

RESTORATION OF EARNED CREDIT CHECKLIST

Offender Name: _____ DOC#: _____ Facility: _____			
1.	Days remaining as of end of previous month?		
2.	# of lost earned credits on current sentence?		
3.	If lost credits are restored will offender discharge? If no, no further review is required at this time.	Yes	No
4.	If offender scheduled for parole board review within 30 days or pending parole? If yes, no further review is required at this time.	Yes	No
5.	If offender awaiting a judicial review or serving balance suspended upon completion of a program? If yes, no further review is required at this time.	Yes	No
6.	Does offender have any pending misconducts? If yes, provide class, code and date of offense:	Yes	No
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
7.	Does the offender have any warrants/detainers?	Yes	No
	If yes, is the warrant/detainer a result of a law violation committed while in Department custody?	Yes	No
	If the warrant/detainer IS a result of a law violation committed while in Department custody no further review is required at this time.		
	If the warrant/detainer IS NOT a result of a law violation committed while in Department custody provide charge and jurisdiction and continue this review.		
	Case: _____ Jurisdiction: _____ Charge: _____		
	Case: _____ Jurisdiction: _____ Charge: _____		
	Case: _____ Jurisdiction: _____ Charge: _____		
8.	Is the offender assigned to Mental Health Level C or D and requires additional reentry planning prior to release?	Yes	No
9.	Does the offender have a serious medical condition that requires additional reentry planning prior to release?	Yes	No
10.	Has the offender been convicted of any sex offenses requiring registration?	Yes	No

11.	Has the offender been convicted of any violent offenses requiring registration?	Yes	No
12.	Does the offender have any supervision post incarceration?	Yes	No
13.	Does the offender have ANY active misconducts?	Yes	No
	Class X – two years; Class A or B – six months		
	If yes, provide class, code and date of offense:		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
Case Manager Signature: _____ Date: _____			
Facility Head Comments: _____			

Facility Head Recommends Release (To be initialed by facility head)			
Yes _____ No _____			
Date Released: _____			
or Projected date for release if pending completion of registration and/or reentry planning for medical/mental health issues: _____			
Facility Head Signature: _____ Date: _____			