

INITIAL CASE AUDIT

Officer	_____	Team Supervisor	_____
Offender	_____	ODOC #	_____
Case Type	_____	Discharge Date	_____
Case #/Charge	_____		

Date Assigned	_____	60 th Day Due Date	_____	
1.	Legal Documents authorizing supervision scanned into ICON	_____	N/A	_____
2.	Rules and Conditions scanned into ICON	_____	N/A	_____
3.	Offender Photograph(s) in ICON	_____	N/A	_____ Date Completed
4.	Verification of General Orientation completed and signed	_____	N/A	_____ Date Completed
5.	Offender Demographics and Personal Characteristics completed in the ICON workflow	_____	N/A	_____ Date Completed
6.	RAP Sheet received & reviewed	_____	N/A	_____
7.	LSI-R accurate and entered in EZAssess and imported into ICON	_____	N/A	_____ Date Completed
8.	ASUS entered into EZAssess and uploaded into ICON	_____	N/A	_____ Date Completed
9.	Case Management Plan- appropriately developed and signed in ICON	_____	N/A	_____ Date Completed
10.	Home Visit Completed	_____	N/A	_____ Date Completed
11.	DNA obtained/Updated in ICON	_____	N/A	_____ Date Completed
12.	Chemical/UA Testing Completed in 45 days, if applicable, and documented in ICON	_____	N/A	_____ Date Completed
13.	Offender Restitution and Fee Obligation form submitted	_____	N/A	_____
14.	Foreign-Born and Suspected Foreign-Born Report Submitted	_____	N/A	_____
15.	Release of Confidential Information forms signed	_____	N/A	_____
16.	Sex Offender Rules and Conditions received and scanned into ICON	_____	N/A	_____
17.	Notice of Duty to Register, scanned into ICON	_____	N/A	_____
18.	OP-160601 Attachment J entitled "Sexual Reoffending Behaviors"	_____	N/A	_____ Date Completed
19.	Sex Offender Autobiography scanned into ICON	_____	N/A	_____ Date Completed
20.	Offender Computer Use Agreement, completed and signed, if applicable	_____	N/A	_____
21.	Sex or Violent Offender Registration completed and documented	_____	N/A	_____ Date Completed
22.	Notification to Local Community Sentencing Administrator, scanned into ICON	_____	N/A	_____

Date of Initial Review	_____	Corrections Due	_____	Team Supervisor	_____
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Comments: _____

Date of Final Review	_____	Completed by Probation and Parole Officer	_____
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