

RELEASE CHECKOUT SHEET

Facility _____ Portfolio Provided _____

Offender Name _____ DOC # _____ Release Date _____

1. HEALTH SERVICES

- ____ Medical Screening/Arrangements for follow up care
- ____ Mental Health Screening/Arrangements for follow up care
- ____ 2 Weeks Supply of Medication provided
- ____ DNA Testing Required ____ Yes ____ No Date Completed _____
- ____ Release of Confidential Information (DOC 140108A) completed and signed by the offender
(ensure the offender receives a copy)

Signature of Medical Staff _____ Date _____

2. LAUNDRY

- ____ Return of State Issued Property
- ____ Discharge Clothing Issued

Signature of Laundry Staff _____ Date _____

3. PROPERTY ROOM

- ____ Return of Personal Property
- ____ Inventory of Property to ensure that no state property leaves the facility

Signature of Property Staff _____ Date _____

4. ADMINISTRATIVE

- ____ Arrangements for completion of any pending actions, grievances, claims for damages or lost possessions

Signature of Administrative Officer or Designee _____ Date _____

5. EDUCATION

- ____ Library Books Returned
- ____ School Books Returned
- ____ Life Skills Information (copies provided), if applicable

Signature of Education Staff _____ Date _____

6. BUSINESS OFFICE

- ____ Trust Fund Check
- ____ Bus Ticket, if applicable

Signature of Business Office Staff _____ Date _____

7. UNIT MANAGER

- Unit staff will ensure the return of any unit property.
- Copy of the "Pre-Release Plan" (the unit manager will ensure that the offender signs and dates the pre-release plan, indicating receipt).
- Verification of Transportation Arrangements
- Provide Copies of any program completion certificates (e.g., GED, CareerTech, Substance Abuse), if applicable
- Voter Registration Information

Signature of Unit Manager or designee _____ Date _____

8. CENTRAL CONTROL/SHIFT SUPERVISOR ON DUTY

- Verification of Identity
- Verification of Release Documents

Signature of Shift Supervisor on Duty _____ Date _____

9. POST OFFICE

- Verification of Forwarding Address

10. RELIGIOUS PROGRAMS BUILDING

- Religious Library Materials Returned
- Religious Programs Materials Returned

Signature of Chaplain _____ Date _____

11. RECORDS DEPARTMENT

- Verification of Identity
- Verification, Signatures and Copies of Release Documents
- Notification of Probation/Parole District, if applicable (to include faxing of release paperwork and "Pre-Release Plan")
- Notification of Reporting Instructions
- Notification of Court Obligations
- Notification to Register (Sex or Violent or Methamphetamine Offender)
- Release of Information completed and signed by the offender (ensure the offender receives a copy)
- Provide Identification Documents located in the legal file (Initial all provided to offender):
 - driver's license birth certificate state identification card social security card notarized copy of CRC Other: _____

My signature indicates that I have received the above indicated identification documents.

Signature of Offender _____ Date _____

Signature of Records Office Staff _____ Date _____

DO NOT PURGE THIS DOCUMENT

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