



**WELLNESS COURT PROGRAM
Suitability Assessment**

Date: _____

PARTICIPANT INFORMATION	
Name:	Date of Birth:
Address:	Contact #:
Counsel:	Participant Consent Received:

Client Contact:

History of phone calls, appointments, and collateral contacts before the assessment and before admission to the program

Assessment Scores:

1. NWTOSI (Offender Supervision Inventory: level of needs and risk, overall supervision level):
2. Substance Use (SASSI/ PRD/ DAST):
3. Mental Health (BPHQ, other):
4. Stage of Readiness for Change (URICA):
5. Cognitive or Functional Assessments:
6. Spousal Assault Risk Assessment (SARA: where indicated):

Suitability Summary:

1. Description of current offenses, past offenses/ pattern of offending behavior:
2. Community supports, personal supports:
3. Family, significant others, friends, acquaintances:
4. Housing:
5. Educational level/ skills, employment patterns, financial management:
6. Behavior, attitude, motivation:
7. Mental health, cognitive functioning, substance use patterns:
8. Engagement in assessment process, concerns raised by accused:

Programming and Further Assessment:

Recommended short- and long-term services and programming to address areas of need, risk, and goals; update on current programming, recommended plan including further assessments, services:

Victim Consultation:

Where appropriate, concerns and view from affected victim related to accused participation in WC:

Discreet Information Sharing:

Flag any information you do not want raised in court (i.e., medical circumstances, something the participant may not be comfortable with being raised in court):

Recommendations on next court date:

Summary and Program Recommendation from Case Management Team:

Case Manager: _____