

WARRANT REVIEW CHECKLIST

NAME: _____

DOC: _____ DOB: _____ SSN: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

OFFENSE: _____

CASE # _____ COUNTY OF CONVICTION: _____

SENTENCING DATE: _____ DISCHARGE DATE: _____

SENTENCE LENGTH: _____

LSI/ASSESSMENT SCORE: _____ LEVEL OF SUPERVISION: _____

RULE VIOLATIONS: _____

NEW CHARGE: _____

OFFICER: _____ DISTRICT: _____

___ 1. PAROLE CERTIFICATE/DATE OF PAROLE _____

___ 2. CONSOLIDATED RECORD CARD

___ 3. VIOLATION/SUPPLEMENTAL REPORT

___ 4. COURT DOCUMENTS IF NEW CHARGES (Information Sheet and J&S)

___ 5. SUPPORTING DOCUMENTS (UA results, Sanction forms, etc.)

___ 6. PAST YEAR OF CHRONOLOGICAL RECORDS

___ 7. MOST RECENT ASSESSMENT/REASSESSMENT

NCIC YES ___ NO ___

IF ABSCONDER, INCLUDE:

___ 8. WANTED-CANCELLATION NOTICE

___ 9. ABSTRACT

___ 10. PHYSICAL IDENTIFICATION FORM

___ 11. PAROLE ABSCONDER CHECKLIST

COMMENTS: