

**CASE DATA RECORD**

JD-CR-124 Rev. 6-18

 STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
 COURT SUPPORT SERVICES DIVISION  
[www.jud.ct.gov](http://www.jud.ct.gov)


What language do you feel most comfortable using when discussing your case?								CDR entered into CMIS		Case number																	
								<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
Name of defendant				Date of birth		Age		Place of birth				Twin <input type="checkbox"/> Yes															
Social security number		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Trans Female				Specify <input type="checkbox"/> Not listed:																			
<input type="checkbox"/> Alias: <input type="checkbox"/> Maiden:								Height		Weight		Hair		Eyes													
Marks/scars								Tattoos																			
Race								Ethnicity																			
<input type="checkbox"/> American Indian/ Alaskan Native				<input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		<input type="checkbox"/> Unknown		<input type="checkbox"/> White		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non- Hispanic		<input type="checkbox"/> Unknown									
Skin tone																											
<input type="checkbox"/> Albino		<input type="checkbox"/> Fair		<input type="checkbox"/> Light		<input type="checkbox"/> Ruddy		<input type="checkbox"/> Sallow		<input type="checkbox"/> Yellow		<input type="checkbox"/> Medium		<input type="checkbox"/> Olive		<input type="checkbox"/> Light Brown		<input type="checkbox"/> Medium Brown		<input type="checkbox"/> Dark Brown		<input type="checkbox"/> Dark		<input type="checkbox"/> Black			
Geographical Area number		Date of arrest		Time of arrest		Location of interview				Date of interview				Time of interview													
1) Charges																											
CF -20	F/A -10	F/B -9	F/C -8	F/D -7	F/E -6	F/U -6	M/A -5	M/B -4	M/C -3	M/D -2	M/U -1	V/I 0	Severity rating on most severe UAR								1						
Present address														Apt./floor				Zip code									
Telephone number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other				<input type="checkbox"/> Client notification <input type="checkbox"/> Voice <input type="checkbox"/> Text <input type="checkbox"/> No				Length at current address Years Months Days				Length of residence in Connecticut Years Months Days															
<input type="checkbox"/> Mailing address <input type="checkbox"/> Prior address <input type="checkbox"/> DV proposed address														Apt./floor				Zip code									
FV case <input type="checkbox"/> Yes <input type="checkbox"/> No		2) Marital status <input type="checkbox"/> Divorced (0) <input type="checkbox"/> Engaged (0) <input type="checkbox"/> Married (+3) <input type="checkbox"/> Separated (0) <input type="checkbox"/> Single (0) <input type="checkbox"/> Widowed (0)																						2			
Number of dependents supported		3) Lives with <input type="checkbox"/> Alone (0) <input type="checkbox"/> Guardian (+6) <input type="checkbox"/> Parents (+6) <input type="checkbox"/> Spouse (+6) <input type="checkbox"/> Child (+6) <input type="checkbox"/> Non-Relative (+3) <input type="checkbox"/> Relative (+3) <input type="checkbox"/> Spouse/child (+6)												Name of spouse/parent/roommate living with												3	
Other family in CT? Who?		4) Verifiable references <input type="checkbox"/> Yes (+4) <input type="checkbox"/> No (0) (Give name, and telephone number)																						4			
5) Means of support <input type="checkbox"/> Social Security (+2) <input type="checkbox"/> Disabled (+2) <input type="checkbox"/> Spouse cares for dependents (+2) <input type="checkbox"/> Full-time (+5) <input type="checkbox"/> Incarcerated on other charges (0) <input type="checkbox"/> Family (+2) <input type="checkbox"/> No means (0) <input type="checkbox"/> Other (+2) <input type="checkbox"/> Part-time (+5) <input type="checkbox"/> Retired (+2) <input type="checkbox"/> Seasonal (+5) <input type="checkbox"/> Unemployment compensation (+2) <input type="checkbox"/> Welfare (+2)																								5			
<input type="checkbox"/> Present employer		<input type="checkbox"/> Previous employer		Address																		Telephone number					
Occupation								Weekly Income				6) Length at employer Years Months				Can we contact <input type="checkbox"/> Yes <input type="checkbox"/> No				6							
If unemployed: Have you been looking for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No												Less than 1 year		1 year but less than 2		More than 2 years											
If "Yes," what type of employment are you interested in?								How did you become unemployed?				0		+3		+5											
Comments																								Total points on most severe UAR			

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## Support and Structure

Do you have anyone you can rely on to help you show up for court?  Yes  No If "Yes," who?

Can you post any bond?

Yes  No  Unknown

How much? \_\_\_\_\_ If 10% is recommended, how much? \_\_\_\_\_

Student <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	School Name	7) Education <input type="checkbox"/> Less than High School (0) <input type="checkbox"/> High School or equivalent (+2) <input type="checkbox"/> More than High School (+5)	7
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If education is not complete:

Is furthering your education or training important to you?  Yes  No

Why did you stop attending?

If "Yes," what type of education or training would you like to do?

## Prior FTA/VOP

Have you ever missed a court appearance in the past?  Yes  No If Yes, what happened? \_\_\_\_\_

What is different this time? \_\_\_\_\_

Have you ever violated probation?  Yes  No If Yes, what happened? \_\_\_\_\_

What is different this time? \_\_\_\_\_

## Substance Use

Illness or disability

None  Current  Permanent

Any disability that requires assistance? \_\_\_\_\_

8) Substance/mental health

None (+3)  Alcohol (0)  Psychological (0)  Drug (0) \_\_\_\_\_

8

Treatment history

None  Current  Past

If had treatment, where and when: \_\_\_\_\_

Medical insurance type

None  Through employer  Through social assistance  As a dependant  Self-insured

If insured: \_\_\_\_\_

Were you under the influence of drugs or alcohol at the time of your current arrest?  Yes  No

If "Yes," what substance were you using? \_\_\_\_\_

Are you currently using any other substances?  Yes  No

If "Yes," how often do you use them? \_\_\_\_\_

Have you ever attended substance abuse treatment or classes?  Yes  No

Did you complete?  Yes  No

If "No," what happened that you were unable to complete the program? \_\_\_\_\_

## Mental Health

Current DMHAS involvement? If "Yes," where?

Yes  No  Unknown

If in current services: Where?

Mental Health  Addiction  Both

Have you ever been told by a doctor or a mental health specialist that you have a mental health problem?  Yes  No

Have you ever received treatment for a mental health problem?  Yes  No

If "Yes," what were the diagnoses? \_\_\_\_\_

What were the symptoms of your diagnosis/es? \_\_\_\_\_

Are you currently being prescribed any medication(s) for a mental health problem?  Yes  No

If "Yes," what medications and who prescribes them? \_\_\_\_\_

## Military Status

Have you ever served in the U.S. Armed Forces, including the Connecticut National Guard?

Yes  No

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## Victim Information

Victim's name *		Victim's address *				
Date of birth		Victim's phone	Was victim contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	Dual arrest <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex * <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Race *					Ethnicity *	
<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non- Hispanic <input type="checkbox"/> Unknown	
Answered by:	Does the defendant hold a permit to carry a pistol? *		Does the defendant possess one or more firearms? *		Does the defendant possess ammunition? *	
Victim:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Defendant:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Client's relationship to the victim (Current or former) *						
<input type="checkbox"/> Spouse <input type="checkbox"/> Intimate cohabitant <input type="checkbox"/> Parent of common child <input type="checkbox"/> Protected person's parent (Client's child) <input type="checkbox"/> Related by blood or marriage		<input type="checkbox"/> Unknown <input type="checkbox"/> Cohabitant (Housemate) <input type="checkbox"/> Party to a Civil Union <input type="checkbox"/> Child of protected person (Client's parent) <input type="checkbox"/> Dating <input type="checkbox"/> Other		<input type="checkbox"/> Cohabitant with child in common <input type="checkbox"/> Protective order in force <input type="checkbox"/> Restraining order in force <input type="checkbox"/> Standing criminal restraining order <input type="checkbox"/> Prior or current FVEP		
<input type="checkbox"/> Sibling						

## \*Mandatory fields for Protective Order Registry.

### Record Check

FBI number	Inmate number	SPBI number	Criminal record checks completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
On probation? <input type="checkbox"/> Yes <input type="checkbox"/> No	On parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	Officer's name	Probation status and end date/Parole max date
Remand/Hold <input type="checkbox"/> Yes <input type="checkbox"/> No	Warrant arrest <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> FTA warrant		
Outstanding warrants <input type="checkbox"/> Yes <input type="checkbox"/> No	Charge	Date	Location
9) FTA charges, pending or convicted, other than the current offense <input type="checkbox"/> No prior FTA (0) <input type="checkbox"/> FTA on misdemeanor (-7) <input type="checkbox"/> FTA on a felony (-8)			9
10) Number of convictions <input type="checkbox"/> 0 (0) <input type="checkbox"/> 1 (-1) <input type="checkbox"/> 2 (-1) <input type="checkbox"/> 3 or more (-5)			10
11) Pending charges, other than the current offense <input type="checkbox"/> Yes (-4) <input type="checkbox"/> No (0)			11

### Safety Risk (Exclude FTA and VOP underlying offenses)

12) Currently charged with a Safety Risk offense and has a previous conviction for a Safety Risk offense? <input type="checkbox"/> Yes (-2) <input type="checkbox"/> No (0)	12
13) Currently charged with a Safety Risk offense and has one or more Safety Risk offenses pending? <input type="checkbox"/> Yes (-2) <input type="checkbox"/> No (0)	13
14) Does current offense involve the use of a dangerous instrument? <input type="checkbox"/> Yes (-2) <input type="checkbox"/> No (0)	14

### (For non-court use only)

Is client on probation and charged with a new offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the current case is a family violence case, does client have any other domestic violence history? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Does current case involve one or more firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "Yes" to any of the above questions, please refer to the Financial Bond Guideline, because a financial bond should be considered.	

Lethality Assessment Program (LAP) received <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	LAP indication <input type="checkbox"/> Did not answer <input type="checkbox"/> High danger <input type="checkbox"/> Not high danger
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### Jail Diversion

Screened by Jail Diversion? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
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<b>Bond Information</b>		Non-Court decision date	Attorney at arraignment	Judge at arraignment	Arraignment date	
Non-Court Bail Services Staff		Court Session Bail Services Staff				
UAR number	Docket number			Amount set by court in warrant	Police bond	
\$ \$						
Charge(s):						
<b>Bail Services Action</b>	Police station <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> S		Total points	Severity rating	FBG amount	
	Conditions ordered <input type="checkbox"/>					\$
	Recommendation to the Court <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> 10% <input type="checkbox"/> S <input type="checkbox"/> C		Total points	Severity rating	FBG amount	
<b>Court Action</b>	Conditions recommended <input type="checkbox"/>					
	Court order <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> 10% <input type="checkbox"/> S <input type="checkbox"/> C		<input type="checkbox"/> Disposed		\$	
	Conditions ordered by the Court <input type="checkbox"/>					Next court date
UAR number	Docket number			Amount set by court in warrant	Police bond	
\$ \$						
Charge(s):						
<b>Bail Services Action</b>	Police station <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> S		Total points	Severity rating	FBG amount	
	Conditions ordered <input type="checkbox"/>					\$
	Recommendation to the Court <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> 10% <input type="checkbox"/> S <input type="checkbox"/> C		Total points	Severity rating	FBG amount	
<b>Court Action</b>	Conditions recommended <input type="checkbox"/>					
	Court order <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> 10% <input type="checkbox"/> S <input type="checkbox"/> C		<input type="checkbox"/> Disposed		\$	
	Conditions ordered by the Court <input type="checkbox"/>					Next court date
UAR number	Docket number			Amount set by court in warrant	Police bond	
\$ \$						
Charge(s):						
<b>Bail Services Action</b>	Police station <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> S		Total points	Severity rating	FBG amount	
	Conditions ordered <input type="checkbox"/>					\$
	Recommendation to the Court <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> 10% <input type="checkbox"/> S <input type="checkbox"/> C		Total points	Severity rating	FBG amount	
<b>Court Action</b>	Conditions recommended <input type="checkbox"/>					
	Court order <input type="checkbox"/> PTA <input type="checkbox"/> NS <input type="checkbox"/> 10% <input type="checkbox"/> S <input type="checkbox"/> C		<input type="checkbox"/> Disposed		\$	
	Conditions ordered by the Court <input type="checkbox"/>					Next court date
Bail Services Staff						

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Name of defendant

Date of birth

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Case number

## Prior Record and Pending Cases

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**Financial Bond Guidelines — Revised 6-18**  
(To be completed when making a surety bond recommendation)

**Offense Severity**

Start with the most serious charge on the docket as your frame of reference.

Rate the severity of the charge based on how it compares to other charges in the same charge category.

Examples of factors that might make a charge more or less severe are provided below.

Least Severe			Moderately Severe			Most Severe
0	-1	-2	-3	-4	-5	-6
<b>Examples:</b> singular charges, nonviolent charges, no injuries or damages, no outstanding warrants or pending charges, good status on probation/parole/treatment, prior treatment success, small quantity of drugs, turned self in on a warrant, history of reliable court appearances.						
<b>Examples:</b> multiple charges, violent charges, outstanding warrants, pending charges, history with same victim, victim injuries, weapons involvement, large quantity of drugs, property damages, threat to public safety, severe substance abuse, poor probation/parole/treatment status, high exposure, chronic history of failing to appear						

**Client Risk**

Refer to the Bail Point Scale. Add up items #2 through #14 and circle the corresponding rating below.

Low Risk			Moderate Risk			High Risk
+16 and above	+12 to +15	+8 to +11	+4 to +7	0 to 3	-1 to -4	-5 and below
0	-1	-2	-3	-4	-5	-6

**Total Rating** (sum of Offense Severity and Client Risk ratings) = (0 to -12)

Charge Type/Class	Rating Scale Total												
	0	-1	-2	-3	-4	-5	-6	-7	-8	-9	-10	-11	-12
Unclassified Misdemeanor	\$500	\$500	\$500	\$500	\$500	\$1,000	\$1,000	\$1,500	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000
Class C Misdemeanor	\$500	\$500	\$500	\$500	\$1,000	\$1,000	\$1,500	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000
Class B Misdemeanor	\$500	\$500	\$500	\$1,000	\$1,000	\$1,500	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000
Class A Misdemeanor	\$500	\$500	\$1,000	\$1,000	\$1,500	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000
Class D Felony	\$1,000	\$1,500	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000
E/Unclassified Felony	\$1,500	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000
Class C Felony	\$2,500	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000
Class B Felony	\$5,000	\$7,500	\$10,000	\$15,000	\$20,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$500,000
Class A Felony	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$500,000	\$750,000	\$1,000,000	\$1,250,000	\$1,500,000	\$2,000,000

Notes:

- When the primary charge is a FTA, the bond amount should reflect the most serious charge, either the FTA or underlying charge.
- When a defendant is arrested on a violation of probation, bail staff should use the most serious underlying charge when determining what charge class to use when utilizing the financial bond guideline.

**Recommended Bond Amount** (refer to the Guidelines above) \$ \_\_\_\_\_

**The Bail staff bond recommendation DOES NOT exceed the FBG bond recommendation**

**The Bail staff bond recommendation DOES exceed the FBG bond recommendation: ("X" only one)**

<input type="checkbox"/> Bond previously set by court/warrant	<input type="checkbox"/> Pattern of repeat behavior in short time period
<input type="checkbox"/> Exceptionally severe charges	<input type="checkbox"/> Repeat pattern of non-compliance
<input type="checkbox"/> Extradited from another state	<input type="checkbox"/> Statute change to charge from felony to misdemeanor
<input type="checkbox"/> Immigration hold	<input type="checkbox"/> Statute change to charge from misdemeanor to felony
<input type="checkbox"/> Parole hold	<input type="checkbox"/> Unclassified charge

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