

RESTORATION OF EARNED CREDIT CHECKLIST

Inmate Name: _____ ODOC#: _____ Facility: _____			
1.	Days remaining as of end of previous month.		
2.	Number of lost earned credits on current sentence.		
3.	If lost credits are restored will inmate rebill or discharge?	Yes	No
4.	Is inmate scheduled for parole board review within 30 days or pending parole? If yes, parole board must be contacted if restoration is approved.	Yes	No
5.	Is inmate awaiting a judicial review or serving balance suspended upon completion of a program?	Yes	No
6.	Is inmate currently incarcerated for any sex or violent offense(s) or any offense involving a child? If yes, no further review is required at this time.	Yes	No
7.	Does inmate have any pending misconducts? If yes, provide class, code and date of offense: Class: _____ Code: _____ Date of Offense: _____ Class: _____ Code: _____ Date of Offense: _____	Yes	No
8.	Does the inmate have any warrants/detainers?	Yes	No
	If yes, is the warrant/detainer a result of a law violation committed while in ODOC custody? If the warrant/detainer IS a result of a law violation committed while in ODOC custody no further review is required at this time. If the warrant/detainer IS NOT a result of a law violation committed while in ODOC custody provide charge and jurisdiction and continue this review. Case: _____ Jurisdiction: _____ Charge: _____ Case: _____ Jurisdiction: _____ Charge: _____ Case: _____ Jurisdiction: _____ Charge: _____	Yes	No
9.	Is the inmate assigned to Mental Health Level C or D and requires additional reentry planning prior to release?	Yes	No
10.	Does the inmate have a serious medical condition that requires additional reentry planning prior to release?	Yes	No
11.	Has the inmate been convicted of any sex offenses requiring registration?	Yes	No

12.	Has the inmate been convicted of any violent offenses requiring registration?	Yes	No
13.	Does the inmate have any supervision post incarceration?	Yes	No
14.	Does the inmate have ANY active misconducts? Class X-1 through X-10 – two years; All other Class X – one year; Class A – one year or Class B – six months If yes, provide class, code and date of offense: Class: _____ Code: _____ Date of Offense: _____ Class: _____ Code: _____ Date of Offense: _____ Class: _____ Code: _____ Date of Offense: _____ Class: _____ Code: _____ Date of Offense: _____ If yes, no further review is required at this time.	Yes	No
15.	Has inmate been denied restoration within the last 180 days? If yes, enter date denied _____. No further review is required at this time.	Yes	No
Case Manager Signature: _____ Date: _____			
Facility Head Recommends Restoration (To be initialed by facility head) Yes _____ No _____ If yes, number of credits to be restored: _____ Facility Head/ Comments: _____ _____ _____ Date Released/or rebilled if applicable: _____ or projected date for release if pending completion of registration and/or reentry planning for medical/mental health issues: _____			
Facility Head/ Deputy Chief of Operations Signature: _____ Date: _____			