ADMINISTRATIVE CASELOAD REVIEW FORM

Offende	er	ODOC#Date
Staff		Reviewer Region
Date re	eceived in	admin:
ABSCC	ONDER: A	udit for previous one year or from beginning of sentence.
Yes Yes	No No	1. Have RAPS been requested and warrants verified in the past 12 months? 3. Are supervision contacts up to date and complete?
INCAR of sente		O OFFENDERS/COUNTY JAIL PLACEMENT: Audit for previous six months or from beginning
Yes	No	1. Is a Notification of Release filed as required, reflecting the current release date, and advising the incarcerating facility to notify ODOC upon offender's release?
Yes	No	2. If the offender is to be released within 90 days, has the County Sheriff been notified to lodge a detainer? (if applicable)
Yes	No	3. If deported, has notification been sent to the District Attorney/Judge?
Yes	No	4. If deported, have RAPS been requested annually?
INTER	STATE O	JT: Audit for previous year or from beginning of sentence.
Yes	No	1. Has the Interstate Compact acceptance been received from the receiving state?
Yes	No	2. Has a "Progress and Conduct Report" been requested and received from the receiving state if necessary?
Yes	No	3. Is restitution and/or the PSI fee being paid per court documents? (. If not ordered, check yes.)
Yes	No	4. Are case reports present/timely/accurate as required and are follow-up reports present? (If not required, check yes.)
Yes	No	·
Yes	No	_6. Have all inquiries by the receiving state or the offender been responded to and documented in the supervision contacts?
TELEP	HONE RE	PORTING: Audit for previous year or from beginning of sentence.
Yes	No	1. Are written reports or phone-in reports documented as required?
Yes	No	2. Have probation fees and restitution been paid as ordered? (If not ordered, check yes.)
Yes	No	4. Has case been reviewed for advance termination? (If not eligible, check yes.)
INACTI	IVE PARC	LE SUPERVISION:
Yes	No	1. Have RAPS been requested and warrants verified in the past 12 months?
Yes	No	2. Are supervision contacts up to date and complete?
Yes	No	3. Has case been reactivated if necessary?

COMMENTS:	
	
ADMINISTRATIVE OFFICER'S RESPONSE:	· · · · · · · · · · · · · · · · · · ·
Date corrections due:	Date corrections received:
Supervisor:	Officer: