

ADJUSTMENT REVIEW
New Arrival/Adjustment Review/Earned Credit Level

Inmate Information

Facility _____ Facility Arrival Date _____ Reception Date _____
(4-ACRS-5A-03)
Inmate Name _____ Inmate ODOC# _____ Gender _____ Date of Birth _____
Date of Assessment _____ Housing Restrictions Yes _____ No _____ Identification Yes _____ No _____
Name of Emergency Contact _____ Relationship _____ Phone Number _____
(5-ACI-6C-02, 4-ACRS-4C-21)
Address _____ Will inmate reside at this address after re-entry? Yes _____ No _____

Sentence Information

Restricted Yes _____ No _____ 57 O.S. 1991 Sec 521 eligible _____
PPWP eligibility Yes _____ No _____ Days Remaining _____
Escape History _____ Escape Points _____
Assessed Security _____ Security Points _____ Assigned Security _____ Mandatory Override? Yes _____ No _____
Misconduct History _____ Active Misconduct Points _____ Date of last Misconduct _____
Parole Date _____ Parole Stipulations _____
Parole Conditions _____

Current Patterns of Behavior

Performance Rating = Poor, Good, Excellent, Outstanding

Staff _____ Program Participation _____ Job _____
Other Inmates _____ Personal Hygiene _____ Living Area _____

Program/Job Evaluations

Month/Year	Rating	Assignment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Case Plan (5-ACI-5B-07, 4-ACRS-5A-05)

Initial

Needs	Plan of Action	Projected Enrollment	Restrictions/Comments
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Updated Plan

Needs	Plan of Action	Projected Enrollment	Completion/Comments
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Facility Head/Administrator or designee approval _____

Pre-Release Plan

Residence	Program Referral	Financial Obligations/Employment
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Earned Credit Level	Effective Date	Promotion	Demotion	No Change	Enhanced
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Level Eligible

Prepared By _____ (4-ACRS-5A-04)	Date _____
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Chairperson _____	Date _____
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Member _____	Date _____
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Date of Next Review _____ (5-ACI-5B-06)	Comments _____
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Inmate Signature _____ (4-ACRS-5A-04)	Date _____
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Instructions for Adjustment Review

Inmate Information:

Facility- Name of facility where review is completed

Facility Arrival Date- Date inmate arrived at current facility (4-ACRS-5A-03)

LARC Arrival Date- Date inmate was received at LARC

Inmate Name- Name of inmate being reviewed

Gender- Gender of inmate being reviewed

Date of Birth- Date of birth of inmate being reviewed

Date of Assessment- Date assessment was completed

Housing Restrictions- Random Eligibility

Identification- If inmate has ID in file-two forms

Name of Emergency Contact- Name of person inmate wants to notify in case of an emergency (5-ACI-6C-02, 4-ACRS-4C-21)

Relationship- Relationship of emergency contact to inmate

Phone Number- Emergency contact phone number

Address- Address of emergency contact

Sentence Information:

85%-Note if the inmate is required to serve 85% of his/her sentence or 75%

PPWP Eligibility- Note if the inmate is eligible

57 O.S. 1991 Sec 521- Note if the inmate is required under this law to move to lower security prior to discharge

Days Remaining- Total number of days remaining to include consecutive cases

Escape History- List any escapes to include the level of security from which the escape occurred that currently affect classification

Escape Points- List escape points that are active

Assessed Security- Security level inmate assessed

Mandatory Override- If inmate was a mandatory override

Security Points- Total number of security points to include misconduct points

Assigned Security- Security level inmate is assigned to

Misconduct History- List any misconduct that currently affects classification

Active Misconduct Points- Number of points assessed for an active misconduct

Date of Last Misconduct- Date inmate received last misconduct

Parole Date- Date of Parole Hearing

Parole Stipulations- Any stipulation imposed by the parole board that must be completed before being released on parole

Parole Conditions- Any conditions imposed by the parole board that must be completed while on parole

Current Patterns of Behavior:

Staff- Relationship with staff

Program Participation- Participation in assigned programs

Job- Performance on job

Other Inmates- How well inmate gets along with other inmates

Personal Hygiene- How well inmate maintains personal hygiene

Living Area- How well inmate maintains his personal living area

Program Job Evaluation- Month/year of evaluation, rating of evaluation, assignment for which inmate received evaluation for

Case Plan: (5-ACI-5B-07; 4-ACRS-5A-05)

Initial-The case plan devised at A & R. For information purposes only

Update- If the plan requires a change in needs, it can be done in accordance with procedures. Completions of programs will be indicated here upon entry into the OMS case plan.

Re-entry- Based on the individual inmate, the re-entry section will be completed to address immediate basic needs upon release, aftercare referrals and/or primary treatment referral

Earned Credit Level:

Earned Credit Level- Assigned or recommended

Effective Date- Date earned credit level was or will become effective

Type of Action- Demoted, promoted, no change, enhanced, etc.

Prepared By- Signature of person that prepared review (4-ACRS-5A-04)

Chairperson- Signature of chairperson for review

Member- Signature of member of review committee

Date of Next Review- Date next review is scheduled (5-ACI-5B-06)

Comments- Any additional information needed to be noted for the case manager or the inmate

Inmate Signature- Signature of inmate being reviewed (4-ACRS-5A-04)

Pre-Release Plan:

Residence-The inmates proposed residence or referral for housing

Financial Obligations/Employment- Determine the financial obligations of the inmate and the means in which inmate will pay. This includes listing proposed employment, referral for assistance to locate employment, other legitimate means of support the inmate has or referrals/applications inmate is given to receive assistance.

Program Referral- The name and address of any treatment or aftercare agencies the inmate will need

Distribution:

Inmates releasing to supervision will have the pre-release plan faxed to the appropriate Probation and Parole Region.