**NEBRASKA**  
**SEX OFFENDER RISK ASSESSMENT INSTRUMENT**

Subject_________________________________            D.O.B.____/_____/____

Last, First, Middle

Investigator_________________________________ Date Completed_____________________

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1. **Number of Convicted Counts for Sex/Sex Related Offenses (Including current offense)**
   - One            (0) ______
   - Two          (40) ______
   - Three or More         (60) ______
   Comments______________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

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2. **Number of Convicted Counts for Other Offenses, besides traffic infractions**
   (Excluding sex/sex related offenses)
   - None            (0) ______
   - One or Two          (20) ______
   - Three or More          (30) ______
   Comments:____________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

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3. **Other Sex/Sex Related Attorney Filed Charges Not Resulting in Conviction**
   - None            (0) ______
   - One or Two         (10) ______
   - Three to Seven         (20) ______
   - Eight or More         (30) ______
   Comments:____________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

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4. **Age at Arrest for First Sex/Sex Related Conviction/Juvenile Adjudication**
   - 25 or Under         (30) ______
   - 26 or Over         (20) ______
   Comments:____________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

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5. **Relationship of Offender to Victim(s) (More than one category may apply)**
   - Family/Step Family/Foster Children (5) ______
   - Acquaintance (5) ______
   - Stranger (Never met or met once) (5) ______
   Comments:____________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

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Page 1 Total _______
### NEBRASKA
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**Subject _____________________________**

**Last, First, Middle**

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6. **Sex Offense Convictions in More Than One State or Federal Jurisdiction**
   (Federal Jurisdiction in the State of Nebraska is considered from another jurisdiction.)
   - No            (0) ______
   - Yes          (20) ______
   **Comments:**____________________________________________________________________________________
   _______________________________________________________________________________________________

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7. **Victim(s) Gender**
   - Female          (15) ______
   - Male            (20) ______
   - Both Male and Female        (30) ______
   **Comments:**_____________________________________________________________________________
   _________________________________________________________________________________________

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8. **Age of Sex Crime Victim(s) (Check All That Apply)**
   - Eleven and Under        (15) ______
   - Twelve to Seventeen        (15) ______
   - Eighteen and Over          (5) ______
   **Comments:**_____________________________________________________________________________
   _________________________________________________________________________________________

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9. **Nature of Sexual Assault Behavior (Check All That Apply)**
   - Possession or Manufacturing Sexually Explicit Material of a Child without Verbal or Physical Interaction                   (0) ______
   - Fondling/Manipulate/Seduce/Coerce/Authority            (5)  ______
   - Threats of Violence        (10) ______
   - Vulnerable Victim Due to Physical or Mental Abnormality   (15) ______
   - Offender Provided or Encouraged the Use of Drugs/Chemicals/Alcohol to Control Victim    (20) ______
   - Physical Force or Violence/Restrained Victim/Threatened with Weapon or Dangerous Object       (25) ______
   - Serious Bodily Injury        (30) ______
   **Comments:**____________________________________________________________________________________
   _______________________________________________________________________________________________

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10. **Supervision (Check All That Apply)**
   - Supervision at Time of Assessment         (0) ______
   - No Supervision at Time of Assessment      (10) ______
   - History of Violation of Supervision                          (20) ______
   **Comments:**____________________________________________________________________________________
   _______________________________________________________________________________________________

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**Page 2 Total _______**
Subject___________________________
Last, First, Middle

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11. Disciplinary History While Incarcerated (Check All That Apply)
   No Disciplinary Reports/None Found (0) ______
   Threatened Victim (Documented Reports) (10) ______
   Disciplined for Violent Acts/Sexual Exploitations (10) ______
Comments:_____________________________________________________________________________
_____________________________________________________________________________________
----------------------------------------------------------------------------------------------------------------------------------------
12. Treatment (Consider Incarceration, Court Ordered or Post Release)
   No Information Found/Available or Not Court Ordered (0) ______
   Consistent Doctoral Level Professional Determination(s) that NO Treatment is Required (0) ______
   Successfully Participated/In Post Release/Court Ordered Treatment (0) ______
   Terminated from Treatment/Withdrawn against Professional Recommendation/Reached Maximum Benefit but Professionally Determined a High Risk/Unsatisfactory Treatment Participation (10) ______
   Not Involved in Court Ordered/Professionally Recommended Treatment (20) ______
Comments:____________________________________________________________________________________
___________________________________________________________________________________________
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13. Mental/Cognitive Functioning (Check All That Apply)
   No Information Available/No Diagnosis Given (0) ______
   Developmental Disability Diagnosis (5) ______
   Psychotic Disorder Diagnosis (5) ______
   Personality Disorder Diagnosis or Traits (5) ______
Comments:_____________________________________________________________________________
_____________________________________________________________________________________
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14. Time Between the Most Recent Arrest for a Felony and/or a Class I/II Misdemeanor Conviction and Prior Release from Court Ordered Confinement or Supervision (If Under Supervision When Arrest for New Conviction Occurs Score 24 Months or Less)
   Not Applicable (0) ______
   More than 24 Months (5) ______
   24 Months or Less (20) ______
Comments:_____________________________________________________________________________
_____________________________________________________________________________________
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Page 3 Total ______
PAGE ONE TOTAL __________
PAGE TWO TOTAL ______
PAGE THREE TOTAL ______
TOTAL POINTS ______
Subject___________________________
Last, First, Middle

Override to High Risk (Check All That Apply-No Points)
1. Victim tortured or acts resulted in death ______
2. Victim abducted and forcibly transported to another location ______
3. Perpetrator articulates to officials/treatment professionals an unwillingness to control
   future sexually assaultive behavior or plans to re-offend violently or sexually ______
4. Recent clinical assessment of dangerousness by a sex offender treatment or doctoral
   level professional asserting perpetrator presents significant risk to re-offend. ______

Downward Departure to Low Risk (Check All That Apply-No Points)
1. Debilitating Illness ______
2. Advanced age ______

Risk Assessment
TOTAL POINTS

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>Moderate Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>80 and Below</td>
<td>85-125</td>
<td>130 or Above</td>
</tr>
</tbody>
</table>

Departure
1. A departure from the presumptive risk category is warranted
2. If yes, circle the appropriate category

<table>
<thead>
<tr>
<th>LEVEL 1</th>
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</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>Moderate Risk</td>
<td>High Risk</td>
</tr>
</tbody>
</table>

1. If yes, explain the basis for departure:__________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________