

## PRE-RELEASE PLAN

Current facility: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

**Projected Release Date:** \_\_\_\_\_

***Please note that this pre-release plan is to be completed by a correctional case manager, with the assistance of the inmate, health services personnel, and reentry staff.***

### IDENTIFICATION

Valid Photo ID? ☐ yes ☐ no Social Security card? ☐ yes ☐ no

Birth Certificate? ☐ yes ☐ no State ID/Driver's license? ☐ yes ☐ no

CDIB Card? ☐ yes ☐ no If yes, tribe affiliation: \_\_\_\_\_

Other ID? ☐ yes ☐ no If yes, other form of ID: \_\_\_\_\_

If no Birth Certificate, in what **state or country** were you born? \_\_\_\_\_

### RESIDENCE

Do you need assistance in obtaining housing? ☐ **YES** ☐ **NO**

Referral: \_\_\_\_\_ Date Provided: \_\_\_\_\_

Referral: \_\_\_\_\_ Date Provided: \_\_\_\_\_

### **Proposed Residence**

How long may you stay there? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Verified by: \_\_\_\_\_

Who also lives there?	Name	Staff Signature	Relationship	Date
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Who is your emergency contact?

Contact Name	Phone	Relationship
--------------	-------	--------------

If the forwarding address is out of state and there are supervision requirements, has the Interstate compact process been initiated? ☐ yes ☐ no

If yes, have reporting instructions been received? ☐ yes ☐ no ICOT # \_\_\_\_\_

If no, refer to OP-160108 "Interstate Compact for Probation/Parole."

Do you have clothes available for when you are released? ☐ yes ☐ no  
If no, indicate sizes needed: Shirt: \_\_\_\_\_ Pants: \_\_\_\_\_ Shoes: \_\_\_\_\_ Coat: \_\_\_\_\_

The case manager will ensure that you receive seasonal clothing when released. Clothing may be provided by a family member, a donation to the facility or through a local vendor.

Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Attachment A

OP-060901

Page 2 of 6

### **TRANSPORTATION**

Will a family member or friend pick you up when you are released? ☐ yes ☐ no

If yes: \_\_\_\_\_ Verified by: \_\_\_\_\_  
Name Relationship Staff Signature Date

If no, do you need a bus ticket? ☐ yes ☐ no

Who will pick you up at your destination? \_\_\_\_\_  
Name Relationship

### **FINANCES**

What debt will you have when released?

Child support	\$ _____	Restitution	\$ _____
Loans	\$ _____	Court costs/fines	\$ _____
Back Mortgage Payments	\$ _____	Civil Judgments	\$ _____
Utility bills	\$ _____	Tickets	\$ _____
		TOTAL:	\$ _____

County or counties for court costs/fines: \_\_\_\_\_  
Verified by: \_\_\_\_\_  
Staff Signature Date

What financial assets do you have? (*Own a home, savings, automobile, etc.*)

\_\_\_\_\_

### **SOCIAL SUPPORT**

How do you plan to structure your time when released from the institution? (*Establishing residence, searching for work, reuniting with family, non-criminal recreation, etc.*) \_\_\_\_\_

\_\_\_\_\_

Who will support you to lead a positive, law-abiding lifestyle when you release from the institution? May include community agencies, organizations, groups, volunteers met while incarcerated, religious groups, Career Tech or other educational resources, etc. \_\_\_\_\_

\_\_\_\_\_

### **LEGAL ISSUES**

Do you have any misdemeanor and/or felony warrants? ☐ yes ☐ no

If yes, list county and case number:

_____	_____	_____
County	Case Number	Court Clerk Phone #

_____	_____	_____
County	Case Number	Court Clerk Phone #

_____	_____	_____
County	Case Number	Court Clerk Phone #

### **SEX AND VIOLENT CRIME OFFENDER AND METHAMPHETAMINE INMATE REGISTRIES**

(R 11/22)

Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Attachment A  
OP-060901  
Page 3 of 6

### Sex Offender Registration Information

Were you convicted of an offense covered by the Sex Offender Registration Act? ☐ yes ☐ no  
If yes, verify that "Sex Offender Registration Act and Notice of Duty to Register" form" (DOC 020307B) has been completed and submitted to the Sex and Violent Offender Registration unit. Date verified: \_\_\_\_\_

### Violent Offender Information

Have you ever been convicted of a violent offense that is covered by the Violent Offender Registration Act?  
☐ yes ☐ no

If yes, verify that "Violent Crime Offender Registration Form" (DOC 020307C) has been completed and submitted to the Sex and Violent Offender Registration unit. Date verified: \_\_\_\_\_

If you are required to register, you are also required to report to the local law enforcement agency where you will be residing within three days of your release. Your initial registration will be due to the Sex and Violent Offender Registration Unit 14 days prior to your release.

Local law enforcement office for your proposed residence: \_\_\_\_\_

Address	City/State	Zip	Phone
---------	------------	-----	-------

### Methamphetamine Register Information

Pursuant to Title 63 O.S. 2-701, anyone subject to the Oklahoma Methamphetamine Offender Registry Act must register within 10 days of the date of final disposition of the case or within 10 days of release from the institution in which they are incarcerated.

Registrations MUST be submitted electronically. Go to [obn.ok.gov](http://obn.ok.gov) and under Registration and PMP you will click Meth Registration or you can go to <https://www.obnndd.ok.gov/registration-pmp/meth-registration>.

If you have any questions or concerns regarding this registration, contact Meth Registry with the OKLAHOMA BUREAU OF NARCOTICS AND DANGEROUS DRUGS at 800-522-8031 or (405) 530-3140.

If required to register: Case manager is to electronically submit and complete OP-060901 [Attachment D](#), entitled "Methamphetamine Offender Registration" (attach copy to this plan and place one copy in file).

### EMPLOYMENT

Completed practice job interview? ☐ yes ☐ no date: \_\_\_\_\_ verified by: \_\_\_\_\_

Copy of resume attached? ☐ yes ☐ no Vocational/Training Records attached? ☐ yes ☐ no

Do you know where you will work, have any job leads, ideas, and/or offers? ☐ yes ☐ no  
If yes, whom will you work for? \_\_\_\_\_

Name	Phone
------	-------

Address	City/State	Zip
---------	------------	-----

Are you currently on work release and working for the employer named above? ☐ yes ☐ no

If no, what type of work do you hope to do? \_\_\_\_\_

If no, the following employment resources were given on (date): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Attachment A

OP-060901

Page 4 of 6

### **PROGRAMS**

Did you complete any programs listed on your case plan while incarcerated? ☐ yes ☐ no

List programs completed:

Program	Date Completed
---------	----------------

_____	_____
_____	_____
_____	_____

Provide a referral for substance abuse treatment or aftercare if there was a case plan need for substance abuse treatment and/or if requested. Substance abuse treatment or aftercare referral:

Name	Phone
------	-------

Address	City/State	Zip
---------	------------	-----

### **FAMILY RELATIONSHIPS/OBLIGATIONS**

Do you have any children? ☐ yes ☐ no If yes, how many? \_\_\_\_\_ Ages? \_\_\_\_\_

When was the last time you had contact with your child/children? \_\_\_\_\_

How many of your children will be living with you when you are released, if any? \_\_\_\_\_

Will you be living with your child's/children's other parent when released? ☐ yes ☐ no

How do you get along with your child's/children's other parent(s)? \_\_\_\_\_

### **OTHER SERVICES**

Are you a veteran? ☐ yes ☐ no If yes, what type of discharge did you receive? \_\_\_\_\_

Do you have your DD-214? ☐ yes ☐ no Date address was provided to obtain DD-214 \_\_\_\_\_

Referral information for veterans' organizations/services:

Name	Phone	Date Provided
------	-------	---------------

Address	City/State	Zip
---------	------------	-----

Name	Phone	Date Provided
------	-------	---------------

Address	City/State	Zip
---------	------------	-----

Are you an American Indian/Alaskan Native? ☐ yes ☐ no If yes, what tribe/nation \_\_\_\_\_

What organizations or religious groups are you involved in? \_\_\_\_\_

### **HEALTH SERVICES NEEDS**

#### **Medical Needs**

Do you require continuing medical care after leaving the institution? (If you are in one or more chronic clinics, or utilizes an assistive device, the answer must be 'Yes') ☐ yes ☐ no

(R 11/22)

Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Attachment A

OP-060901

Page 5 of 6

Will you need a supply of medication when you leave the institution? *(If you are taking any prescription medications for medical reasons, the answer must be 'Yes')* ☐ yes ☐ no

If yes, the assigned case manager will need to inform medical of the pending discharge at least 30 days in advance to ensure you have the medication when you are released.

Date Correctional Health Services Administrator was notified of projected release date: \_\_\_\_\_

Do you need a medical referral? ☐ yes ☐ no  
*(If the answer to either of the two questions above is 'Yes' then this must also be 'Yes')*

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City/State Zip

\_\_\_\_\_  
Name and Title of medical staff confirming information for case manager. Date

Eligible for Support Act (18-26 year old and ward of state on your 18<sup>th</sup> birthday)? ☐ yes ☐ no

Have you enrolled in Medicaid 30 days prior to projected discharge? ☐ yes ☐ no

Were you determined to be eligible for Medicaid? ☐ yes ☐ no

### **Mental Health Needs**

Do you need a mental health referral? *(If you are MH level A or higher, or on mental health medications, the answer must be 'Yes')* ☐ yes ☐ no

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address City/State Zip

Date you completed, signed, and received copies of the "Authorization for Release of Protected Health Information" ([DOC 140108A](#)):

\_\_\_\_\_  
Name and Title of mental health staff confirming information for case manager. Date

### **POST RELEASE SUPERVISION REQUIREMENTS**

Releasing to (check all that apply):

- ☐ Street with no supervision requirement
- ☐ **Supervised** ODOC probation – Reporting Office: \_\_\_\_\_
- ☐ Post-Imprisonment Supervision
- ☐ **Unsupervised** probation
- ☐ Another Oklahoma jurisdiction – Identify jurisdiction: \_\_\_\_\_
- ☐ Another state's jurisdiction – Identify state: \_\_\_\_\_

(R 11/22)

Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Attachment A  
OP-060901  
Page 6 of 6

☐ Another supervising agency (District Attorney, Private) – Identify: \_\_\_\_\_

**This form is to be forwarded to the appropriate probation and parole region only if the inmate will be supervised by ODOC Probation and Parole *and* a home offer is required, as per OP-060205 entitled “Parole Process Procedures” and/or OP-061001 entitled “Global Position Satellite Surveillance Program.”**

### PROBATION AND PAROLE

Pre-Release Plan e-mailed to Probation and Parole's \_\_\_\_\_ Regional Office

\_\_\_\_\_  
*Name and Title of staff emailing prerelease plan to Probation and Parole Regional Office* *Date*

Is home visit required for the home offer/residence (CSP, GPS, EMP, and Parole only)? ☐ yes ☐ no

Home visit was conducted on \_\_\_\_\_ Home Offer/Residence: ☐ Valid ☐ Invalid

\_\_\_\_\_  
*Approval signature by Probation Officer* *Date*

\_\_\_\_\_  
*Approval signature by Team Supervisor* *Date*

If Invalid, Reason Home Offer Invalid: \_\_\_\_\_

\_\_\_\_\_  
*Confirmation signature by Probation Officer* *Date*

\_\_\_\_\_  
*Confirmation signature by Team Supervisor* *Date*

Pre-Release Plan returned to sender by: \_\_\_\_\_  
*Probation and Parole Staff* *Date*

\*\*\*\*\*

Signatures below verify that this Pre-Release Plan has been reviewed and is complete:

\_\_\_\_\_  
*Inmate's Signature* *Date*

\_\_\_\_\_  
*Assigned Case Manager Signature* *Date*

\_\_\_\_\_  
*Unit Manager's Signature* *Date*

\_\_\_\_\_  
*Warden or Facility Designee's Signature* *Date*

Completed information entered into OMS \_\_\_\_\_  
*Staff/Title* *Date*

Distribution: File (Section 4)

(R 11/22)