

# ADJUSTMENT REVIEW

New Arrival/Adjustment Review/Earned Credit Level

## Offender Information

Facility \_\_\_\_\_ Facility Arrival Date \_\_\_\_\_ Reception Date \_\_\_\_\_  
(4-ACRS-5A-03)  
 Offender Name \_\_\_\_\_ Offender DOC# \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Date of Assessment \_\_\_\_\_ Housing Restrictions Yes \_\_\_\_\_ No \_\_\_\_\_ Identification Yes \_\_\_\_\_ No \_\_\_\_\_  
 Name of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Will offender reside at this address after re-entry? Yes \_\_\_\_\_ No \_\_\_\_\_

## Sentence Information

Restricted Yes \_\_\_\_\_ No \_\_\_\_\_ 57 O.S. 1991 Sec 521 eligible \_\_\_\_\_  
 PPWP eligibility Yes \_\_\_\_\_ No \_\_\_\_\_ Days Remaining \_\_\_\_\_  
 Escape History \_\_\_\_\_ Escape Points \_\_\_\_\_  
 Assessed Security \_\_\_\_\_ Security Points \_\_\_\_\_ Assigned Security \_\_\_\_\_ Mandatory Override? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Misconduct History \_\_\_\_\_ Active Misconduct Points \_\_\_\_\_ Date of last Misconduct \_\_\_\_\_  
 Parole Date \_\_\_\_\_ Parole Stipulations \_\_\_\_\_  
 Parole Conditions \_\_\_\_\_

## Current Patterns of Behavior

Performance Rating = Poor, Good, Excellent, Outstanding  
 Staff \_\_\_\_\_ Program Participation \_\_\_\_\_ Job \_\_\_\_\_  
 Other Offenders \_\_\_\_\_ Personal Hygiene \_\_\_\_\_ Living Area \_\_\_\_\_

### Program/Job Evaluations

Month/Year	Rating	Assignment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Case Plan (4-4301, 4-ACRS-5A-05)

### Initial

Needs	Plan of Action	Projected Enrollment	Restrictions/Comments
-------	----------------	----------------------	-----------------------

### Updated Plan

Needs	Plan of Action	Projected Enrollment	Completion/Comments
-------	----------------	----------------------	---------------------

Warden/District Supervisor or designee approval \_\_\_\_\_

## Pre-Release Plan

Residence	Program Referral	Financial Obligations/Employment
-----------	------------------	----------------------------------

Earned Credit Level	Effective Date	Promotion	Demotion	No Change	Enhanced
Level Eligible					

Prepared By _____	Date _____
Chairperson _____	Date _____
Member _____	Date _____
Date of Next Review _____	Comments _____
<small>(4-4300)</small>	

Offender Signature \_\_\_\_\_ Date \_\_\_\_\_

## Instructions for Adjustment Review

### Offender Information:

Facility- Name of facility where review is completed

Facility Arrival Date- Date offender arrived at current facility (4-ACRS-5A-03)

LARC Arrival Date- Date offender was received at LARC

Offender Name- Name of offender being reviewed

Gender- Gender of offender being reviewed

Date of Birth- Date of birth of offender being reviewed

Date of Assessment- Date assessment was completed

Housing Restrictions- Random Eligibility

Identification- If offender has ID in file-two forms

Name of Emergency Contact- Name of person offender wants to notify in case of an emergency (4-ACRS-4C-21)

Relationship- Relationship of emergency contact to offender

Phone Number- Emergency contact phone number

Address- Address of emergency contact

### Sentence Information:

85%-Note if the offender is required to serve 85% of his/her sentence or 75%

PPWP Eligibility- Note if the offender is eligible

57 O.S. 1991 Sec 521- Note if the offender is required under this law to move to lower security prior to discharge

Days Remaining- Total number of days remaining to include consecutive cases

Escape History- List any escapes to include the level of security from which the escape occurred that currently affect classification

Escape Points- List escape points that are active

Assessed Security- Security level offender assessed

Mandatory Override- If offender was a mandatory override

Security Points- Total number of security points to include misconduct points

Assigned Security- Security level offender is assigned to

Misconduct History- List any misconduct that currently affects classification

Active Misconduct Points- Number of points assessed for an active misconduct

Date of Last Misconduct- Date offender received last misconduct

Parole Date- Date of Parole Hearing

Parole Stipulations- Any stipulation imposed by the parole board that must be completed before being released on parole

Parole Conditions- Any conditions imposed by the parole board that must be completed while on parole

### Current Patterns of Behavior:

Staff- Relationship with staff

Program Participation- Participation in assigned programs

Job- Performance on job

Other Offenders- How well offender gets along with other offenders

Personal Hygiene- How well offender maintains personal hygiene

Living Area- How well offender maintains his personal living area

Program Job Evaluation- Month/year of evaluation, rating of evaluation, assignment for which offender received evaluation for

### Case Plan:

Initial-The case plan devised at A & R. For information purposes only

Update- If the plan requires a change in needs, it can be done in accordance with procedures. Completions of programs will be indicated here upon entry into the OMS case plan.

Re-entry- Based on the individual offender, the re-entry section will be completed to address immediate basic needs upon release, aftercare referrals and/or primary treatment referral

**Earned Credit Level:**

Earned Credit Level- Assigned or recommended

Effective Date- Date earned credit level was or will become effective

Type of Action- Demoted, promoted, no change, enhanced, etc.

Prepared By- Signature of person that prepared review (4-ACRS-5A-04)

Chairperson- Signature of chairperson for review

Member- Signature of member of review committee

Date of Next Review- Date next review is scheduled (4-4300)

Comments- Any additional information needed to be noted for the case manager or the offender

Offender Signature- Signature of offender being reviewed (4-ACRS-5A-04)

**Pre-Release Plan:**

Residence-The offenders proposed residence or referral for housing

Financial Obligations/Employment- Determine the financial obligations of the offender and the means in which offender will pay. This includes listing proposed employment, referral for assistance to locate employment, other legitimate means of support the offender has or referrals/applications offender is given to receive assistance.

Program Referral- The name and address of any treatment or aftercare agencies the offender will need

**Distribution:**

Offenders releasing to supervision will have the pre-release plan faxed to the appropriate Probation and Parole District.