohol problem, ever .....	<input type="checkbox"/>	37. Drug problem, ever .....	<input type="checkbox"/>
38. Alcohol Problem, currently .....	<input type="checkbox"/>	39. Drug problem currently (specify below) .....	<input type="checkbox"/>
40. Gambling .....	<input type="checkbox"/>	41. Addiction problems resulting in law violations .....	<input type="checkbox"/>
42. Addiction problem resulting in marital/family problems .....	<input type="checkbox"/>	43. Addiction problems resulting in school/work problems .....	<input type="checkbox"/>
44. Addiction problem resulting in medical problems .....	<input type="checkbox"/>	45. Other clinical indicators of drug problems (specify below) .....	<input type="checkbox"/>

Comments/ treatment: .....

### H. HEALTH

46. Inadequate emotional/personal development .....	<input type="checkbox"/>	47. Psychiatric treatment, current .....	<input type="checkbox"/>
48. Psychiatric treatment, past .....	<input type="checkbox"/>	49. Psychological assessment indicated (specify) .....	<input type="checkbox"/>
50. Poor nutritional status .....	<input type="checkbox"/>	51. Poor physical health .....	<input type="checkbox"/>

Comments/Treatment .....

### I. DRIVING

52. Currently unlicensed .....	<input type="checkbox"/>	53. Currently suspended .....	<input type="checkbox"/>
54. Currently disqualified .....	<input type="checkbox"/>	55. Poor attitude to traffic Act .....	<input type="checkbox"/>

Vehicle Ownership: ..... Driving Record: .....

### J. ATTITUDES

56. Supportive of crime .....	<input type="checkbox"/>	57. Unfavourable toward convention .....	<input type="checkbox"/>
58. Poor, towards sentence .....	<input type="checkbox"/>	59. Poor, toward supervision .....	<input type="checkbox"/>

### K&L. MOTIVATION - EXTRAORDINARY FACTORS

60. Poor motivation to change inappropriate behaviour .....	<input type="checkbox"/>	61. ....	<input type="checkbox"/>
62. ....	<input type="checkbox"/>	63. ....	<input type="checkbox"/>
64. ....	<input type="checkbox"/>	65. ....	<input type="checkbox"/>

# Case Management Plan - Intervention Only

Phase involved 2    3    4    5    6    7    Other (specify).....

Date from ...../...../..... to ...../...../.....

Additional Requirement(s) to be addressed this phase:

- A. ....
- B. ....
- C. ....

Risk Factors List risk factors and/or Additional Reqt related to each goal	Goals: Describe the achievable behaviour change that the offender is aiming towards in order to reduce risk of re-offending	Action Plan Inc. Time frame: Describe in specific terms what offender must do and by what date or over what time period.	Success Indicators: Describe how achievement is to be measured.
..... ..... .....	1..... ..... .....	..... ..... .....	..... ..... .....
..... ..... .....	2..... ..... .....	..... ..... .....	..... ..... .....
..... ..... .....	3..... ..... .....	..... ..... .....	..... ..... .....
..... ..... .....	4..... ..... .....	..... ..... .....	..... ..... .....

**Six Month Case Plan**

Phase being planned (circle) 3 4 5 6 7 Other Specify .....

Period of Plan ...../...../..... to ...../...../.....

Risk Level for this phase. (circle) High/ Medium/ Low/ Low Par  
Other.....

Supervision Type for this Phase (circle) Intervention / Surveillance

MINIMUM CONTACT FREQUENCY- See Prac No. 3.3 P&P Manual for details

PHASE	HIGH	MEDIUM	LOW	LOW PAROLE
PHASES 3-5	2 per mth. inc.1 personal	2 per mth. inc 1 personal per 2 mths	1 contact per 6 mths	1 persl contact per 2 mths
PHASE 6 and subsequent phases	1 personal per 2 mths	1 personal per 2 mths	1 contact per 6 mths	1 persl contact per 2 mths

Indicate which Surveillance methods are to be utilised:


<p><b>Assessment Completed</b></p> <p>CCO .....</p> <p>...../...../.....</p>	<p><b>Assessment team Decision</b></p> <p>...../...../.....</p> <p><b>Date of Next Case Review</b></p> <p>.../...../.....</p> <p><b>Assessment Team Leader (AM or delegate)</b></p> <p>Sgd.....</p>
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.....  
Send to Regional Office for those without CIS connection

<p><b>PLEASE MAKE THE FOLLOWING CHANGES TO CIS RISK LEVEL / SUPERVISION TYPE</b></p> <p>Re:-</p> <p>Name :..... D.O.B. ....../...../.....</p> <p>CIS No.....</p> <p>Circle    LOW(all Surveil)    LOW (Parole)    MEDIUM (Interv.)    MEDIUM (Surveil)</p> <p>HIGH (Interv)    HIGH (Surveil)    Other.....</p> <p>CCO .....</p> <p><b>REGIONAL OFFIC USE:</b></p> <p>Date entered on CIS:...../...../.....</p>
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