

PAROLE ABSCONDER CHECKLIST

Offender Name and
ODOC: _____

Last Office
Visit: _____

Last Contact and Type: _____

____ Last home telephone number, cellular telephone number and/or message number (use back if needed):

_____ # _____

_____ # _____

____ Family/reference telephone numbers from Personal History Sheet (use back if needed):

_____ # _____

_____ # _____

____ County court clerk in which costs are due (last address on record):

____ Emergency Contact on Consolidated Record Card (CRC) # _____

____ Employer Address _____ # _____

____ Attorney Name (if pending charges) _____ # _____

____ Bondsman Name (if pending charges) _____ # _____

____ County Jails _____

____ Treatment Provider Name _____

____ Home visit at last known address of:

____ Property Owner/Manager # _____

____ Locator calls from any leads provided from above contacts:

_____ # _____

____ OSCN, ODCR and VINELINK for new charges or other recent filings and conduct follow-up

Signature of Person Completing Attempts

Date

(R 11/21)