

Case Review for Non-Module Placement Supervision

Offender:		DOC#:	
Case #/Offense:			
Date Released to Probation/Parole:		Discharge Date:	
Supervising Officer:	Date of Review:	Projected Closure Date:	
Type of Supervision:	Deferred <input type="checkbox"/>	Suspended <input type="checkbox"/>	Parole <input type="checkbox"/>
LSI-R Initial _____	Protective Factor Initial _____		
Justification for Continued Supervision with No Module Placement			
1. Describe the specific criminogenic factors (behaviors, attitudes, situations or other circumstances) that would justify continued supervision of this offender:			
2. Explain why these criminogenic need areas justify continued supervision of this offender:			
3. Detail the goals of continued supervision and the requirements necessary to complete such goals:			
4. Action Steps for Offender to Complete prior to consideration for closure or administrative transfer:			
Offender Signature/Date: _____			

5. Action steps for Officer to complete prior to consideration for closure or administrative transfer:

Officer Signature/Date: _____

APPROVAL: Continued supervision requires approval by Team Supervisor with concurrence by Assistant District Supervisor.

Team Supervisor:

Continue Supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:	
Signature:				
Comments:				

Assistant District Supervisor:

Continue Supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date:	
Signature:				
Comments:				

Supervision period extended to: _____ **(month/year)** *(not to exceed an additional six months, unless the offender has been ordered to programs for violent offenders (anger management, domestic violence, etc.), then supervision will continue until the offender has completed the program or is otherwise satisfactorily discharged from the program.*