

FACTS OF OFFENSE SHEET

Please follow these important instructions:

- * Print or type all required information;
- * Please complete Side Two of this form for *each* victim;
- * Fax this form to DOJ, Sexual Habitual Offender Program at (916) 227-3663 or mail this form to the DOJ, Sexual Habitual Offender Program, 4949 Broadway Rm B-216, Sacramento, CA 95820;
- * Submit a copy to California Department of Corrections and Rehabilitation if prison sentence imposed;
- * Include a copy in pre-sentencing report;
- * Retain a copy in defendant's file;
- * Attach extra sheets of paper if needed.

Defendant's Information

Last Name	First Name	Middle Name
DOB _____	CII Number: _____	

Probation Officer's Information

Last Name	First Name	Title
Probation Agency _____	Phone Number _____	

Court Information

Court Date: _____ Court Case Number: _____

County of Conviction: _____

SARATSO Information

Current Information (Circle one):

Static-99	JSORRAT-II	Score _____	Date Scored _____
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Previous Information (Circle one):

Static-99	JSORRAT-II	Score _____	Date Scored _____
Static-99	JSORRAT-II	Score _____	Date Scored _____

SARATSO Dynamic Risk Assessment Instrument

Tool Name: _____	Score _____	Date Scored _____
Tool Name: _____	Score _____	Date Scored _____

Has the defendant ever lived with an intimate partner (either gender) for two or more years?
(Verify defendant's self report on this factor whenever possible) Yes No

Has the defendant ever failed out of a sex-offender specific treatment program? Yes No

If yes, which program? _____ Date: _____

Offenders Sexual Practices and Preferences

Fetishes	Pornography (Offender's Preferences)	Paraphernalia (equipment/toys-owned/used)
(e.g., feet, shoes, non-sexual objects etc.)	Age: _____ Magazine / Photos / Video (Circle) Gender: M / F /Other (Describe): _____ Describe Content: _____	

Offender Last Name:

CII#:

Court Case #:

Victim	Victim Vulnerability		
Age: <input type="text"/>	<input type="checkbox"/> Alcohol/Drug Abuser	<input type="checkbox"/> Gambler	<input type="checkbox"/> Internet User
Race: _____	<input type="checkbox"/> Babysitter	<input type="checkbox"/> Gang Member (Describe): _____	<input type="checkbox"/> Loner
Gender: (Circle)	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Mentally Disabled (Describe): _____
M F	<input type="checkbox"/> Child (under 17)	<input type="checkbox"/> Hitchhiker	<input type="checkbox"/> Prostitute
	<input type="checkbox"/> Criminal Activity (Describe): _____	<input type="checkbox"/> Homeless/Street Person	<input type="checkbox"/> Recluse/Introvert
	<input type="checkbox"/> Drug User/Seller	<input type="checkbox"/> Homosexual	<input type="checkbox"/> Retired
	<input type="checkbox"/> Elderly	<input type="checkbox"/> Illegal Alien	<input type="checkbox"/> Runaway
		<input type="checkbox"/> Mentally Ill (Describe): _____	<input type="checkbox"/> Student
			<input type="checkbox"/> Transient/Drifter
			<input type="checkbox"/> Unknown
			<input type="checkbox"/> Physically Disabled (Describe): _____
			<input type="checkbox"/> Transvestite
			<input type="checkbox"/> Transexual (circle) <i>M to F or F to M</i>
			<input type="checkbox"/> Other (Describe): _____

Offender's Relationship to Victim	Victim's Activity at Time of Offense
(e.g., acquaintance, friend, relative (describe relationship), stranger (knew less than 24 hours), etc.)	(e.g., going to/from work, playing outside, etc.)

Offender's Initial Approach to Victim (Check and describe all that apply)			
<input type="checkbox"/> By Deception or Grooming	<input type="checkbox"/> By Surprise	<input type="checkbox"/> By Blitz/Direct Impact	<input type="checkbox"/> Other (Describe): _____
Describe: _____	Describe: _____	Describe: _____	
			<input type="checkbox"/> Unknown Approach

Assault Location (e.g., residence, park, mall etc.)	Method of Entry (e.g., forced, let in by victim, lived there, etc.)
_____	_____

Weapons Used in Assault	Method of Victim Control
Describe: _____	_____
<input type="checkbox"/> Brought to Scene	<input type="checkbox"/> Blindfolds _____
<input type="checkbox"/> Found at Scene	<input type="checkbox"/> Binds _____
	<input type="checkbox"/> Entire Face Covered _____
	<input type="checkbox"/> Gagged _____
	<input type="checkbox"/> Hand Over Mouth
	<input type="checkbox"/> Threat of Harm to Family
	<input type="checkbox"/> Other (Describe): _____

Sexual Assault Details		
Penetration: 1) Anal 2) Vaginal 1 2 <input type="checkbox"/> Penile <input type="checkbox"/> Digital <input type="checkbox"/> Hand/fist <input type="checkbox"/> Foreign Object (Specify): 1) _____ 2) _____ 3) _____ <input type="checkbox"/> Unknown	Oral Sex: Offender Performed Oral Sex on Victim <input type="checkbox"/> Anus <input type="checkbox"/> Vagina <input type="checkbox"/> Penis Victim Performed Oral Sex on Offender <input type="checkbox"/> Anus <input type="checkbox"/> Vagina <input type="checkbox"/> Penis Masturbation: <input type="checkbox"/> Offender masturbated victim <input type="checkbox"/> Victim masturbated offender <input type="checkbox"/> Offender masturbated self <input type="checkbox"/> Victim masturbated self Sexual Dysfunction: <input type="checkbox"/> Unable to obtain erection <input type="checkbox"/> Premature ejaculation <input type="checkbox"/> Retarded ejaculation <input type="checkbox"/> Other (Describe): _____	Other Sexual Act(s): <input type="checkbox"/> Unknown <input type="checkbox"/> Ejaculated On/In Victim <input type="checkbox"/> Fondled/Grabbed/Hugged <input type="checkbox"/> Forced Victim to Swallow Semen <input type="checkbox"/> Kissed <input type="checkbox"/> Licked <input type="checkbox"/> Rubbed Genitalia Against Victim <input type="checkbox"/> Simulated Intercourse <input type="checkbox"/> Sucked Breasts <input type="checkbox"/> Other (Describe): _____

Level of Force Used	Verbal Activity (e.g., specific words/phrases)
<input type="checkbox"/> No force (Verbal intimidation)	_____
<input type="checkbox"/> Minimal force (Mild slapping/hitting)	_____
<input type="checkbox"/> Moderate force (Repeated hits/painful)	_____
<input type="checkbox"/> Excessive force (Beats-bruising/cuts)	_____
<input type="checkbox"/> Brutal (Sadistic torture)	_____
<input type="checkbox"/> Unknown	_____

Major Trauma Types/Locations
Type: _____ Location on body: _____

Unusual or Additional Assault	Crime Scene Altered/Precautions Used to Avoid Apprehension/Identification
<input type="checkbox"/> Beats Sexual Areas	<input type="checkbox"/> Administered Drug to Victim
<input type="checkbox"/> Body/Genitalia Mutilated	<input type="checkbox"/> Altered Lighting
<input type="checkbox"/> Body Cavities/Wounds Probed/Explored	<input type="checkbox"/> Bleach Used
<input type="checkbox"/> Body Set on Fire	<input type="checkbox"/> Burned Scene/Victim's Body
<input type="checkbox"/> Burns	<input type="checkbox"/> Changes Hair (Facial, Length, Style)
<input type="checkbox"/> Cannibalism	<input type="checkbox"/> Cleaned Scene/ Self /Victim (Circle)
<input type="checkbox"/> Carving on Victim	<input type="checkbox"/> Destroyed/Removed Evidence
<input type="checkbox"/> Douche/Enema Given to Victim	<input type="checkbox"/> Disabled Phone/Security
<input type="checkbox"/> Hair Cut/Shaved	<input type="checkbox"/> Disabled Victim's Vehicle
<input type="checkbox"/> Hair Pulled	<input type="checkbox"/> Forced Victim to Bathe/Douche
<input type="checkbox"/> Hanged/Suspended	<input type="checkbox"/> Gave False Name (Describe): _____
<input type="checkbox"/> Kicked/Stomped	<input type="checkbox"/> Increased/Decreased Temperature
<input type="checkbox"/> Pinched	<input type="checkbox"/> Planted Evidence
<input type="checkbox"/> Pulled Body Parts	<input type="checkbox"/> Prepared Escape Route Prior to Assault
<input type="checkbox"/> Puncture/Torture Wounds	<input type="checkbox"/> Ransacked Scene
<input type="checkbox"/> Ritual/Script/Fantasy (Describe): _____	<input type="checkbox"/> Told Victim Not to Look at Offender
<input type="checkbox"/> Shocked Electrical/Stun Gun	<input type="checkbox"/> Told Victim Not to Report to Police
<input type="checkbox"/> Slapped/Spanked Whipped Paddled	<input type="checkbox"/> Used a Condom
<input type="checkbox"/> Tickled	<input type="checkbox"/> Used a Lookout
<input type="checkbox"/> Vampirism	<input type="checkbox"/> Used a Police Scanner Radio
<input type="checkbox"/> Vehicular Assault	<input type="checkbox"/> Vandalized Scene
<input type="checkbox"/> Victim Defecated Upon	<input type="checkbox"/> Wore Makeup
<input type="checkbox"/> Victim Urinated Upon	<input type="checkbox"/> Wore a Disguise/Mask (Describe): _____
<input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Wore Gloves (Describe): _____
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (Describe): _____
	<input type="checkbox"/> Unknown

Offender's Address at Time of Offense	Vehicle Used in this Offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street #/Name, Unit #, City, State, Zip	Make: _____ Year: _____
	Model: _____ Color: _____
	Vehicle License #: _____ Other: _____

Any circumstances of the offense not included on this form (Please attach additional sheets if necessary):
