RESET THE FORM

NEVADA PRETRIAL RISK (NPR) ASSESSMENT

PRINT THE FORM

Assessment Date: _____ Assessor: _____ County: _____

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

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

# 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. Substance Abuse (past 10 years)	
a. Other – 0 pts.	
b. Prior ***multiple*** arrests for drug use or possession/alcohol/drunkenness - 2 pts.	_____
8. Mitigating Verified Stability Factors (limit of -2 pts. Total deduction)	
a. Employed, Student or Retired (-1) pt.	
b. Nevada Resident – Living incurrent residence 6 mos. or longer (-1) pt.	
c. Verified Cell Phone/Landline (-1) pt.	_____
TOTAL SCORE:	**0**

Risk Level (Check One): ☐ **LOW** (0-3 pts.) ☐ **MODERATE** (4 – 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:** _____