

**SPARTANBURG COUNTY DETENTION FACILITY
HOME DETENTION
PROGRAM SUITABILITY RATING FORM**

NAME _____

DATE _____

AGE

- A. 18 TO 20 YEARS _____ (2) _____
- B. 21 TO 29 YEARS _____ (0) _____
- C. 30 + YEARS _____ (-1) _____

DEPENDENTS

- A. NO DEPENDENTS _____ (1) _____
- B. DEPENDENTS OUTSIDE HOME ONLY _____ (0) _____
- C. DEPENDENTS IN HOME _____ (-1) _____

TYPE OF EMPLOYMENT

- A. CHRONICALLY UMEMPLOYED OR UNKNOWN _____ (10) _____
- B. SITUATIONALLY UMEMPLOYED _____ (3) _____
- C. STUDENT _____ (0) _____
- D. LOOSELY STRUCTURED JOB* _____ (4) _____
- E. SOME STRUCTURE _____ (-1) _____
- F. HIGHLY STRUCTURED JOB _____ (-2) _____

LOOSELY STRUCTURED JOB WITH SOME SUPERVISION RATES (2) UNLESS SUPERVISED BY A FAMILY MEMBER.

TIME PRESENT JOB OR SCHOOL

- A. 6 MONTHS OR LESS _____ (2) _____
- B. 6 MONTHS TO 1 YEAR _____ (1) _____
- C. 1 YEAR TO 2 YEARS _____ (-1) _____
- D. 2 TO 3 YEARS _____ (-2) _____
- E. MORE THAN 3 YEARS _____ (-3) _____

PAST PROGRAM PARTICIPATION (7 YEARS)

- A. PAST REMOVAL _____ (12) _____
- B. MULTIPLE REPEATER (3X OR MORE) _____ (6) _____
- C. NO PAST PARTICIPATION/REPEATER (1 OR 2X) _____ (0) _____

PRIOR CRIMINAL RECORD

- | | 3 YRS | 7 YRS |
|---|--------------|--------------|
| A. EACH HIGH RISK FELONY | (6) _____ | (3) _____ |
| B. EACH HIGH RISK MISDEMEANOR | (4) _____ | (2) _____ |
| C. EACH OTHER FEL. OR VOP OF ANY FEL. | (4) _____ | (2) _____ |
| D. EACH OTHER MISDEMEANOR OF VOP OF ANY MISDEMEANOR | (2) _____ | (2) _____ |
| E. EACH MISDEMEANOR TRAFFIC OR VOP OF MISDEMEANOR TRAFFIC | (1) _____ | (.5) _____ |

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HIGH RISK CRIMES (DRUG OFFENSE)

- A. SALE, POSS. WID & DRUGS IN JAIL_____ (15, 14, 13)_____
- B. FELONY POSSESSION & CULTIVATION_____ (13, 12, 11)_____
- C. HARD DRUG MISDEMEANOR_____ (10)_____
- D. OTHER DRUG MISDEMEANOR_____ (8)_____

VIOLENT CRIMES

- A. MANSLAUGHTER, KIDNAPPING, ROBBERY, ARSON
CHILD ABUSE, ASSAULT WIK_____ (15, 14, 13)_____
- B. OTHER FELONY ASSAULT & WEAPON OFFENSE_____ (13, 12, 11)_____
- C. MISDEMEANOR ASSAULT, BATTERY, ARSON, CHILD ABUSE (10)_____
- D. RESISTING ARREST AND WEAPON OFFENSE_____ (8)_____

SEX OFFENSES

- A. CRIMINAL SEXUAL CONDUCT 1ST, LEW ACT ON MINOR____ (15, 14, 13)_____
- B. CRIMINAL SEXUAL CONDUCT 2ND & 3RD _____ (13, 12, 11)_____
- C. MISDEMEANOR SEX (CHILD)_____ (10)_____
- D. OTHER MISDEMEANOR SEX CRIME_____ (8)_____

ESCAPE & FUGITIVE

- A. ESCAPE FELONY OR MISDEMEANOR_____ (15, 14, 13)_____
- B. FUGITIVE FELONY_____ (13, 12, 11)_____
- C. FUGITIVE MISDEMEANOR_____ (10)_____

OTHER CRIMES

- A. FELONY PROPERTY, FORGERY AND NSF CHECKS_____ (11, 10, 9)_____
- B. OTHER FELONY OR VOP OF ANY FELONY_____ (9, 8, 7)_____
- C. MISC. PROPERTY, FORGERY, AND NSF CHECKS_____ (4)_____
- D. OTHER MISDEMEANOR OR VOP OF ANY MISDEMEANOR_ (2)_____
- E. MISDEMEANOR TRAFFIC OR VOP OF MISD. TRAFFIC_____ (1)_____

PROGRAM SUITABILITY RATING

- A. STRONGLY NEGATIVE_____ (4)_____
- B. NEGATIVE_____ (2)_____
- C. NEUTRAL_____ (0)_____
- D. POSITIVE_____ (-2)_____
- E. STRONGLY POSITIVE_____ (-4)_____

**SPARTANBURG COUNTY DETENTION FACILITY
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AUTOMATIC EXCLUSION

- A. INCOMPLETE, INACCURATE OR FALSIFIED APPLICATION (19) _____
- B. THE LOCATION OF THE APPLICANT'S PLACE OF WORK/
STUDY PROHIBITS ADEQUATE SUPERVISION _____ (19) _____
- C. THE APPLICANT IS FELT TO POSE A THREAT TO THE
WELL BEING AND SAFETY OF THE COMMUNITY, AND
INDIVIDUAL (S) AND/OR THE PROGRAM ITSELF _____ (19) _____
- D. THE APPLICANT IS JUDGED TO BE AN ADJUSTMENT,
SECURITY, OR ESCAPE RISK _____ (19) _____
- E. THE APPLICANT HAS PENDING CRIMINAL CHARGES _____ (19) _____
- F. THE APPLICANT COMMITTED OTHER CRIME (S) OR
VIOLATION (S) WHILE PENDING WORK FURLOUGH _____ (19) _____
- G. NOT APPLICABLE _____ (0) _____

PROGRAM ELIGIBILITY SCORE (PES) _____ (19 OR MORE) _____ (18.5 OR LESS)

***SCORE OF 19 OR MORE INELIGIBLE**

***THE PROGRAM ALSO RESERVES THE RIGHT TO IDENTIFY AND SCORE ANY SPECIFIC OTHER HIGH RISK CRIME NOT LISTED. THE PROGRAM SUITABILITY RATING (PSR) IS AN OVERALL JUDGEMENT BY PROGRAM SCREENING STAFF CONCERNING THE APPROPRIATENESS OF THE APPLICANT FOR PROGRAM PARTICIPATION.

APPROVED FOR PROGRAM _____

DISAPPROVED FOR PROGRAM _____

REASON: _____

SCREENING OFFICER/STAFF MEMBER

DATE

SUPERVISORY REVIEW:

- _____ CONCUR
- _____ DISAGREE
- _____ OVERRIDE

REASON FOR OVERRIDE: _____

SUPERVISOR'S SIGNATURE

DATE

SPARTANBURG COUNTY DETENTION FACILITY
Staff Checklist
For
Participant Approval in the Jail's Home Detention Program

Date _____

1. Name of Applicant _____

2. Eligibility Check List

(a) Application completed and submitted: Yes _____ No _____ Date: _____

Remarks: _____

(b) Criminal history check completed: Yes _____ No _____
Date: _____

(1) Local/Jail Records Yes _____ No _____ Date: _____
Remarks: _____

(2) NCIC/SLED: Yes _____ No _____ Date: _____
Remarks: _____

(c) Verification made with Clerk of Court to determine whether any orders of protection exist: Yes _____ No _____ Date: _____

Remarks: _____

(d) Ex-spouse, girlfriend, others contacted to verify applicant's approval, threats, lack of threats, etc.:

(1) Person contacted: _____
Date: _____ Telephone: _____

Address: _____
Remarks: _____

(e) Employment verified: Yes _____ No _____ Date: _____
Person contacted: _____ Phone: _____
Place of employment: _____

Remarks: _____

(f) Program Suitability Evaluation/Score Sheet
Completed: Yes _____ No _____ Date: _____
Remarks: _____

(g) Approved: _____ Disapproved: _____

3. Rules explained and forms completed:
Yes _____ No _____ Date: _____

4. Date released to home detention: _____

Employee's name completing form: _____

Date: _____