

**Mississippi Department of Human Services
Oakley Youth Development Center
Risk Level Determination**

Youth's Name: _____

Date: _____

Date Sent to OYDC: _____

Date Sent Back to Court Counselor: _____

Court Counselor: _____

Offense: _____

Commitment Number: _____

Committing County: _____

Committing Offense Starting Score

3 – Low Level Felony

5 – Moderate Level Felony

7 – Serious Level Felony

Starting Risk Score: _____

Aggravating Factors (1 point each)

____ Offense Impact on Victim/Community

____ Prior Delinquent Conduct

____ Substantial Adjudication History

____ Lack of Amenability with Lesser Sanctions

____ Lack of School Programs

____ Gang Involvement

____ Multiple Counts (Felony)

____ Drug Use

____ **Total Points**

Mitigating Factors (1 point each)

____ Significant Improvement Since Offense

____ Physical/Mental Impairment

____ Limited Adjudication History

____ Age and Maturity of Offender

____ Treatment Needs Exceed Punishment

____ Educational Needs

____ **Total Points**

Adjustment Score Computation

Aggravation Factors Total (+): _____

Mitigating Factors Total (-): _____

Final Adjustment Score: _____

**Adjustment Score cannot exceed plus or minus 3*

Final Risk Score

Starting Score: _____

Adjustment Score (+ or -): _____

Total Risk Score (=): _____

Approved by Institutional Director: _____

Date: _____