OFFICE of the DISTRICT ATTORNEY
MIDDLE JUDICIAL CIRCUIT of GEORGIA
TRIPP FITZNER, DISTRICT ATTORNEY

MIDDLE JUDICIAL CIRCUIT EARLY INTERVENTION PROGRAM

FORM 1: PRETRIAL DIVERSION RISK AND NEEDS ASSESSMENT FORM

Case No: District Attorney File No:

Participant Name: DOB: Age:

Offense(s) Charged:

Arrest Date: Assessment Date:

Assessor Name (Print): Signature: Date:

Assessor Certification ID: Annual Cert Expires:

SECTION I: CRIMINAL HISTORY ASSESSMENT

Source Documents Reviewed:

- ☐ Criminal history printout
- ☐ Arrest report
- ☐ Court records
- ☐ Other: _____

Item 1.1: Age at First Arrest

Questions to Ask:

- *"How old were you when you were first arrested?"*

Offender's Age at First Arrest: ___ years old

Verification Source:

- ☐ Criminal history
- ☐ Self-report
- ☐ Other: _____

Score:

- ☐ 0 = 32 or older
- ☐ 1 = Under 32

Notes:

Item 1.2: Failure-to-Appear Warrants (Past 12 Months)

Questions to Ask:

- *"Have you ever failed to appear for court?"*
- *"In the past 12 months, have you missed any court dates?"*

Response: _____

Number of FTA Warrants in Past 12 Months: _____

Verification Source:

- ☐ Criminal history
- ☐ Outstanding warrants search
- ☐ Other: _____

Score:

- ☐ 0 = No FTA warrants
- ☐ 1 = One or more FTA warrants

Notes:

Item 1.3: Prior Arrests and Convictions (Excluding Current Charge)

Questions to Ask:

- *"How many times have you been arrested before this current charge?"*
- *"Do you have any prior convictions?"*

Number of Prior Arrests/Convictions: _____

List of Prior Offenses (with approximate dates):

1. ___ Year: ___
2. ___ Year: ___
3. ___ Year: ___

Verification Source:

- ☐ Criminal history printout
- ☐ Self-report

Score:

- [ ] 0 = Zero to one prior arrest/conviction
- [ ] 1 = Two or more prior arrests/convictions

Notes:

Item 1.4: Currently Awaiting Sentencing for Other Cases

Questions to Ask:

- *"Do you have any other criminal cases pending right now where you might be sentenced or go to trial?"*

- [ ] No pending cases
- [ ] Yes; describe: _____

Details of Pending Cases: _____

Verification Source:

- [ ] Court records
- [ ] DA records
- [ ] Self-report
- [ ] Other: _____

Score:

- [ ] 0 = No cases pending sentencing
- [ ] 1 = One or more cases awaiting sentencing/trial

Notes:

CRIMINAL HISTORY SECTION TOTAL: _____ / 6 points

SECTION II: EMPLOYMENT & RESIDENTIAL STABILITY

Item 2.1: Employment Status (Past 12 Months)

Questions to Ask:

- *"What is your current employment status?"*
- *"How long have you worked at your current job?"*
- *"In the past 12 months, how many months were you unemployed or without work?"*

Current Employment Status:

- [ ] Full-time (35+ hours/week)
- [ ] Part-time (less than 35 hours/week)
- [ ] Unemployed
- [ ] Student
- [ ] Retired/Disabled

Current Employer: _____

Job Title/Position: _____

Length of Current Employment: ___ months _____

Months Unemployed in Past 12 Months: ___ months (Total) _____

Verification Source:

- [ ] Recent pay stubs (Date: ___)
- [ ] Employer contact/verification (Name: ___)
- [ ] Unemployment records
- [ ] Self-report

Score:

- [ ] 0 = Consistently employed with 0-2 months unemployment, OR retired/disabled with income
- [ ] 1 = Some employment but with gaps; 3-12 months cumulative unemployment

Explanatory Notes:

Item 2.2: Current Housing Stability

Questions to Ask:

- *"Where are you living now?"*
- *"Do you rent or own your home?"*
- *"How long have you been living there?"*
- *"Is the arrangement stable, or are you looking for something else?"*

Housing Situation:

- ☐ Owns home
- ☐ Rents apartment/house
- ☐ Lives with family/friends
- ☐ Boarding house
- ☐ Temporary housing
- ☐ Halfway house
- ☐ Homeless
- ☐ Other: _____

Address of Current Housing: _____

Duration at Current Address: ___ months/years _____

Housing Stability Assessment:

Score:

- ☐ 0 = House/apartment (rents or owns), boarding house, OR lives with family/friends for 6+ months
- ☐ 1 = Temporary housing, halfway house, homeless, OR arrangement less than 6 months

Verification Source:

- ☐ Participant statement
- ☐ Family/landlord verification
- ☐ Other: _____

Notes:

Item 2.3: Prior Eviction or Frequent Moves

Questions to Ask:

- *"Have you ever been evicted from an apartment or house?"*
- *"How many times have you moved in the past 12 months?"*

Eviction History:

- ☐ No history
- ☐ Yes; when: ___; reason: ___

Residential Moves in Past 12 Months: ___ moves _____

List of Addresses (Past 12 Months):

1. ___ Date: ___

2. ___ Date: ___

3. ___ Date: ___

Verification Source:

- ☐ Self-report
- ☐ Housing/eviction records
- ☐ Landlord verification

Score:

- ☐ 0 = No eviction history AND same residence 12+ months
- ☐ 1 = Prior eviction OR 3+ address changes in past 12 months

Notes:

EMPLOYMENT & HOUSING SECTION TOTAL: ____ / 4 points

SECTION III: SUBSTANCE USE & MENTAL HEALTH

Item 3.1: Drug Use in Past 6 Months

Questions to Ask:

- *"Have you used any illegal drugs or misused prescription drugs in the past 6 months?"*
- *"What drugs have you used? How often? (daily, weekly, monthly, or less frequent)"*
- *"Has your drug use caused problems with work, school, family, or the law?"*
- *"Have you ever felt like you couldn't stop using drugs even when you wanted to?"*

Drug Use History (Past 6 Months):

Type of Drug(s): _____

Frequency:

- ☐ Never
- ☐ Less than monthly
- ☐ 1-3 times/month
- ☐ Weekly
- ☐ Daily/near-daily

Examples/Details: _____

Consequences of Use:

- ☐ No negative consequences reported
- ☐ Minor consequences (missed work/school, disagreements with family)
- ☐ Significant consequences (job loss, arrest, legal issues, health problems)

Prior Treatment/Recognition of Problem:

- ☐ No
- ☐ Yes; describe: _____

Current Offense Involves Drug Charge:

- ☐ No
- ☐ Yes (Offense: ___)

Verification Source:

- ☐ Self-report in interview
- ☐ Arrest report/circumstances
- ☐ Prior treatment records
- ☐ Criminal history (drug arrests)
- ☐ Other: _____

Score:

- ☐ 0 = No drug use in past 6 months
- ☐ 1 = Occasional use, less than weekly, without dependence indicators
- ☐ 2 = Frequent drug use (weekly or more) OR reports inability to stop OR significant consequences

Clinical Observations:

Item 3.2: Alcohol Use in Past 6 Months

Questions to Ask:

- *"Do you drink alcohol? If so, how often and how much?"*
- *"Has your drinking caused any problems?"*
- *"Have you ever been arrested for alcohol-related offenses?"*
- *"Have you ever had treatment for alcohol?"*

Alcohol Use History (Past 6 Months):

Frequency:

- [ ] Never/Abstainer
- [ ] Social (1-3 times/month)
- [ ] Regular (weekly)
- [ ] Heavy (daily/near-daily)

Typical Consumption:

- [ ] 1-2 drinks
- [ ] 3-5 drinks
- [ ] 6+ drinks per occasion

Consequences:

- [ ] No negative consequences
- [ ] Minor consequences (hangover, missed activities)
- [ ] Significant consequences (DUI, drunk & disorderly, work problems, family conflict)

Prior Alcohol-Related Arrests:

- [ ] No
- [ ] Yes; describe: _____

Prior Alcohol Treatment:

- [ ] No
- [ ] Yes; when: ___; type: ___

Current Offense is Alcohol-Related:

- [ ] No
- [ ] Yes (Offense: ___)

Verification Source:

- [ ] Self-report in interview
- [ ] Arrest report/circumstances
- [ ] Criminal history
- [ ] Prior treatment records
- [ ] Other: _____

Score:

- [ ] 0 = No alcohol use OR social drinking without issues
- [ ] 1 = Moderate use (weekly or more) without dependence indicators or prior arrests
- [ ] 2 = Heavy use (daily) OR prior alcohol-related arrest OR prior treatment for alcohol

Clinical Observations:

Item 3.3: Prior Substance Abuse Treatment

Questions to Ask:

- *"Have you ever attended treatment for drugs or alcohol? This could include AA, NA, counseling, inpatient treatment, or treatment through probation."*

Prior Treatment History:

- ☐ No prior treatment
- ☐ Yes; describe type(s) and when:

Type: ___ Year(s): ___

- ☐ Completion: Yes
- ☐ Completion: No

Type: ___ Year(s): ___

- ☐ Completion: Yes
- ☐ Completion: No

Verification Source:

- ☐ Self-report
- ☐ Treatment records
- ☐ Criminal history/probation conditions
- ☐ Other: _____

Score:

- ☐ 0 = No prior treatment
- ☐ 1 = Has attended substance abuse treatment in the past

Notes:

Item 3.4: Serious Mental Health Concerns

Questions to Ask:

- *"Have you ever been treated for depression, anxiety, PTSD, bipolar disorder, or other mental health issues?"*
- *"Are you currently taking psychiatric medications?"*
- *"Have you ever been hospitalized for mental health reasons?"*
- *"Have you ever thought about hurting yourself?"*

Mental Health History:

Prior Mental Health Treatment:

- ☐ No
- ☐ Yes; describe: _____

Type(s) of Treatment: _____

Current Medications:

- ☐ None reported
- ☐ Yes; list: _____

Prior Hospitalizations:

- ☐ No
- ☐ Yes; when/reason: _____

Suicidal Ideation/Attempts:

- ☐ No
- ☐ Yes; describe: _____

Current Mental Health Status:

- ☐ No current concerns reported
- ☐ Receiving treatment with good compliance
- ☐ Receiving treatment with adherence concerns
- ☐ Untreated mental health concerns reported
- ☐ Active psychiatric symptoms observed

Verification Source:

- ☐ Self-report in interview
- ☐ Jail mental health intake
- ☐ Prior treatment records
- ☐ Medications observed/confirmed
- ☐ Other: _____

Score:

- ☐ 0 = No current mental health issues OR receiving treatment with good stability
- ☐ 1 = History of mental health treatment OR currently untreated mental health concerns

Assessor Observations:

SUBSTANCE USE & MENTAL HEALTH SECTION TOTAL: _____ / 6 points

SECTION IV: GEORGIA-SPECIFIC FACTORS

Item 4.1: Prior Diversion Program Participation

Questions to Ask:

- *"Have you ever been in a pretrial diversion program in Georgia or another state?"*

- ☐ No prior diversion
- ☐ Yes; describe:

Jurisdiction: Program Name: Year:

Status:

- ☐ Completed successfully
- ☐ Terminated early
- ☐ Unknown

Verification Source:

- ☐ Criminal history
- ☐ Prior DA records
- ☐ Self-report
- ☐ Other: _____

Score:

- ☐ 0 = No prior diversion program participation
- ☐ 1 = Prior participation (whether completed or terminated)

Notes:

Item 4.2: Restitution Obligation

Total Restitution Owed (if applicable): $ _____

Victim Name(s): _____

Restitution Purpose: Compensation for ___ (describe loss) _____

Source of Amount:

- ☐ DA file
- ☐ Police report

- [ ] To be determined
- [ ] None

Offender's Financial Capacity to Pay:

Current Income/Employment: _____

Assets/Resources: _____

Ability to Pay:

- [ ] Has adequate income to pay restitution
- [ ] Limited income but could pay through payment plan
- [ ] No income/in poverty; payment will be difficult

Score:

- [ ] 0 = No restitution owed OR offender has income/assets to pay
- [ ] 1 = Restitution owed AND limited income/assets OR in poverty

Notes/Recommendations:

Item 4.3: Domestic Violence History

Is Current Offense a Domestic Violence Case:

- [ ] No
- [ ] Yes

Prior Domestic Violence Perpetration:

- [ ] No
- [ ] Yes; describe: _____

Current Protective Order (Against Defendant):

- [ ] No
- [ ] Yes; issued: _____

Victim Safety Assessment:

- [ ] No identified victim
- [ ] Victim agrees to diversion
- [ ] Victim neutral/willing to participate
- [ ] Victim has safety concerns but willing to work with program
- [ ] Victim expresses concerns about offender's accountability

Victim Contact Documentation:

- [ ] Victim notified (Date: ___; Method: ___)
- [ ] Victim unable to locate (Good-faith efforts documented)
- [ ] Victim declined to participate
- [ ] No identifiable victim

Score:

- [ ] 0 = No active protective order AND no history of abuse perpetration
- [ ] 1 = Current protective order OR history of perpetrating intimate partner violence

Special Recommendations:

Item 4.4: Victim Position on Diversion

Victim Notification Completed:

- [ ] Yes
- [ ] No
- [ ] Unable to locate

Date Victim Notified: ___ Method: Phone / Mail / In-person / Other: ___

Victim Name/Contact:

Victim Response:

- [ ] Supports diversion
- [ ] Neutral/no objection
- [ ] Objects to diversion (reason): _____
- [ ] No response received despite good-faith efforts

Victim Concerns/Special Requests:

Prosecutor Evaluation of Victim Position:

- [ ] Victim consents; proceed with diversion
- [ ] Victim objects; but extraordinary circumstances may exist; requires prosecutor approval
- [ ] Victim objects; diversion not recommended

Prosecutor's Name/Signature Approving Consideration:

Score:

- [ ] 0 = No victim OR victim consents to diversion

☐ 1 = Victim objects to diversion

Documentation:

GEORGIA-SPECIFIC FACTORS SECTION TOTAL: ____ / 4 points

SECTION V: SUMMARY AND RECOMMENDATIONS

TOTAL ASSESSMENT SCORE

Section	Points	Maximum
Criminal History (Items 1.1-1.4)	___	6
Employment & Housing (Items 2.1-2.3)	___	4
Substance Use & Mental Health (Items 3.1-3.4)	___	6
Georgia-Specific Factors (Items 4.1-4.4)	___	4
TOTAL SCORE	___	20

RISK CATEGORY

Check One:

☐ **LOW RISK (0-5 points)**
- Minimal conditions recommended
- Monthly supervision adequate
- Limited service requirements appropriate
- Completion rate expectation: 85-90%+

☐ **MODERATE RISK (6-12 points)**
- Standard conditions appropriate
- Bi-weekly supervision recommended
- Targeted service requirements based on needs
- Completion rate expectation: 70-85%

☐ **HIGH RISK (13-20 points)**
- Intensive conditions recommended
- Weekly or bi-weekly supervision
- Comprehensive services required

- Completion rate expectation: <70%
- *Note: May warrant reconsideration of diversion eligibility*

SECTION VI: DIVERSION ELIGIBILITY ASSESSMENT

Has Offender Met Other Eligibility Criteria?

Check all that apply and INITIAL when verified:

Mandatory Exclusion Factors (ANY = Ineligible for Diversion)

- ☐ ___ Crime carries mandatory minimum sentence [O.C.G.A. § 15-18-80(e)]
- ☐ ___ Prior conviction for felony [Program Guide criteria]
- ☐ ___ Active felony probation or First Offender probation [Per Program Guidelines]
- ☐ ___ Violent or sexual offense [Program Guidelines]
- ☐ ___ Victim objects and no extraordinary circumstances [O.C.G.A. § 15-18-80(d)(3)]

If any box checked above, STOP. Offender is NOT eligible for diversion.

Program Eligibility Criteria (Charge Meets Requirements)

- ☐ ___ Relatively minor non-violent offense (confirmed by prosecutor review)
- ☐ ___ Low victim impact OR victim consents to diversion
- ☐ ___ Minimal prior misdemeanor record per Program Guide
- ☐ ___ Not currently under sentence for other offenses

SECTION VII: ASSESSOR'S RECOMMENDATION

Based on Risk Assessment Score and Eligibility Criteria, I recommend:

☐ **PROCEED WITH DIVERSION**

- Risk Level:
  - ☐ Low
  - ☐ Moderate
  - ☐ High
- Suggested Conditions:

☐ **PROCEED WITH DIVERSION - WITH ENHANCED SCRUTINY**

- Risk Level: High

• Special Considerations/Justification:

☐ **DO NOT PROCEED WITH DIVERSION**

• Reason(s):

ASSESSOR'S NARRATIVE SUMMARY

Provide concise summary of key factors driving recommendation:

Strengths/Protective Factors Identified:

Risk Factors/Criminogenic Needs Identified:

Specific Program Needs Recommended (if diversion approved):

- ☐ Employment/Job Training
- ☐ GED/Educational Support
- ☐ Substance Abuse Treatment
- ☐ Mental Health Counseling
- ☐ Family/Relationship Counseling
- ☐ Financial Literacy
- ☐ Other: _____

CERTIFICATION

I certify that this assessment was conducted in accordance with MJDC-PDNA protocols, that the information contained herein is accurate to the best of my knowledge, and that all relevant source documents have been reviewed and considered in arriving at the risk assessment score and recommendation above.

Assessor Signature: Date:

Printed Name: Title:

Agency: Contact Info:

FOR PROSECUTOR USE ONLY

Prosecutor Review Date: _____

Prosecutor Name (Print): Title:

Prosecutor Decision:

- ☐ Accept into Diversion Program
- ☐ Accept with Modified Conditions (explain): _____
- ☐ Decline Diversion; Offer Reasons: _____
- ☐ Refer for Further Review

Prosecutor Signature: Date:

Any Deviations from Assessment Recommendation:

END OF FORM 1