

Probation and Parole Termination Summary

Offender Name _____ DOC # _____ DOB _____ Race/Gender _____
 Case Type _____ Date Placed on Supervision _____ Date of Termination _____
 Date of Discharge _____ Supervising Officer _____ Badge # _____ District _____

Circle the appropriate answer:

Type of Termination:

1. Expiration of Sentence
2. Court ordered discharge
3. Closed-Interstate Compact _____
4. Revocation _____ County/State _____
5. Acceleration to suspended
6. Acceleration to incarceration
7. Reclass to higher security (incarcerated offender only)
8. Advanced termination
9. Statutory termination
10. Death
11. Incarcerated Not Revoked/Accelerated
12. Intermediate Revocation Facility

Monthly Income:

- | | |
|------------------|-------------------|
| 1. None | 5. \$600-\$700 |
| 2. \$1-\$199 | 6. \$800-\$999 |
| 3. \$200-\$399 | 7. \$1000 or more |
| 4. \$400 - \$599 | |

Education

- | | |
|------------------------------|-----------------------|
| 1. None | 6. Some graduate work |
| 2. 01-12 (enter grade) _____ | 7. Graduate degree |
| 3. High school graduate | |
| 4. Some college | |
| 5. College graduate | |

Circle any of the following Events that occurred during supervision:

1. No rule violations or new offenses
2. Offender absconded, but was reinstated
3. Two or less rule violations
4. Three or more rule violations
5. Arrested but not charged
6. New conviction, continued on supervision
7. New conviction, given incarceration

Payments Received During Supervision

- | | Yes | No |
|-----------------------------|-----|-----|
| 1. Disability/worker's comp | () | () |
| 2. Social Security | () | () |
| 3. Veterans benefits | () | () |
| 4. Unemployment | () | () |
| 5. Public assistance | () | () |

Reason for acceleration/revocation:

1. None
2. Conviction for new offense
3. Revocation substituted for new conviction
4. Charged with new offense, not yet convicted
5. Absconded
6. Other rule violations

Alcohol/Drug Use and Treatment

1. No interference with functioning
2. Some abuse, did not seek treatment
3. Some abuse, attended but did not complete treatment
4. Some abuse, actively involved or completed treatment
5. Severe abuse, did not seek treatment
6. Severe abuse, attended but did not complete treatment
7. Severe abuse, actively involved in or completed treatment

Number of UAs _____ Number of positive UAs _____

Court Ordered Restitution

- | | |
|-----------------|---------------------------|
| 1. Paid in full | 3. Not ordered |
| 2. Delinquent | 4. Current at termination |

Number of Prior Convictions

1. None
2. 1-3
3. 4-7
4. 8+

Supervision Fees

- | | |
|-----------------|---------------------------|
| 1. Paid in full | 3. Waived |
| 2. Delinquent | 4. Current at termination |

Number of Prior Incarcerations

1. None
2. One
3. Two or more

Significant Others

- | | |
|---------------------------------------|--------------|
| 1. Single | 5. Separated |
| 2. Married | 6. Divorced |
| 3. Common-law, co-habitation | 7. Widowed |
| 4. Significant other, no cohabitation | |

Number of Prior Probation Sentences

1. None
2. One
3. Two or more

Employment during supervision:

- | | |
|-------------------------------|----------------------|
| 1. Unemployed and not seeking | 5. Part-time |
| 2. Unemployed and seeking | 6. Student |
| 3. Full-time (30 + hours) | 7. Homemaker |
| 4. Full-time (seasonal) | 8. Retired/ Disabled |

Summarize and sign on reverse side

Briefly summarize offender’s progress during supervision:

Officer _____ **Date** _____

Team Supervisor _____ **Date** _____

Termination summary instructions:

This form is to be completed at the end of supervision from any case type.

Case Type: Enter one of the following:

- | | | | |
|------------------|-------------------|-------------|------------|
| Suspended | Parole | PPCS | EMP |
| Deferred | Interstate | GPS | |

Date placed on supervision: Enter the date that supervision began.

Date of termination: Enter the date that supervision ended.

Date of discharge: Enter the date that the case is/was scheduled to end. N/A for incarcerated offenders.

Type of termination: Circle only one response.

Events that occurred during supervision: Circle all that apply.

Reason for acceleration/revocation: Circle only the most appropriate response.

For all other categories: Circle the most appropriate response.

Briefly summarize offender’s progress during supervision: This is a summary of the offender’s entire period of supervision.

Officer and team supervisor signature: The date will be the date the form is complete.