

WARRANT REVIEW CHECKLIST

NAME: _____

ODOC: _____ DOB: _____ SSN: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

OFFENSE: _____

CASE #: _____ COUNTY OF
CONVICTION: _____

SENTENCING DATE: _____ DISCHARGE DATE: _____

SENTENCE LENGTH: _____

RULE VIOLATIONS: _____

NEW CHARGE: _____

OFFICER: _____ REGIONAL
OFFICE: _____

____ 1. PAROLE CERTIFICATE/DATE OF PAROLE _____

____ 2. CONSOLIDATED RECORD CARD

____ 3. VIOLATION/SUPPLEMENTAL REPORT

____ 4. COURT DOCUMENTS IF NEW CHARGES (Information Sheet and J&S)

____ 5. SUPPORTING DOCUMENTS (UA results, Sanction forms, etc.)

____ 6. PAST YEAR OF CHRONOLOGICAL RECORDS

NCIC YES _____ NO _____

IF ABSCONDER, INCLUDE:

____ 8. ABSTRACT

____ 9. PHYSICAL IDENTIFICATION FORM

____ 10. PAROLE ABSCONDER CHECKLIST

COMMENTS: