

Work Release/Halfway House Exception Packet Checklist

Facility: _____

Inmate Name: _____ ODOC #: _____

CRC (current to packet submission date, front and back) scanned into ICON _____

Prior CRC (front only) scanned into ICON _____

Rap Sheet(s) (to include NCIC and OSBI) scanned into ICON _____

JOLTS (Juvenile Record) scanned into ICON _____

Current Inmate Synopsis (available in ICON) _____

Custody Assessment (current custody classification in ICON) _____

Inmate Case Notes (during the time at your facility) _____

Please attach this form and all of the above information to each exception request.

Signature: _____

Date: _____

Administrator: _____

Date: _____