RESET THE FORM

# NEVADA PRETRIAL RISK (NPR) ASSESSMENT

PRINT THE FORM

Assessment Date: _____ Assessor: _____ County: _____

Defendant's Name: _____ DOB: _____ Case/Booking#: _____

Address: _____ _____ _____ _____ Contact Phone#: _____
City State Zip

# of Current Charges: _____ Most Serious Charge: _____ Initial Total Bail Set: $_____

**Demographic Information (optional):** Gender: Male ☐ Female ☐

Race: Hispanic _____ White _____ Black _____ Asian _____ Nat. Amer. _____ Other/Unknown _____

**SCORING ITEMS** **SCORE**

1. **Does the Defendant Have a Pending Pretrial Case at Booking?**
   a. Yes - 2 pts. If yes, list case # and jurisdiction: _____ _____
   b. No - 0 pts.
2. **Age at First Arrest (include juvenile arrests)** First Arrest Date: _____
   a. 20 yrs. and under - 2 pts.
   b. 21-35 yrs. – 1 pt. _____
   c. 36 yrs. and over - 0 pts.
3. **Prior Misdemeanor Convictions (past 10 years)**
   a. None – 0 pts.
   b. One to five – 1 pt. _____
   c. Six or more – 2 pts.
4. **Prior Felony/Gross Misd. Convictions (past 10 years)**
   a. None – 0 pts. _____
   b. One or more – 1 pt.
5. **Prior Violent Crime Convictions (past 10 years)**
   a. None – 0 pts.
   b. One – 1 pt. _____
   c. Two or more - 2 pts.
6. **Prior FTAs (past 24 months)**
   a. None – 0 pts.
   b. One FTA Warrant – 1 pt. _____
   c. Two or more FTA Warrants – 2 pts.
7. **Employment Status at Arrest**
   a. Verifiable Full/Part-time Employment – 0 pts.
   (e.g. Self-employed, Disabled and receiving benefits, Student, Retired, Military, Stay at Home Parent, etc.) _____
   b. Unemployed – 1 pt.
8. **Residential Status** Date of Residency: _____
   a. Nevada Resident - living in current residence 6 months or longer – 0 pts.
   b. Nevada Resident - not lived in same residence 6 months or longer – 1 pt. _____
   c. Homeless or non-Nevada Resident – 2 pts.
9. **Substance Abuse (past 10 years)**
   a. Other – 0 pts.
   b. Prior ***multiple*** arrests for drug use or possession/alcohol/drunkenness - 2 pts. _____
10. **Verified Cell and/or Landline Phone**
    a. Yes – 0 pts. If yes, list #: _____ _____
    b. No - 1 pt.

**TOTAL SCORE:** **0**

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**Risk Level (Check One):** ☐ **LOW** (0-4 pts.) ☐ **MODERATE** (5 – 8 pts.) ☐ **HIGHER** (9+ pts.) **OVERRIDE?:** Yes ☐ No ☐

**Override Reason(s):** Mental Health ☐ Disability ☐ Gang Member ☐ Flight Risk ☐
Prior Record More Severe Than Scored ☐ Prior Record Less Severe Than Scored ☐
Other, explain: _____

**Final Recommended Risk Level:** **LOW** ☐ **MODERATE** ☐ **HIGHER** ☐

**Supervisor/Designee Signature:** _____ **Date:** _____