AUTHORITY:

NMSA 1978 Section 31-21-25
Policy CD-010100

REFERENCE:


PURPOSE: [4-APPFS-2E-01]

To establish guidelines and procedures for referral, placement, and housing of Technical Parole Violators and Sanctioned Parole Violators upon completion of the preliminary revocation process as established by CD-052800.

APPLICABILITY:

All State Facilities, Contract Facilities and the Probation/Parole Division of the New Mexico Corrections Department.

FORMS:

A. **SPV Initial Assessment** form *(CD-057201.1)* (2 pages)
B. **SPV Release to Probation and Parole** form *(CD-057201.2)* (2 pages)
C. **Parole Violation Scoring** form *(CD-057201.3)* (2 pages)

ATTACHMENTS:

A. **Waiver of Preliminary/Final Revocation Hearing for the Sanctioned Parole Violator Program (SPVP)** Attachment *(CD-057201.A)*
B. **Waiver/Non-Waiver Acknowledgment and Parole Board Review/Approval** Attachment *(CD-057201.B)*
C. New Mexico Adjusted Public Risk Assessment Instrument Attachment (CD-057201.C)

DEFINITIONS:

A. Dual Supervision: A violator that is currently supervised under both probation and parole.

B. Institutional Probation and Parole Officer (IPPO): Probation and parole officer assigned to the institution to facilitate re-parole planning and monitor the release process within the Sanctioned Parole Violator Program (SPVP). The assigned Classification Officer will assume these responsibilities in the absence of an IPPO.

C. Sanctioned Parole Violator (SPV): Any offender who commits a violation of a condition of parole supervision who is revoked by the Adult Parole Board and sanctioned to the Sanctioned Parole Violator Program (SPVP).

D. Sanctioned Parole Violator Program (SPVP): A special program designated for Parole Violators that have been sanctioned by the New Mexico Adult Parole Board to serve up to ninety days of incarceration.

E. Parole Violation Scoring Form: A scoring instrument to determine the level of risk that an offender presents to the community and to assist in the determination of eligibility and success in completing a sanctioned parole violator program.

POLICY:

A. The New Mexico Corrections Department will provide for identification, referral, placement, and housing of Sanctioned Parole Violators while serving sanctions approved by the Parole Board for parole violations; or Fully Revoked Technical Parole Violators while serving the remainder of their sentence.

_______________________________
Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department
AUTHORITY:

Policy CD-057200

PROCEDURE: [4-APPFS-2E-01]

A. Violator Referral:

1. Arrest and Hold:

   Upon discovery of a parole violation, the Probation/Parole Officer (PPO) may issue an Arrest and Hold Order with the approval of the PPO’s Supervisor. Once the offender has been taken into custody, the assigned PPO shall contact the Hearing Officer and schedule a hearing date, prepare a Parole Violation Report, and complete a Parole Violation Scoring form (CD-057201.3).


   The completed Parole Violation Report and Parole Violation Scoring form (CD-057201.3) shall be forwarded to the District Supervisor for review. The District Supervisor shall determine if the violator is eligible for placement into a Sanctioned Parole Violator Program (SPVP). If eligible for the SPVP, the Supervisor will recommend, in increments of 30 days not to exceed 90 days, the number of days the violator should be sanctioned to the SPVP. The District Supervisor shall forward the Parole Violation Report and the Parole Violation Scoring form along with his or her recommendations to the Hearing Officer.
3. **Notice of Hearing:**

The PPO shall serve the offender with a notification of hearing which shall include the date and time of the hearing, evidence to be presented against the offender, and witnesses to be called. The PPO shall also notify the offender of any recommendations made by the district supervisor for placement into an SPVP and the number of days recommended for that placement.

4. **Dual Supervision:**

Referral to the sanctioned violators program may not be appropriate when a probation violation will be pursued on dual supervision cases. If the sanctioned violators program is to be used on a dual supervision case, the sentencing court should be notified of the violation and of the referral to the sanction parole violator program, and it should be recommended that no further action be taken on the probation violation due to the participation in the sanctioned parole violator program.

5. **Hearing Waiver:**

An offender may waive his or her appearance before the Hearing Officer and the Adult Parole Board by reading or having read to him/her the *Waiver of Preliminary/Final Revocation Hearing for the Sanctioned Parole Violator Program (SPVP)* Attachment (CD-057201.A) and signing the *Waiver/Non-Waiver Acknowledgment and Parole Board Review/Approval* Attachment (CD-057201.B).

Prior to an offender waiving his or her hearing, the offender must be made aware that all recommendations of the Hearing Officer are subject to approval of the Adult Parole Board. The offender also needs to be notified and fully understand the limits and provisions set out in this policy as it pertains to his or her conduct and the consequences of his or her conduct while in an SPVP including being subject to full revocation by the Adult Parole Board. The offender must initial each paragraph of the waiver acknowledging his or her understanding.

An offender that does not wish to waive his or her right to appear in person before the Hearing Officer and/or the Adult Parole Board shall indicate so by initialing the appropriate location on the *Waiver/Non-Waiver Acknowledgment and Parole Board Review/Approval.*
6. Hearing Officer:

The Hearing Officer will forward (i.e., fax, e-mail) to the Adult Parole Board the Parole Violation Report, the Waiver of Preliminary/Final Revocation Hearing for the Sanctioned Parole Violator Program (SPVP) and the Waiver/Non-Waiver Acknowledgment and Parole Board Review/Approval, for all cases which the District Supervisors have recommended sanctions to the Sanctioned Parole Violator Program (SPVP) and/or full revocation.

Once reviewed and approved by the Adult Parole Board, the Hearing Officer will then forward the attachment to the Institutional Probation Parole Officer (IPPO), the I.D. Lieutenant, and the Classification Officer and Supervisor at the Reception and Diagnostic Center (RDC).

7. Adult Parole Board:

The New Mexico Adult Parole Board has final authority over all recommendations to the Sanctioned Parole Violator Program (SPVP).

Further, the Adult Parole Board reserves the right to approve, deny, or modify any recommendation. No formal placement of a violator into a SPVP shall occur without prior approval of the Adult Parole Board.

The decision of the Adult Parole Board will be entered on the Waiver/Non-Waiver Acknowledgment and Parole Board Review/Approval Attachment (CD-057201.B). The Adult Parole Board will forward (i.e., fax, e-mail) that decision back to the Hearing Officer for follow-up and processing.

8. Retake Warrant:

The Hearing Officer shall issue a Retake Warrant and forward it to the detention facility housing the offender. The detention facility will serve the offender with the Retake Warrant and coordinate with the Sheriff's Office for transporting the offender to RDC.
9. **Reception and Diagnostic Center (RDC):**

The Reception and Diagnostic Center shall make every effort to process all Sanctioned Parole Violator’s within one (1) working day of arrival at RDC in a manner that is consistent with existing intake procedures. The RDC Classification Supervisor shall make recommendations for appropriate placement of all Sanctioned Parole Violators to the Central Office Classification Bureau using the CMIS by selecting Classification Committee Review & under Review Description, selecting STPVP; and shall ensure that the **Waiver of Preliminary/Final Revocation Hearing for the Sanctioned Parole Violator Program (SPVP)** and the **Waiver/Non-Waiver Acknowledgment and Parole Board Review/Approval** are placed in the violator’s file.

10. **Sanctions:**

Parole Violators sanctioned to a Sanctioned Parole Violator Program (SPVP) may be sanctioned to incarceration for 30, 45, 60, or 90 calendar days at an institution designated by the Corrections Department.

Offenders that violate the conditions of the SPVP or offenders that do not have an approved parole plan may be held longer than 90 calendar days pending an administrative disciplinary proceeding or approval of a parole plan. Parolee must have a viable return address before being recommended for SPVP program per Adult Parole Board.

Violators that are recommended for the SPV program by the Parole officer and approved by the Adult Parole Board shall begin their sanction from the date of arrest.

Violators that are recommended for revocation and are subsequently assigned to the SPV by the Adult Parole Board shall begin there sanction from the date of the Adult Parole Board Hearing.

**B. Placement of Sanctioned Parole Violators (SPV):**

1. The RDC Classification Supervisor will screen all Sanctioned Parole Violators for appropriate housing, based on security and safety concerns as well as medical and mental health needs, and forward a recommendation to the Central Office Classification Bureau using the CMIS by selecting Classification Committee Review and under Review Description, and then selecting SPVP.
2. The Central Office Classification Bureau is responsible for conducting a review and assessment of each violator approved for the Sanctioned Parole Violator Program (SPVP) to determine appropriate placement and are responsible for issuing the transport order.

3. The Corrections Department reserves the right to place a sanctioned violator at any facility deemed appropriate for that placement based on security issues, medical or mental health issues, and space availability.

4. The Records Manager at the receiving facility is responsible for noting on the violator’s good-time-figuring sheet that the inmate is a Sanctioned Parole Violator and as such, is not eligible for good time credit. Upon re-parole, the Records Manager shall note the date of release.

5. Each sanctioned violator shall be assigned to a Classification Officer at the appropriate placement location. The Classification Officer is responsible for coordinating the re-parole planning process upon arrival of the violator. The re-parole plan shall include a proposed plan of residence, job, or program. The Central Office Classification Bureau, the Reentry Coordinator, and the Probation Parole Officer shall all work jointly to ensure the best possible plan for the offender’s reentry to the community. The Classification Officer will also be responsible for follow up with the assigned PPO to ensure receipt and approval of the re-parole plan. The Classification Officer shall be responsible for completing an SPV Initial Assessment form (CD-057201.1).

6. Any change in address shall be reported to the Adult Parole Board by the Classification Officer and the assigned PPO.

7. The Classification Supervisor is responsible for insuring that the Classification Officer coordinates, follows up, and completes the re-parole planning process and proposed plan-of-residence approval process. The Classification Supervisor will verify approval of each proposed plan of residence twenty (20) days prior to release of each sanctioned parole violator to include an NCIC check.

8. The Classification Officer is responsible for completing the (SPVP) Release to Probation Parole form (CD-057201.2) ten (10) days prior to the release of a Sanctioned Parole Violator to his or her assigned Probation Parole Officer.
9. The completed form will be forwarded to the assigned Probation Parole District Supervisor for signature acknowledging notification. The Probation Parole District Supervisor will sign acknowledging notification, retain a copy, and return to the releasing facility within five days prior to offender’s release.

C. Program Assignments:

1. Each violator shall be given a program assignment while serving their sanctions or while serving the remainder of their sentence. Program assignments may include work details, educational programs, mental health programs, addiction services programs, and/or a combination as determined by the institution.

2. Programs will be assigned consistent to and in accordance with current classification policies.

3. Sanctioned violators are not entitled to earn good time while serving sanctions, as approved by the Adult Parole Board, for parole violations.

4. All assigned work details will be eligible for incentive pay in a manner that is consistent with existing compensatory procedures currently in place at all state and contract facilities.

D. Disciplinary:

1. Sanctioned Parole Violators who fail to satisfactorily follow institutional rules or satisfactorily participate in assigned programming may be subject to administrative disciplinary sanctioning and/or full revocation by the Adult Parole Board.

2. Any Sanctioned Parole Violator that refuses to program or otherwise commits an infraction that results in a finding of guilt on a major level misconduct report shall be subject to full revocation by the Adult Parole Board and may be required to serve the remainder of their original parole time classified as disciplinary segregation as allowed by current disciplinary policies.

3. In the case of a major level misconduct the administrative disciplinary proceeding shall be used in lieu of a preliminary hearing.
4. The Classification Officer will report such findings to the Adult Parole Board and forward the disciplinary packet upon request. The Adult Parole Board will review the misconduct and make a determination as to whether the specific misconduct warrants a full revocation proceeding.

5. The Adult Parole Board shall notify the Classification Supervisor or designee of their approval or denial of a full revocation hearing based on the misconduct and shall proceed accordingly.

E. Revocation:

1. As indicated on the waiver and by initial placement of a Sanctioned Violator into a Sanctioned Parole Violator Program (SPVP), a sanctioned violator is subject to full revocation by the Adult Parole Board if that violator fails to comply with any condition of his or her placement resulting in a finding of guilt on a major misconduct report.

2. A felony charge or detainer or a full probation violation will disqualify a violator from participation in the SPVP.

3. Sanctioned violators that are fully revoked may be transferred to another facility or remain at their current location as determined by the Central Office Classification Bureau for the remainder of their parole.

4. The effective date of revocation is the date determined by the Adult Parole Board.

5. The Classification Supervisor at the facility for which the violator is assigned, at the time of revocation, is responsible for the following:

   a. Initiating the inmate’s CMIS good time figuring sheet;

   b. Changing the inmate’s legal status in the CMIS;

   c. Ensuring that the inmate’s Reclassification Custody Scoring form in the CMIS classification module is initiated and approved; and

   d. Conducting an RDC review of the inmate and referring the inmate to Classification Bureau Chief for appropriate custody and housing assignment.
F. SPV Release to Probation and Parole:

1. The Classification Officer is responsible for completing the (SPVP) Release to Probation Parole form (CD-057201.2) five (5) days prior to the release of a Sanctioned Parole Violator to his or her assigned Probation Parole Officer. The completed form will be forwarded to the assigned Probation Parole District Supervisor for a signature acknowledging notification. The Probation Parole District Supervisor will sign acknowledging notification, retain a copy and return to the releasing facility.

2. Upon a sanctioned parole violator’s release from the Sanctioned Parole Violator Program, the following will be adhered to regarding the release of money:
   a. If an inmate has a total of $20 or more in his or her regular spending account, the Department will not supplement the total.
   b. If an inmate has less than $20 in his or her regular spending account the Department will supplement to bring the total to $20.

3. All sanctioned parole violators will be provided transportation and clothing consistent and in accordance with policies that are currently in place at the time of release.

G. Services:

All Technical Parole Violators and Sanctioned Parole Violators will receive services that are consistent with current policies and procedures in place at the placement location. These services include but are not limited to programs, visiting, recreation, food services, medical, mental health, addictions, property, discipline, etc.

Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

03/09/15
NEW MEXICO CORRECTIONS DEPARTMENT

**SPV Initial Assessment**

<table>
<thead>
<tr>
<th>Offender Name: ___________________________</th>
<th>NMCD#: ___________________________</th>
</tr>
</thead>
</table>

Sanctioned Parole Violator Status: TPV 1 TPV 2 TPV 3 Non-TPV

Date of Arrest: __________________

Date of Release: __________________

Offender’s planned residence upon release: ____________________________________________

Assign Probation Parole Officer: ___________________________ ( ) __________

(Printed Name) Phone

Has the PPO approved this planned residence: Yes No

Comments: __________________________________________________

__________________________________________________________

Based on the above information, will this SPV require a new parole plan based on a change of planned residence? Yes No

If yes, please specify proposed residence for approval process: ________________________________

__________________________________________________________

The reason this violator has been sanctioned: _____________________________________________

(You can obtain this information from the Parole Violation Report and/or the Parole Violation Scoring Form)

Any conditions for successful completion of the approved sanctions by the Adult Parole Board: _____

__________________________________________________________
Intake Interview

Enemies: _________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Medical Needs: __________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Mental Health Needs: _______________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Substance Abuse: __________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Educational Needs: _________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Additional Comments/Concerns: ______________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Classification Officer: _______________________/_______________________ Date: ___________
(Print)                                               (Sign)

Classification Supervisor: _______________________/_______________________ Date: ___________
(Print)                                               (Sign)
NEW MEXICO CORRECTIONS DEPARTMENT

SPV Release to Probation and Parole

Facility: __________________________________

Offender Name: ________________________________________ NMCD#: ____________________

Parole Violator Sanctioned to Incarceration for a Period of:

[ ] 30 Calendar Days

[ ] 45 Calendar Days

[ ] 60 Calendar Days

[ ] 90 Calendar Days

Date of Arrest:  ____________________

Date of SPVP Release:  ____________________

Assigned Probation Parole Officer: ____________________  ( ) ________  

(Printed Name)  

Phone

Date of Contact for Release:  ____________________

Date of NCIC:  ____________________

Release Plan: _______________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Comments: ___________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Completed by: _________________________/_________________________ Date: ___________________

(Print)                                         (Sign)
NEW MEXICO CORRECTIONS DEPARTMENT

SPV Release to Probation and Parole
(Continued)

______ The Sanctioned Parole Violator has Satisfactorily Completed ________ Calendar days.

______ The Sanctioned Parole Violator has unsatisfactorily completed his or her incarceration period.
(Please attach supporting documentation and forward to the Adult Parole Board)

Classification Officer: _______________________/_______________________ Date: _____________
(Print)                                               (Sign)

Records Manager: _______________________/_______________________ Date: _____________
(Print)                                               (Sign)

Warden/Designee: _______________________/_______________________ Date: _____________
(Print)                                               (Sign)

Contract Monitor: _______________________/_______________________ Date: _____________
(Print)                                               (Sign)

(Fax or e-mail, with signatures, to Receiving PPO District Supervisor)

District Supervisor: _______________________/_______________________ Date: _____________
(Print)                                               (Sign)

(Fax or e-mail, with signatures, to Sending Facility)
NEW MEXICO CORRECTIONS DEPARTMENT

Parole Violation Scoring Form

Offender Name: ________________________________

1. Do (es) the Parole Violation(s) cited include Condition 5?...........New Offense
   Skip to the bottom and score as “N”

2. Are you requesting a Retake Warrant for absconding?........ Absconder
   Skip to the bottom and score as “A”

3. Are the Parole Violation(s) cited only from the “Minor” conditions below?
   1, 2, 3, 4, 8, 10, 14 and 15........................................Y=1 / N=0
   (If yes, skip ahead to #6)

4. Of the Parole Violation(s) cited, is there just one “Major” condition?
   6, 7, 9, 11, 12, and all Special Conditions.............Y=2 / N=0
   (If yes, skip ahead to #6)

5. Of the Parole Violation(s) cited, is there more than one “Major” condition?
   6, 7, 9, 11, 12, and all Special Conditions.............Y=3 / N=0

6. Have there been any previous formal violation reports or preliminary reports?
   No, no prior reports  = 0
   Yes, one prior “Minor” report = 0
   Yes, one prior “Major” report = 1
   Yes, multiple prior reports = 2

7. Has the Parolee violated an “Imperative Order” of the board?  Y = 3 / N = 0
   (i.e. Your parole will definitely be revoked if you do …….).

8. What is the Austin Risk Score?
   Low = See Below
   Medium = 0
   High = 0
   Highest = 1

Total Score: (add 1 – 8)

Violator Classification:
   New Offense = N
   Absconder = A
   Score of 1 = T1
   Score of 2 = T2 (If risk score is “Low”, score as T1)
   Score of 3+ = T3 (If risk score is “Low”, score as T2)
NEW MEXICO CORRECTIONS DEPARTMENT

Parole Violation Scoring Form
Definitions and Presumptive Recommendations

**New Offense:**

A violation of Parole Condition 5. New offenses may include relatively minor misdemeanor charges or new violent felony arrests. These violation(s) have no presumptive recommendation, but need to be reviewed for alternatives on a case-by-case basis.

**Absconder:**

A parolee whose whereabouts are unknown and a Retake Warrant has been requested. Parole Absconders will have a presumptive recommendation for revocation or a referral to the Sanctioned Parole Violator Program (SPVP).

**Minor Condition:**

A parole condition that typically does not merit revocation or detention if violated. Public safety is typically not immediately jeopardized.

**Major Condition:**

A parole condition that may merit revocation or detention if violated. Public safety could be immediately jeopardized.

**Technical Parole Violation:**

Violation of parole condition(s) excluding condition 5 and absconding.

**T1 Violation:**

Technical Parole Violation(s) that have a presumptive recommendation for continued community-based parole supervision. This includes Preliminary Parole Violation Reports.

**T2 Violation:**

Technical parole violation(s) that should be carefully reviewed for possible community alternatives, but may merit revocation or a referral to the Sanctioned Parole Violator Program (SPVP).

**T3 Violation:**

Technical Parole Violation(s) that have a presumptive recommendation for revocation or a referral to the Sanctioned Parole Violator Program (SPVP).
NEW MEXICO CORRECTIONS DEPARTMENT

Waiver of Preliminary/Final Revocation Hearing for the
Sanctioned Parole Violator Program (SPVP)

I __________________________ hereby acknowledge that I have been served with a Notice of Preliminary Parole Revocation Hearing based on a Parole Violation Report dated ____________, which alleges that I violated Parole Condition(s) _______________. The Notice of Preliminary Parole Revocation Hearing outlines my right to a Preliminary Hearing before a Hearing Officer of the Corrections Department. I understand that for the Preliminary Parole Violation Hearing, I have the right to request an attorney (an attorney is allowed only under certain circumstances), present my own testimony and the testimony of other witnesses, question witnesses against me, present documents and other evidence, and make statements to be considered by the Hearing Officer. (Offender’s Initials)___________

I hereby acknowledge that I have the right to a Final Parole Revocation Hearing before the Adult Parole Board. I understand that for the Final Parole Revocation Hearing, I have the right to request an attorney (an attorney is allowed only under certain circumstances), present my own testimony and the testimony of other witnesses, question witnesses against me, present documents and other evidence, and make statements to be considered by the Adult Parole Board. (Offender’s Initials)___________

I hereby admit that I violated Parole Condition(s) ____________________________.
I hereby deny that I violated Parole Condition(s) ____________________________, but I acknowledge that the Corrections Department has evidence that could be used at a hearing to prove I violated this/these Parole Condition(s). (Offender’s Initials)___________

I voluntarily and of my own free will hereby waive and give up my right to a Preliminary Parole Revocation Hearing and a Final Parole Revocation Hearing; on condition that my sanction for violating parole will be placement in and satisfactory completion of the Sanctioned Parole Violator Program. No later than 90 days after placement in said program and upon satisfactory completion of the program and approval of my proposed plan of residence by my Probation and Parole Officer, I will be released from the program and continued on parole, unless or until my parole period has expired. (Offender’s Initials)___________

I understand that if the Adult Parole Board does not agree to this disposition, I will be allowed to have a Preliminary Parole Revocation Hearing and a Final Parole Revocation Hearing, if I so choose. (Offender’s Initials)___________

I understand that if I fail to satisfactorily complete the Sanctioned Parole Violator Program or receive a finding of guilt on a major misconduct report, my parole may be subject to full revocation by the Adult Parole Board, including transfer to a prison of the department’s choice for the remainder of my parole term. (Offender’s Initials)___________

I understand that if my violation of parole involved the commission of a new crime, I may be prosecuted and punished separately for committing that crime. (Offender’s Initials)___________

I understand that while participating in the Sanctioned Parole Violator Program, I will not be entitled to earn "good time". (Offender’s Initials)___________
NEW MEXICO CORRECTIONS DEPARTMENT

Waiver/Non-Waiver Acknowledgment and Parole Board Review/Approval
(Acknowledgment)

I acknowledge that I have fully read or have had read to me the Waiver of Preliminary/Final Revocation Hearing for the Sanctioned Parole Violator Program (SPVP) and fully understand what is expected of me if sanctioned to this program as indicated by my signature below. Further,

(____) I wish to waive (____) do not wish to waive

(Initials) (Initials)

My right to appear in person before the Hearing Officer and the Adult Parole Board.

___________________________________     ______________                    _________________
Parolee Name                                                     NMCD #                                 Date

___________________________________
Parolee Signature

____________________________________________                                   _________________
PPO Signature                                                                                                Date

(Hearing Officer's Review)
[   ] Concur and forwarded this recommendation to the Adult Parole Board on __________________ (Date)

[   ] Do Not Concur with comments below.

Offender arrested on: ________________________
(Date)

___________________________________
Hearing Officer (Printed Name/Signature)                                                                   Date
Comments: ________________________________________________________________________
__________________________________________________________________________________

(Adult Parole Board Review/Approval)
[ ] 30 days    [ ] 45 Days    [ ] 60 days    [ ] 90 days    [ ] Fully Revoke

Sanction begins from the date the offender arrived at: [   ] County Jail    [   ] RDC
Absconder from ____________ to _________________.   [   ] deny absconder time [   ] do not deny

Comments: ________________________________________________________________________
__________________________________________________________________________________

___________________________________
Adult Parole Board (Printed Name/Signature)                                                             Date
# NEW MEXICO CORRECTIONS DEPARTMENT

## ADJUSTED PUBLIC RISK ASSESSMENT INSTRUMENT

*To Be Completed After 3 Months of Supervision and Every Six Months Thereafter*

<table>
<thead>
<tr>
<th>Static Risk Factors</th>
<th>Pts</th>
<th>Dynamic Risk Factors</th>
<th>Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Age at First Arrest</strong> (juvenile or adult)</td>
<td></td>
<td><strong>8. Current Age</strong></td>
<td></td>
</tr>
<tr>
<td>26 years or older</td>
<td>0</td>
<td>45 and above</td>
<td>-1</td>
</tr>
<tr>
<td>17 to 25 years</td>
<td>1</td>
<td>35 – 44</td>
<td>0</td>
</tr>
<tr>
<td>16 years or younger</td>
<td>2</td>
<td>25-34</td>
<td>1</td>
</tr>
<tr>
<td><strong>2. Prior Probation/Parole Revocations – Past 5 Years</strong></td>
<td></td>
<td><strong>9. Active Gang Membership</strong></td>
<td></td>
</tr>
<tr>
<td>No parole or probation revocations</td>
<td>0</td>
<td>Under 25</td>
<td>2</td>
</tr>
<tr>
<td>One prior revocation</td>
<td>1</td>
<td>No</td>
<td>0</td>
</tr>
<tr>
<td>Two or more prior revocations</td>
<td>3</td>
<td>Yes</td>
<td>2</td>
</tr>
<tr>
<td><strong>3. History of Mental Health Problems – Past 5 Years</strong></td>
<td></td>
<td><strong>10. Current Employment</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>Employed at least 30 hours per week</td>
<td>-1</td>
</tr>
<tr>
<td>Yes</td>
<td>2</td>
<td>Unemployed</td>
<td>2</td>
</tr>
<tr>
<td><strong>4. Employment History</strong></td>
<td></td>
<td><strong>11. Current Residency</strong></td>
<td></td>
</tr>
<tr>
<td>Employed 12 consecutive months prior to prison</td>
<td>0</td>
<td>Halfway House/ Treatment Facility</td>
<td>-1</td>
</tr>
<tr>
<td>Unemployed or employed less than 12 months</td>
<td>2</td>
<td>With Family/Children/Parents/ Relatives</td>
<td>0</td>
</tr>
<tr>
<td><strong>5. Offense for Current or Prior Convictions</strong></td>
<td></td>
<td><strong>12. Treatment/Program Participation</strong></td>
<td></td>
</tr>
<tr>
<td>All Others</td>
<td>0</td>
<td>Friends/Lives Alone/Homeless</td>
<td>2</td>
</tr>
<tr>
<td>Auto Theft, Burglary, Forgery, Robbery</td>
<td>2</td>
<td>Currently Participating/Recently Completed</td>
<td>-1</td>
</tr>
<tr>
<td><strong>6. History of Drug/Alcohol Abuse – Past 5 Years</strong></td>
<td></td>
<td><strong>13. Supervision Compliance Problems</strong></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>0</td>
<td>None Required</td>
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<td>None</td>
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<td>Needed Not Participating/Unsuccessful Term</td>
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<td>Single Drug Abuse</td>
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</tr>
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<td>Multiple Drug Abuse</td>
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<td><strong>7. Gender</strong></td>
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<td><strong>Total Dynamic</strong></td>
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</tr>
<tr>
<td>Male</td>
<td>0</td>
<td>Moderate Compliance Problems</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>(-2)</td>
<td>Frequent Compliance Problems</td>
<td>2</td>
</tr>
</tbody>
</table>

| Total Static Risk Score                        |     | Total Risk Score                     |     |

## Risk Level

- Low (0-5 points)
- Moderate (6-10 points)
- High (11-15)
- Highest (16 points or higher on all items OR 6 points or more on dynamic factors)

Form Completed By: ____________________________ Date: ___/___/____

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*Attachment (CD-057201.C)*

Revised 03/09/15