Attachment A
OP-160202

CASE FILE REVIEW

OFFENDER NAME: _____ **DOC #** _____

OFFICER: _____ **DISTRICT:** _____ **DATE:** _____ **REVIEWER:** _____

CASE TYPE:

☐ Parole	☐ DUI/Drug Court/Mental Health	☐ Interstate In
☐ Suspended	☐ Delayed Sentencing	☐ Community Sentencing
☐ Deferred	☐ Global Positioning System (GPS)	☐ Electronic Monitoring Program (EMP)

COURT STIPULATIONS/PAROLE BOARD REQUIREMENTS

What stipulations are required (court order/parole certificate)?					
	Drug/Alcohol Treatment		Sex Offender Treatment		Financial Obligation
	CSSP		Counseling		None
	Education		Employment		Other:

TRANSITION PLAN

1. Transition plan present and appropriately developed?		Yes		No		N/A
2. Is the Orientation to Supervision completed in entirety?		Yes		No		N/A

PROGRAM PARTICIPATION (applies to both file documents and transition plan)

3. Have referrals been made to treatment/services based on the transition plan?		Yes		No		N/A
4. Has treatment compliance been collaterally verified?		Yes		No		N/A
5. Has treatment compliance been adequately discussed with offender?		Yes		No		N/A

CLASSIFICATION/CONTACTS/ADVANCE TERM/STATUTORY/MANDATORY REVIEWS

6 Is LSI present and accurate?		Yes		No		N/A
7. Have the DOC approved sex offender assessment tools been complete as required?		Yes		No		N/A
8. Offender contacts completed as required/needed?		Yes		No		N/A
9. Has the officer responded appropriately to missed appointments?		Yes		No		N/A
10. Residence verified as required?		Yes		No		N/A
11. Supervision reviewed for termination eligibility?		Yes		No		N/A

EMPLOYMENT

12. Is the offender appropriately employed?		Yes		No		
13. Have appropriate referrals been made?		Yes		No		

FINANCIAL OBLIGATIONS

14. Are financial obligations current or are delinquencies being addressed?		Yes		No		N/A

URINALYSIS

15. Have UAs been conducted per policy?		Yes		No		N/A

CASE REPORTS/CASE NOTE COMPLIANCE

16. Are required case reports present per policy?		Yes		No		N/A
17. Have sanctions and rewards been utilized as needed?		Yes		No		N/A
18. Are case notes compliant with policy?		Yes		No		

DNA TESTING/SEX OFFENDER/VIOLENT OFFENDER REGISTRATION

19. If required, is DNA testing complete?		Yes		No		N/A
20. If required, has sex offender/violent offender registration been completed?		Yes		No		N/A

REVIEWER COMMENTS:

OFFICER COMMENTS:

Correction Due Date: **Date Corrected:**

Team Supervisor	Date	Probation/Parole Officer	Date
Probation/Parole Officer	Date	Team Supervisor	Date