

SUPERVISION REVIEW

OFFENDER NAME: _____ ODOC # _____

OFFICER: _____ REGION: _____ DATE: _____ REVIEWER: _____

CASE TYPE:

<input type="checkbox"/>	Parole	<input type="checkbox"/>	DUI/Drug Court/Mental Health	<input type="checkbox"/>	Interstate In
<input type="checkbox"/>	Suspended	<input type="checkbox"/>	Delayed Sentencing	<input type="checkbox"/>	Community Sentencing
<input type="checkbox"/>	Deferred	<input type="checkbox"/>	Global Positioning System (GPS)	<input type="checkbox"/>	Electronic Monitoring Program (EMP)
<input type="checkbox"/>	Post Imprisonment	<input type="checkbox"/>		<input type="checkbox"/>	

COURT STIPULATIONS/PAROLE BOARD REQUIREMENTS

What stipulations are required (court order/parole certificate)?					
<input type="checkbox"/>	Drug/Alcohol Treatment	<input type="checkbox"/>	Sex Offender Treatment	<input type="checkbox"/>	Financial Obligation
<input type="checkbox"/>	CSSP	<input type="checkbox"/>	Counseling	<input type="checkbox"/>	None
<input type="checkbox"/>	Education	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Other:

PROGRAM PARTICIPATION (applies to both court documents and transition plan)

1. Have referrals been made to treatment/services based on the case management plan/court order?		Yes		No		N/A
Comments:						
2. Has treatment compliance been collaterally verified and discussed with offender?		Yes		No		N/A
Comments:						

CLASSIFICATION/CONTACTS/ADVANCE TERM/STATUTORY/MANDATORY REVIEWS

3. Is LSI and Case Management Plan updated as necessary?		Yes		No		N/A
Comments:						
4. Offender contacts completed as required/needed? If the offender failed to report, has the officer responded appropriately to missed appointments and/or made all locator attempts in a timely manner, as required by policy?		Yes		No		N/A
Comments:						
		Yes		No		N/A
5. Residence verified as required? This includes the initial home visit, a change of address and residential verifications required every 90 days.		Yes		No		N/A
Comments:						
6. Supervision reviewed for termination eligibility?		Yes		No		N/A
Comments:						

EMPLOYMENT

7. Is the offender appropriately employed and has the employment been verified or have appropriate referrals been made?		Yes		No		
Comments:						

FINANCIAL OBLIGATIONS

8. Are financial obligations current or are delinquencies being addressed?		Yes		No		N/A
Comments:						

URINALYSIS

9. Have UAs been conducted per policy and as appropriate based upon crime and behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

CASE REPORTS/COMPLIANCE/CASE NOTES

CASE REPORTS/COMPLIANCE/CASE NOTES						
10. Are required case reports present, per policy?		Yes		No		N/A
Comments:						

11. Have sanctions and rewards been utilized as needed?		Yes		No		N/A
Comments:						
12. Are supervision contacts thorough, timely and include everything that is required by policy?		Yes		No		N/A
Comments:						

SEX OFFENDER/VIOLENT OFFENDER REGISTRATION

13. If required, has sex offender/violent offender registration been updated?		Yes		No		N/A
Comments:						

PROVIDE A BRIEF SUMMARY OF THE OFFENDER'S SUPERVISION TO INCLUDE THE OFFICER'S STRENGTHS IN THE SUPERVISION OF THE CASE AS WELL AS ANY FEEDBACK FOR SUPERVISION OUTCOME IMPROVEMENT

OFFICER COMMENTS:

Correction Due Date:**Date Corrected:**

Team Supervisor	Date	Probation/Parole Officer	Date
Probation/Parole Officer	Date	Team Supervisor	Date

Instructions for Completion of the Case Review

The review period will cover a minimum of the previous six months of supervision, unless further review is required to answer the question. This does not prevent the supervisor from reviewing the entire case. If the case has changed officers during the review period, this will be noted on the review form. The comment section, after each question, will be used to support the score given. Any deficiencies solely from the prior officer will be marked as "N/A" on the review, as to not count against the current officer's score. However, the deficiencies will be noted in the comments and a copy of the review will be provided to the previous officer's supervisor.

Mark all requirements as indicated on the sentencing/paroling documents.

Question 1 Indicate if appropriate referrals have been made to address both identified needs and any stipulations ordered by the court/parole certificate.

Question 2 If the offender has been referred to treatment or other service programs indicate whether or not the offender's participation has been verified by collateral contacts with the treatment/service provider. If the offender is not in compliance with the program, has the officer discussed such with the offender? Treatment compliance includes participation in polygraph testing for sex offenders.

Question 3 The LSI-R and case management plan will be updated following measurable criminogenic change.

Question 4 Indicate if appropriate contacts with the offender are being initiated and completed. Contacts are to be made in accordance with OP-160103 entitled "Supervision of Community Offenders", OP-160601 entitled "Supervision of Sex Offenders", OP-

061001 entitled "Specialized Programs Case Management" or OP-061002 "Sanctions, Interventions and Incentives for Probation Officers."

If the offender failed to report for scheduled appointments or could not be located, indicate whether appropriate locator attempts were made. Locator attempts will be made in accordance with OP-160103 entitled "Supervision of Community Offenders."

Question 5 Indicate if the offender's residence has been verified as required in OP-160103 entitled "Supervision of Community Offenders" or that the officer has made sufficient and reasonable attempts to verify the residence with consideration given to the offender's schedule.

If the offender is being supervised as a sex offender, residential contacts will be made in accordance with OP-160601 entitled "Supervision of Sex Offenders."

If the offender has been released as an offender on the GPS/EMP program, residential contacts will be made in accordance with OP-061001 entitled "Specialized Programs Case Management" or OP-061002 "Sanctions, Interventions and Incentives for Probation Officers."

Question 6 Indicate whether or not the case has been considered for advanced termination/statutory termination/inactive supervision in accordance with OP-160201 entitled "Opening, Closing and Transferring Cases Under Supervision."

If the offender has not been placed into a module and has been on supervision in excess of six months, the non-module placement form will have been completed to elicit a "yes" response.

Question 7 Indicate whether or not the offender is appropriately employed. In order to elicit a "yes" response, the offender will be employed at least 30 hours a week and the employment will be verified. If the offender has been verified as disabled, retired, a full time student, in residential treatment, or is a homemaker (which is defined as confirmed means of support and no visible signs of financial distress in the household), mark "yes."

If the offender is unemployed, yet appropriate employment referrals have been made, mark "yes."

Question 8 Indicate if the offender's financial obligations are current. This included probation fees, restitution, court costs, and all other court ordered fees.

In order to elicit a "yes" response, the probation fees will be current within 90 days and restitution will be current within 60 days. The court costs will be paid, not yet due, or the offender will be current on a payment plan as established with the court clerk. The documentation of the status of the obligations will be present in the file.

If obligations are not current, but are being appropriately addressed, answer "yes."

Question 9 Indicate if a urinalysis test has been conducted as appropriate and as required by OP-160103 entitled "Supervision of Community Offenders." If the offender is in for a drug charge or has exhibited unusual behavior, a UA will have been completed to elicit a "yes" response.

- Question 10** Case Reports refers to Violation, Supplement, Special, Arrest and Progress and Conduct Reports. Reports will be present and timely and all relevant follow up reports will also be present to elicit a “yes” response.
- Question 11** Indicate if appropriate incentives have been utilized to reward or encourage participation with supervision goals. If violations have occurred, indicate whether or not appropriate sanctions have been imposed.
- Question 12** Indicate if case notes are detailed and timely, in accordance with OP-160103 entitled “Supervision of Community Offenders.”
- Question 13** If the offender is considered a sex/violent offender, indicate whether or not the offender’s registration is current.