

KANSAS DEPARTMENT OF CORRECTIONS Violation Levels Report

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| Offender Name: |
| Underlying Offense(s): |
| Violation #: |
| Brief Description of Violation: |

| | RISK FACTORS | MINOR VIOLATION | MODERATE VIOLATION | SERIOUS VIOLATION |
|---|---|---|---|--|
| 1 | RELATIONSHIP TO UNDERLYING OFFENSE | Behavior addressed is unrelated to underlying offense <input type="checkbox"/> | Behavior addressed supports behaviors that are similar to underlying offense <input type="checkbox"/> | Behavior addressed is the exact same as behavior reflected in underlying offense <input type="checkbox"/> |
| 2 | VICTIM IMPACT | No contact No intentional contact Explainable contact w/victim <input type="checkbox"/> | Nonaggressive attempt to engage victim <input type="checkbox"/> | Intentional contact Verbal Threat Intimidation of Victim <input type="checkbox"/> |
| 3 | FREQUENCY OF VIOLATION | Behavior addressed occurred 1-2 times within a 2-week period <input type="checkbox"/> | Behavior addressed occurred 3-4 times within a 2 week period <input type="checkbox"/> | Behavior addressed occurred more than 5 times in a 2 week period, suggesting pattern <input type="checkbox"/> |
| 4 | COMPLIANCE WITH CONDITIONS | Behavior addressed violates at least one community supervision condition <input type="checkbox"/> | Behavior addressed violates more than one, but not majority, of community supervision conditions <input type="checkbox"/> | Behavior addressed violates all or the majority of community supervision conditions <input type="checkbox"/> |
| 5 | COMMUNITY SAFETY | Behavior addressed poses no direct risk to the community Has no involvement with person(s) with whom he or she must not have any contact <input type="checkbox"/> | Behavior addressed may lead to additional actions that pose a risk to the community Has periodic or explainable involvement with person(s) with whom he or she must not have any contact <input type="checkbox"/> | Behavior addressed poses a direct risk to community Consistently has involvement with person(s) with whom he or she must not have any contact <input type="checkbox"/> |

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| SCORING INSTRUCTIONS | Total number that apply: | Total number that apply: | Total number that apply: |
| <p>The column with the highest number of total factors that "apply" suggest the severity level of the non-compliant behavior and should guide choice of sanction. If two columns have the same number the default should be for the highest violation level.</p> | | | |
| <p>If an offender has a third or subsequent violation in moderate (within a 60 day timeframe), they automatically move up to serious violation. Documentation must be attached to this form.</p> | | | |

Please list what Cognitive Behavioral Tool was used and the sanction(s) imposed (documentation must be attached to this form):

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| Officer Signature: | Date: |
| Officer Supervisor Signature: | Date: |