Transition Plan

Name _____ **ODOC #**_____ **Supervising Officer**_____

Supervision Objective	Offender Action Steps	Officer Action Steps	Target/Review Date

_____ _____

Offender's Signature **Date** **Officer's Signature** **Date**

Transition Plan

Name _____ **ODOC #**_____ **Supervising Officer**_____

Sex Offender Treatment	**Provider Name:** **Address:** **Phone Number** **Hours of Operation:**
Substance Abuse Treatment	**Provider Name:** **Address:** **Phone Number** **Hours of Operation:**
Cognitive Behavioral Programs	**Provider Name:** **Address:** **Phone Number** **Hours of Operation:**
Family/Marital/Companions	**Organization:** **Address:** **Phone Number** **Hours of Operation:**
Leisure/Recreation	**Organization:** **Address:** **Phone Number** **Hours of Operation:**
Accommodations	**Provider Name:** **Address:** **Phone Number** **Hours of Operation:**
Employment	**Provider Name:** **Address:** **Phone Number** **Hours of Operation:**
Polygraph Examinations	**Provider Name:** **Address:** **Phone Number** **Hours of Operation:**

Other	**Provider Name:** **Address:** **Phone Number** **Hours of Operation:**

_____ _____

Offender's Signature **Date** **Officer's Signature** **Date**

(R 12/21)