

PRE-RELEASE CHECKLIST

Facility: _____

Name: _____ DOC #: _____

Date: _____ PRD: _____

IDENTIFICATION

Do you have a Social Security card? YES ____ NO ____ Birth Certificate? YES ____ NO ____

CDIB Card? YES ____ NO ____ Other ID? YES ____ NO ____ What? _____

RESIDENCE

Do you know where you will be living when you leave the institution? YES ____ NO ____ Do the people that live there agree to let you live there? YES ____ NO ____ Name/Relationship _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Number: _____ Residence information verified? YES ____ NO ____

Date: _____

Who also lives there (name/relationship)? _____

How long will you be able to live there? _____

Who is your nearest living relative? _____ Relationship: _____

Contact information: _____

Do you need assistance in obtaining housing? YES ____ NO ____

Do you have clothes in which to leave the institution? YES ____ NO ____

TRANSPORTATION

Do you have transportation to get home? YES ____ NO ____ Who will pick you up? _____

Do you need a bus ticket? YES ____ NO ____ Will someone pick you up at the bus station? YES ____ NO ____

FINANCIAL

Who will be your primary support when you are released from the institution (This may be financial but mostly pro-social non-criminal lifestyle support)? _____

What debt do you have when you are released? Child support _____ Loans _____

Back mortgage payments or utility bills _____ Loans _____ Restitution _____

Court costs/finest _____ Civil judgments _____ Tickets _____

What financial assets do you have (own a home, savings, automobile, etc.)? _____

Do you have valid photo I.D. to cash your trust fund check? YES ____ NO ____

How will you structure your time when you are released from the institution (Establishing residence, searching for work, reuniting with family, non-criminal recreation)? _____

MEDICAL

What are your medical needs when you leave the institution? _____

Where will you go for medical care? _____

Where (Address, city state, zip code, phone number)? _____

Mental Health Level: _____ Are you in need of Mental Health Services after discharge? YES ____ NO ____

Where will you go for mental health care? _____

Where (Address, city state, zip code, phone number)? _____

Where will you obtain any medications you need? _____

LEGAL

What are your continued legal obligations when you leave the institution? _____

Will you be on supervision? YES _____ NO _____

Do you have special conditions on parole or probation? YES _____ NO _____

OFFENDER REGISTRATION (Violent, Sex or Methamphetamine)

Have you ever been convicted of an offense covered by the Sex Offender Registration Act? YES _____ NO _____

Have you been convicted of a violent offence that is covered by the Violent Offender Registration Act? YES _____ NO _____

If yes (to either of the above), are you aware that you must report to the local law enforcement your residence address within three days of your release? YES _____ NO _____ The first time you register will be before you discharge.

Local law enforcement office (Address, city state, zip code, phone number) _____

Have you ever been convicted, whether upon a verdict or plea of guilty or upon a verdict or plea of nolo contendere, or received a suspended sentence or any deferred or probationary term, or are currently serving a sentence or any form of probation or parole for a crime or attempt to commit a crime including, but not limited to, unlawful possession, conspiring, endeavoring, manufacturing, distribution or trafficking of a precursor or methamphetamines under the provisions of Section 2-322, 2-332, 2-401, 2-402, 2-408 or 2-415 of Title 63, or any crime including, but not limited to, crimes involving the possession, distribution, manufacturing or trafficking of methamphetamines or illegal amounts of or uses of pseudoephedrine in any federal court, Indian tribal court, or any court of another state? YES _____ NO _____ (if yes, provide offender with Attachment D)

EMPLOYMENT

Do you know where you will be working or have any job leads, ideas, and/or offers? YES _____ NO _____

Who will you work for? (name / phone number) _____

Where? (Address, City, State, etc.) _____

What type of work will you do? _____

PROGRAMS

Did you complete any treatment programs while incarcerated? YES _____ NO _____

Were you given a referral for aftercare? YES _____ NO _____

Who is your contact with the aftercare? Name _____ Address _____

Phone Number _____

Do you know how to prevent relapse? YES _____ NO _____

CHILDREN

Do you have any children? YES _____ NO _____ How many? _____ Ages? _____

When was the last time you had contact with your children? _____

How many of your children will be living with you when you are released, if any? _____

Will you be living with your child/children's other parent when you are released YES _____ NO _____

How do you get along with your child/children's other parent(s)? _____

OTHER SERVICES

Are you a veteran? YES _____ NO _____

What type of discharge did you receive? _____

Are you an American Indian/Alaskan Native? YES _____ NO _____

What tribe/nation do you belong to? _____

Are you actively involved in an organization or religious group? YES _____ NO _____

Name of group/organization _____

Would you consider receiving assistance from a faith based organization? YES _____ NO _____

Both the offender and case manager reviewed this Pre-Release Checklist.

Offender Signature

Case Manager Signature

Date: _____

Unit Manager Signature

Date information entered in offender's Adjustment Review: _____

Distribution: File (Section 4)

(R 4/14)