

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR
WASHINGTON COUNTY

In the Matter of Booking)	Presiding Judge Order No. 344
Defendants at Washington)	(Amended)
County Jail on Crimes Involving)	ORDER REQUIRING USE OF
Intimate Partner Domestic)	APPROVED RISK ASSESSMENT
Violence)	TOOL & SUBMISSION
)	AT TIME OF BOOKING

Whereas intimate partner domestic violence is an ongoing problem within society and Washington County that poses a risk to the safety and wellbeing of our community; and

Whereas persons accused of intimate partner domestic violence crimes are often released pre-trial into the community pending resolution of their legal matters; and

Whereas these persons may pose a heightened risk toward the safety of their alleged victims upon release depending on certain factors for which there are validated risk assessment tools in existence to provide a better idea of the degree and likelihood of such risk; and

In light of the broad support of community partners to include Washington County Sheriff's Office (WCSO), other county-wide law enforcement offices, the Washington County District Attorney's Office, the Family Justice Center of Washington County and the Washington County Circuit Court in favor of the adoption of such a tool for use in pre-trial determinations regarding release decisions and appropriate conditions of release to ensure safety of alleged victims and the community;

The court hereby adopts the attached validated risk assessment tool for use county-wide by all law enforcement in any case involving the following charges / offenses if and when they involve intimate partners:

Attempted Murder
Kidnapping (any level)
Unlawful Use of a Weapon
Assault (any level)
Coercion (any level)
Strangulation (any level)
Menacing
Stalking
Harassment
Criminal Mischief (any level)
Interference with Making a Report
Rape (any level)
Sodomy (any level)
Sex Abuse (any level)
Unlawful Sexual Penetration (any level)
Burglary (any level)
Robbery (any level)
Recklessly Endangering Another Person
Violation of a Restraining Order (FAPA or any other protection order)
Violation of a Stalking Order
Violation of a Release Agreement
Attempt of Any of the Above
Any other crime involving intimate partners at officer discretion.


This completed risk assessment tool shall be required to be submitted as a declaration under penalty of perjury and provided along with the Probable Cause (PC) Affidavit at the time of booking a person into the Washington County Jail on any of the above charges when they involve intimate partners so that this information may be properly utilized when release decisions are made by WCSO, the Washington County Circuit Court release officers and Washington County Circuit Court judicial officers. Declaring under penalty of perjury indicates that you are accurately and truthfully stating the information as provided to you by the parties and any other responding officers, not that you are swearing to the accuracy of the information provided. (If information provided by multiple officers, please indicate in the additional comments section of the assessment.)

This risk assessment shall be considered supplemental and complementary to any subsequent assessment that may be implemented by the Oregon Judicial Department (OJD) related to pre-trial release on the statewide level.

Completion of this risk assessment and submission at the time of booking shall be required as of September 1, 2024 and this requirement shall remain in effect until further order of the court.

IT IS SO ORDERED.

DATED this 20 day of June, 2024



Rebecca D. Guptill
Presiding Judge
Washington County Circuit Court

Washington County Offender Risk Assessment Form

Incident Number: _____ Incident Date: _____ Suspect (S) Name: _____ Victim (V) Name: _____ Assessment Date: _____

Questions 1-18 shall be completed by responding officer/deputy with Victim (V) about Suspect (S). This form is to be submitted at booking in every case involving intimate partners. Refer to PJ Order 344. Victim participation is voluntary.

Check here if victim declined to answer all questions Check here if victim *unable* to answer questions due to injury

Tier 1 (Scored)

1. Has physical violence increased in frequency or severity over the past six months? (Alternate wording: Is the pushing, grabbing, hitting, or other violence happening more often)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. Is he/she violently and constantly jealous of you?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3. Do you believe he/she is capable of killing you?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4. Has he/she ever beaten you while you were pregnant? (e.g. hit, kicked, shoved, pushed, thrown, or physically hurt with a weapon or object)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Has he/she ever used a weapon or object to hurt or threaten you?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Has he/she ever tried to kill you?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7. Has he/she ever choked/strangled/suffocated you? 7a. Has this happened more than once?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

TOTAL YES:

Elevated Risk: Yes to 2 or more (6x risk of re-assault)
 High Risk: Yes to 4 or more (10.5x risk of re-assault)

Tier 2 (Supplemental)

8. Does he/she control most or all of your daily activities?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
9. Is he/she known to carry or possess a gun?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10. Has he/she ever forced you to have sex when you did not wish to do so?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
11. Does he/she misuse drugs, prescription pills, or alcohol? (e.g. meth, cocaine, heroine, fentanyl, painkillers, blackout or constant drinking)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
12. Has he/she threatened to harm people you care about?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13. Did you end your relationship with him/her within the past six months? Does he/she know or sense you are planning on ending your relationship?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
14. Has he/she experienced significant financial loss in the last six months?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
15. Is he/she unemployed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
16. Has he/she ever threatened or tried to commit suicide?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
17. Has he/she threatened to kill you?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
18. Has he/she threatened or abused your pets?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Comments, concerns, additional information:

Officer/Deputy: _____

Agency: _____

DPSST: _____

I declare under penalty of perjury that the contents of the assessment accurately reflect the information provided to the officers by the parties involved

