

**Police Interaction
Arrest or Citation Issued**

Citation contains notice of risk assessment/ needs screening, public defender attorney information, Pretrial Monitor information, and due process reminder

Pretrial Monitor (PM) queries database, learns of citation or arrest, and attempts to contact defendant - unless already contacted.

PM makes contact with defendant

PM does not make contact

State's Attorney has discretion to refer case to PM

PM conducts Risk assessment and needs screening, verified with VCIC

Defendant declines risk assessment/needs screening

Defendant declines risk assessment/needs screening

Defendant volunteers for Mental Health/ Substance Use Disorder assessment

Defendant fails to appear at arraignment

PM provides result to State's Attorney or State's Attorney and Court -- Depending on timing.

Court issues warrant

Defendant arrested on warrant

State's Attorney Refers to pre-charge program

State's Attorney Files with the Court with copy to the defense

Defendant is assessed. Clinical recommendations made.

PM reports to State's Attorney

Court Gives Rule 5 Advisement

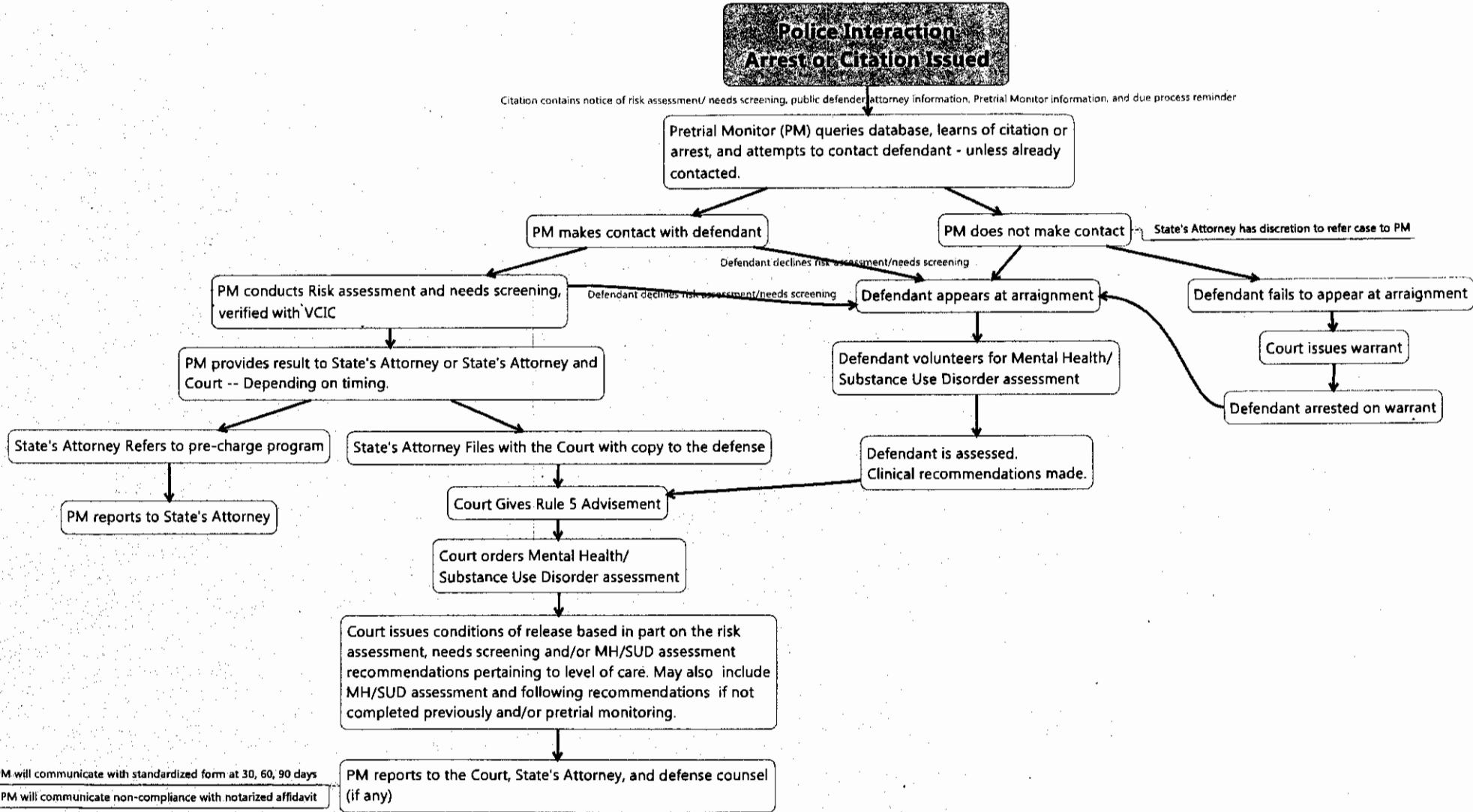
Court orders Mental Health/ Substance Use Disorder assessment

Court issues conditions of release based in part on the risk assessment, needs screening and/or MH/SUD assessment recommendations pertaining to level of care. May also include MH/SUD assessment and following recommendations if not completed previously and/or pretrial monitoring.

PM will communicate with standardized form at 30, 60, 90 days

PM will communicate non-compliance with notarized affidavit

PM reports to the Court, State's Attorney, and defense counsel (if any)



TO: _____
 First, Middle, Last

STATE OF VERMONT
 Superior Court
 Criminal Division

Unit _____

DOB: _____

PHONE #: _____

CITATION

BY THE AUTHORITY OF THE STATE OF VERMONT, you are hereby ordered to appear before a judicial officer at the Superior Court of Vermont, Criminal Division at the following time and place:

Date	Time	to answer to the charge of
Town/City		
Offense		

An information charging you with this offense will be presented at the time of your appearance.

IF YOU DO NOT APPEAR AT THE TIME AND PLACE ORDERED, A WARRANT WILL BE ISSUED FOR YOUR ARREST AND YOU MAY BE SUBJECT TO ADDITIONAL CHARGES AND PENALTIES.

Date Issued:	Town/City	Unit
Signature Issuing Officer		Title/Dept.

I received this Citation on:

Date	Signature Defendant
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2/15 SML

White ~ Court's Copy

Yellow ~ Officer's Copy

Pink ~ Defendant's Copy

Notice

You have just been issued a CITATION to appear in COURT. This appearance in COURT is called an ARRAIGNMENT. This notice tells you what to expect at this first court hearing and what you can do between now and then to prepare.

BEFORE YOU GET TO THE COURTHOUSE:

- You may want to speak to a lawyer so that you will understand what to expect.
- If you cannot afford a private lawyer, you can apply for the services of the public defender on the day of your arraignment. The court will consider your income and the income of any adult family members living with you in deciding whether to appoint a public defender.
- If you are assigned the public defender, a minimum payment of \$50 will be required unless you are found unable to pay.
- You may be required to pay for a

part of the cost of the public defender's services. You may need to pay some money (a down payment) on the day of your arraignment and some additional money within the next two months.

WHEN YOU GET TO THE COURTHOUSE

(plan to be there for several hours):

- **If you are under 18 years old, your parent or guardian must come to court with you.**
- You will receive several important court papers including the INFORMATION which explains the criminal charge against you, AND an AFFIDAVIT describing the alleged facts upon which the charge is based.
- A public defender will be in court and will speak with you before the arraignment if assigned.
- If you have your own attorney, make sure that he or she comes with you. It is not enough to tell the judge "I have a lawyer." The lawyer must either be in court with you, or the lawyer must send a letter to the court saying that he or she represents you.

- Go to the courtroom where the judge **will** explain your rights to you. The judge **will** ask you if you want to plead GUILTY; NOT GUILTY; or NO CONTEST.
- If you plead not guilty, the judge will decide whether to let you go based on your word that you will come back for future hearings (called PERSONAL RECOGNIZANCE) or that you will abide by certain restrictions while the case is pending (called CONDITIONS OF RELEASE).
- In a few cases, the judge may order you to deposit cash or other valuable security with the court (called BAIL). Bail will be returned when your case is closed if you have appeared in court as requested.
- **IF YOU FAIL TO APPEAR FOR YOUR ARRAIGNMENT, THE COURT WILL ISSUE A WARRANT FOR YOUR ARREST.**

Pretrial Screening

Individuals cited or arrested for certain offenses may be given the opportunity to participate in a **Risk Assessment** which asks about your criminal history and a **Needs Screening** which asks about your mental health and substance use. A person called a **Pretrial Monitor** will ask you these questions.

Participation is voluntary.

You may speak with a private attorney or a public defender before deciding whether to participate. Anyone may call a public defender regardless of personal finances. If you are uncertain about whether to participate you may wish to speak with an attorney first.

The Pretrial Monitor will not ask you about your charges and you should not discuss those charges with the Monitor.

Following the **Risk Assessment and Needs Screening**, the **Pretrial Monitor**:

- Will share the results with the prosecutor. The results cannot be

Pretrial Screening, Continued

used against you to prove guilt.

- Will provide you information about other resources to help you address your areas of need and concern.

If the prosecutor files your case with the court, the judge may also use the results of the **Risk Assessment and Needs Screening** in determining bail and conditions of release which can include ordering you to get a **Clinical Mental Health and Substance Use Disorder Assessment** and follow the recommendations which may include treatment. The specific details of the **clinical assessment** will not be shared with the court.

The prosecutor might also review the results of the **Risk Assessment and Needs Screening** and offer you the opportunity to participate in a program that does not involve filing your case with the court. This is called a **Precharge Program**.

Pretrial Screening, Continued

The decision whether to offer you a **Precharge Program** is entirely up to the prosecutor.

Pretrial Monitor Contact
To contact a **Pretrial Monitor** in Your Area **CALL:**
1-802-888-8588

Public Defender Contact
(area code 802) Business Hours

Addison County	388-4656
Bennington County	442-8316
Caledonia County	751-0444
Chittenden County	863-6323
Essex County	751-0444
Franklin County	524-7979
Grand Isle County	524-7979
Lamoille County	888-7921
Orange County	685-9944
Orleans County	334-7911
Rutland County	786-5823
Washington County	479-2514
Windham County	254-2375
Windsor County	296-6200
Defender General Central Office	 828-3168

*PD's Addison New
Citations*

self

Figure H-3. Simple Screening Instrument for Substance Abuse Self-Administered Form

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months.

During the last 6 months. . .

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants)

Yes No

2. Have you felt that you use too much alcohol or other drugs?

Yes No

3. Have you tried to cut down or quit drinking or using alcohol or other drugs?

Yes No

4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)

Yes No

5. Have you had any health problems? For example, have you:

Had blackouts or other periods of memory loss?

Injured your head after drinking or using drugs?

Had convulsions, delirium tremens ("DTs")?

Had hepatitis or other liver problems?

Felt sick, shaky, or depressed when you stopped?

Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?

Been injured after drinking or using?

Used needles to shoot drugs?

6. Has drinking or other drug use caused problems between you and your family or friends?

Yes No

7. Has your drinking or other drug use caused problems at school or at work?

Yes No

8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)

Yes No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?

Yes No

10. Are you needing to drink or use drugs more and more to get the effect you want?

Yes No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?

Yes No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?

Yes No

13. Do you feel bad or guilty about your drinking or drug use?

Yes No

The next questions are about your lifetime experiences.

14. Have you ever had a drinking or other drug problem?

Yes No

15. Have any of your family members ever had a drinking or drug problem?

Yes No

16. Do you feel that you have a drinking or drug problem now?

Yes No

Thanks for filling out this questionnaire.

Use of the screening instrument should be accompanied by a careful discussion about confidentiality⁸ issues. The interviewer should also be clear about the instrument's purpose and should make it understood that the information elicited from the instrument will be used to benefit, not to punish, the individual being screened.

Ideally, the screening test should be administered in its entirety. Situations may arise, however, in which there is inadequate time to administer the entire test. Street outreach community workers, for example, may have very limited time with an individual.

In such situations, a subset of the screening instrument can be administered. The four boldfaced questions—1, 2, 3, and 16—constitute the short form of the screening instrument. These items were selected because they represent the prominent signs and symptoms covered by the full screening instrument. Although this abbreviated version of the instrument will not identify the variety of dimensions tapped by the full instrument and is more prone to error, it may serve as a starting point for the screening process.

Notes on the screening questions

Modified Mini Screen (MMS)

Patient Name: _____ Date: _____

Section A – Please circle “yes” or “no” for each question.

1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks? Yes No
2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time? Yes No
3. Have you felt sad, low, or depressed most of the time for the last two years? Yes No
4. In the past month, did you think that you would be better off dead or wish you were dead? Yes No
5. Have you ever had a period of time when you were feeling up, hyper, or so full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self? (Do not consider times when you were intoxicated on drugs or alcohol.) Yes No
6. Have you ever been so irritable, grouchy, or annoyed for several days, that you had arguments, had verbal or physical fights, or shouted at people outside your family? Have you or others noticed that you have been more irritable or overreacted, compared to other people, even when you thought you were right to act this way? Yes No

Section B – Please circle “yes” or “no” for each question.

7. Have you had one or more occasions when you felt intensely anxious, frightened, uncomfortable, or uneasy, even when most people would not feel that way? Did these intense feelings get to be their worst within ten minutes? (If the answer to both questions is “yes,” circle “yes”; otherwise circle “no.”) Yes No
8. Do you feel anxious or uneasy in places or situations where you might have the panic-like symptoms we just spoke about? Or do you feel anxious or uneasy in situations where help might not be available or escape might be difficult? Examples: being in a crowd, standing in a line, being alone away from home or alone at home, crossing a bridge, traveling in a bus, train, or car? Yes No
9. Have you worried excessively or been anxious about several things over the past six months? (If you answer “no” to this question, answer “no” to Question 10 and proceed to Question 11.) ... Yes No
10. Are these worries present most days? Yes No
11. In the past month, were you afraid or embarrassed when others were watching you or when you were the focus of attention? Were you afraid of being humiliated? Examples: speaking in public, eating in public or with others, writing while someone watches, being in social situations. Yes No

continued on other side

- 12. In the past month, have you been bothered by thoughts, impulses, or images that you couldn't get rid of that were unwanted, distasteful, inappropriate, intrusive, or distressing? Examples: being afraid that you would act on some impulse that would be really shocking, worrying a lot about being dirty, contaminated, or having germs, worrying a lot about contaminating others, or that you would harm someone even though you didn't want to, having fears or superstitions that you would be responsible for things going wrong, being obsessed with sexual thoughts, images, or impulses, hoarding or collecting lots of things, having religious obsessions. Yes No
- 13. In the past month, did you do something repeatedly without being able to resist doing it? Examples: washing or cleaning excessively, counting or checking things over and over, repeating, collecting, or arranging things, other superstitious rituals. Yes No
- 14. Have you ever experienced, witnessed, or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else? Examples: serious accidents, sexual or physical assault, terrorist attack, being held hostage, kidnapping, fire, discovering a body, sudden death of someone close to you, war, natural disaster. Yes No
- 15. Have you re-experienced the awful event in a distressing way in the past month? Examples: dreams, intense recollections, flashbacks, physical reactions. Yes No

Section C – Please circle “yes” or “no” for each question.

- 16. Have you ever believed that people were spying on you, or that someone was plotting against you, or trying to hurt you? Yes No
- 17. Have you ever believed that someone was reading your mind or could hear your thoughts, or that you could actually read someone's mind or hear what another person was thinking? Yes No
- 18. Have you ever believed that someone or some force outside of yourself put thoughts in your mind that were not your own, or made you act in a way that was not your usual self? Or, have you ever felt that you were possessed? Yes No
- 19. Have you ever believed that you were being sent special messages through the TV, radio, or newspaper? Did you believe that someone you did not personally know was particularly interested in you? Yes No
- 20. Have your relatives or friends ever considered any of your beliefs strange or unusual? Yes No
- 21. Have you ever heard things other people couldn't hear, such as voices? Yes No
- 22. Have you ever had visions when you were awake or have you ever seen things other people couldn't see? Yes No

The Following Items are scored for the Pretrial Assessment Tool:

1. Age at First Arrest:
0=32 or older
1=under 32
2. Number of Failure-to-Appear Warrants Past 24 Months:
0=None
1=One Warrant for FTA
2=Two or More FTA Warrants
3. Three or More Prior Jail Incarcerations:
0=No
1=Yes
4. Employed at the Time of Arrest:
0=Yes, Full-time
1=Yes, Part-time
2=Unemployed
5. Residential Stability:
0=Lived at Current Residence Past Six Months
1=Not Lived at Same Residence
6. Illegal Drug Use During Past Six Months:
0=No
1=Yes
7. Severe Drug Use Problem:
0=No
1=Yes

Questions:

1. Do you have any prior arrests or convictions: Y N
2. How old were you when you were arrested for the first time? _____
3. What was it for? _____
4. As an adult, have you ever gotten a warrant filed for failure-to-appear to court? Y N
5. How many times? _____
6. How many times during the past two years? _____

7. What happened as a result? _____

8. Have you ever been incarcerated in jail as a result of a conviction? Y N
(Probe to make sure that incarceration was a result of sentencing and not simply pretrial detention).
9. How many times? _____
10. Have you ever been in prison? Y N
11. How many times? _____
12. Were you employed at the time of arrest? Y N
13. If employed, how many hours a week do you work? _____
14. Is work temporary, seasonal ____, or permanent? ____
15. Are you in school? Y N
16. If yes, full-time ____ or part-time? ____
17. If not employed or enrolled in school find out if defendant is retired, disabled, or full-time homemaker. _____
18. How long have you lived at your current residence? _____
19. Is this your primary residence? Y N
If no, please explain: _____
20. Do you own ____ or rent ____?
21. If you have moved within the past six months, what was the reason? _____

22. Have you ever had a problem with drugs other than alcohol? Y N
If yes, please explain: _____
23. Have you ever been arrested for drug use? Y N
If yes, please explain: _____

- 24. When? _____
- 25. What drugs have you used? _____
- 26. What is your drug of choice? _____
- 27. How often on average do you use? _____
- 28. When was the last time you used drugs? _____
- 29. How has your drug use affected other parts of your life? _____

- 30. For example, has a doctor ever told you to quit using drug? _____
- 31. Have you ever had problems at work because of drug use? _____

- 32. How does your family feel about your drug use? _____

(Probe about problems with health, relationships (family and social), legal, etc.)

If I asked you to rate the severity of your drug use problem on a scale from 1 to 5, with 1 being few or no problems and 5 being many problems, what score would you give yourself?

1	2	3	4	5
Few or none				Many problems

THANK YOU.

Pretrial Services Needs Screening Score Report

Defendants Name

Incident #

Date

MINI Modified Mental Health Screen

- A score of 6 affirmative answers out of 22 questions indicates the need for further clinical assessment. The questions are yes/no.
- An affirmative answer on two items indicates the need for further assessment for PTSD.
- An affirmative answer on one item indicates the need for Suicide assessment.
- A screening will be invalid if a person declines to participate fully. This is a voluntary process and unless completed fully- is inaccurate.

Screening is: Valid Invalid. (See definition above.)

Further clinical assessment is is not indicated.

SIMPLE Screening Instrument for Substance Abuse

- A score of 4 affirmative answers out of 16 questions indicates the need for further clinical assessment. The questions are yes/no.
- A screening will be invalid if a person declines to participate fully. This is a voluntary process and unless completed fully- is inaccurate.

Screening is valid Invalid. (See definition above.)

Further clinical assessment is is not indicated.

Name of Pretrial Monitor

Date

Pretrial Monitor Signature

Ohio Risk Assessment Pretrial Assessment Tool (ORAS-PAT)

Name: _____ Date of Assessment: _____

Case #: _____ Name of Assessor: _____

Pretrial Items	Reported Score	Verified	VCIC score
1. Age at first arrest 0= 32 or older 1=Under 32	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. # of Failure to Appear Warrants last 24 months 0=None 1=One warrant for FTA 2= Two or more FTA Warrants	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Three or more Jail Incarcerations 0=No 1= Yes	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Employed at time of Arrest 0=Yes, Fulltime 1=Yes, Part-time 2=Not Employed	<input type="text"/>	<input type="text"/>	
5. Residential Stability 0=Lived at current residence past 6 months 1=Not lived at Same Residence	<input type="text"/>	<input type="text"/>	
6. Illegal Drug Use During Past 6 Months 0=No 1=Yes	<input type="text"/>	<input type="text"/>	
7. Severe Drug Use Problem 0=No 1=Yes	<input type="text"/>	<input type="text"/>	
8. TOTAL SCORE _____	<input type="text"/>	<input type="text"/>	<input type="text"/>

Scores	Rating	% of Failures	Failure to Appear	% New Arrests
0-2	Low	5%	5%	0%
3-5	Moderate	18%	12%	7%
6+	High	29%	15%	17%

Only Vermont Criminal History Information was used to validate items 1-3.