

STATUTORY TERMINATION REVIEW FOR CONTINUED SUPERVISION ON SUSPENDED/PAROLE CASES

Offender Name:ODOC #:

Case #/Offense:

Date Released to Probation/Parole:Discharge Date:

Supervising Officer:Date of Review:

Type of Supervision: ☐ Suspended ☐ Parole

LSI-R Initial:Protective Factor Initial:

LSI-R Exit:Protective Factor Exit:

Programmatic Module Assignments	Completion Date	Projected Completion Date
Employment		
Education		
Substance Abuse		
Cognitive - Mental Health		
Cognitive - Behavioral		
Cognitive - Anger Management		

1. Salient Factors Identified:
2. Barriers Identified:
3. Action Steps for Offender to Complete Transition Plan:

4. Action Steps for Officer to Assist Offender with Completion of Transition Plan:

OFFICER

5. Next Statutory Termination Review Date:

SUPERVISING OFFICER

Team Supervisor

Continue Supervision: ☐ Yes ☐ No

TEAM SUPERVISOR

Assistant Regional Supervisor

Continue Supervision: ☐ Yes ☐ No

ASSISTANT REGIONAL SUPERVISOR

Comments:

Supervision period extended to