

PRE-RELEASE PLAN

Current facility: _____ Date: _____

Name: _____ ODOC #: _____

Projected Release Date: _____

Please note that this pre-release plan is to be completed by a correctional case manager, with the assistance of the inmate, health services personnel, and reentry staff.

IDENTIFICATION

Valid Photo ID? yes no Social Security card? yes no

Birth Certificate? yes no State ID/Driver's license? yes no

CDIB Card? yes no If yes, tribe affiliation: _____

Other ID? yes no If yes, other form of ID: _____

If no Birth Certificate, in what **state or country** were you born? _____

RESIDENCE

Do you need assistance in obtaining housing? **YES** **NO**

Referral: _____ Date Provided: _____

Referral: _____ Date Provided: _____

Proposed Residence How long may you stay there? _____

Name: _____ Relationship: _____

Address: _____ City/St: _____ Zip: _____

Phone: _____ Verified by: _____

Who also lives there?	Name	Staff Signature	Relationship	Date
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Who is your emergency contact?

Contact Name	Phone	Relationship
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If the forwarding address is out of state and there are supervision requirements, has the Interstate compact process been initiated? yes no

If yes, have reporting instructions been received? yes no ICOT # _____

If no, refer to OP-160108 "Interstate Compact for Probation/Parole."

Do you have clothes available for when you are released? yes no

If no, indicate sizes needed: Shirt: _____ Pants: _____ Shoes: _____ Coat: _____

The case manager will ensure that you receive seasonal clothing when released. Clothing may be provided by a family member, a donation to the facility or through a local vendor.

Name: _____ ODOC #: _____

TRANSPORTATION

Will a family member or friend pick you up when you are released? yes no

If yes: _____ Verified by: _____
Name Relationship Staff Signature Date

If no, do you need a bus ticket? yes no

Who will pick you up at your destination? _____
Name Relationship

FINANCES

What debt will you have when released?

Child support	\$ _____	Restitution	\$ _____
Loans	\$ _____	Court costs/fines	\$ _____
Back Mortgage Payments	\$ _____	Civil Judgments	\$ _____
Utility bills	\$ _____	Tickets	\$ _____
		TOTAL:	\$ _____

County or counties for court costs/fines: _____
Verified by: _____
Staff Signature Date

What financial assets do you have? (*Own a home, savings, automobile, etc.*)

SOCIAL SUPPORT

How do you plan to structure your time when released from the institution? (*Establishing residence, searching for work, reuniting with family, non-criminal recreation, etc.*) _____

Who will support you to lead a positive, law-abiding lifestyle when you release from the institution? May include community agencies, organizations, groups, volunteers met while incarcerated, religious groups, Career Tech or other educational resources, etc. _____

LEGAL ISSUES

Do you have any misdemeanor and/or felony warrants? yes no

If yes, list county and case number:

_____ Case Number _____ Court Clerk Phone # _____
County

_____ Case Number _____ Court Clerk Phone # _____
County

_____ Case Number _____ Court Clerk Phone # _____
County

SEX AND VIOLENT CRIME OFFENDER AND METHAMPHETAMINE INMATE REGISTRIES

Name: _____ ODOC #: _____

Sex Offender Registration Information

Were you convicted of an offense covered by the Sex Offender Registration Act? yes no
If yes, verify that "Sex Offender Registration Act and Notice of Duty to Register" form" (DOC 020307B) has been completed and submitted to the Sex and Violent Offender Registration unit. Date verified:

Violent Offender Information

Have you ever been convicted of a violent offense that is covered by the Violent Offender Registration Act? yes no
If yes, verify that "Violent Crime Offender Registration Form" (DOC 020307C) has been completed and submitted to the Sex and Violent Offender Registration unit. Date verified:

If you are required to register, you are also required to report to the local law enforcement agency where you will be residing within three days of your release. Your initial registration will be due to the Sex and Violent Offender Registration Unit 14 days prior to your release.

Local law enforcement office for your proposed residence:

Address *City/State* *Zip* *Phone*

Methamphetamine Register Information

Pursuant to Title 63 O.S. 2-701, anyone subject to the Oklahoma Methamphetamine Offender Registry Act must register within 10 days of the date of final disposition of the case or within 10 days of release from the institution in which they are incarcerated.

Registrations MUST be submitted electronically. Go to obn.ok.gov and under Registration and PMP you will click Meth Registration or you can go to <https://www.obnndd.ok.gov/registration-pmp/meth-registration>.

If you have any questions or concerns regarding this registration, contact Meth Registry with the OKLAHOMA BUREAU OF NARCOTICS AND DANGEROUS DRUGS at 800-522-8031 or (405) 530-3140.

If required to register: Case manager is to electronically submit and complete OP-060901 [Attachment D](#), entitled "Methamphetamine Offender Registration" (attach copy to this plan and place one copy in file).

EMPLOYMENT

Completed practice job interview? yes no date: _____ verified by: _____
Copy of resume attached? yes no Vocational/Training Records attached? yes no

Do you know where you will work, have any job leads, ideas, and/or offers? yes no
If yes, whom will you work for?

Name *Phone*

Address *City/State* *Zip*

Are you currently on work release and working for the employer named above? yes no

If no, what type of work do you hope to do? _____
If no, the following employment resources were given on (date): _____

Name: _____ ODOC #: _____

PROGRAMS

Did you complete any programs listed on your case plan while incarcerated? yes no

List programs completed:

Program	Date Completed
_____	_____
_____	_____
_____	_____

Provide a referral for substance abuse treatment or aftercare if there was a case plan need for substance abuse treatment and/or if requested. Substance abuse treatment or aftercare referral:

Name	Phone
_____	_____
_____	_____

Address	City/State	Zip
_____	_____	_____
_____	_____	_____

FAMILY RELATIONSHIPS/OBLIGATIONS

Do you have any children? yes no If yes, how many? _____ Ages? _____

When was the last time you had contact with your child/children? _____

How many of your children will be living with you when you are released, if any? _____

Will you be living with your child's/children's other parent when released? yes no

How do you get along with your child's/children's other parent(s)? _____

OTHER SERVICES

Are you a veteran? yes no If yes, what type of discharge did you receive? _____

Do you have your DD-214? yes no Date address was provided to obtain DD-214 _____

Referral information for veterans' organizations/services:

Name	Phone	Date Provided
_____	_____	_____
_____	_____	_____

Address	City/State	Zip
_____	_____	_____
_____	_____	_____

Name	Phone	Date Provided
_____	_____	_____
_____	_____	_____

Address	City/State	Zip
_____	_____	_____
_____	_____	_____

Are you an American Indian/Alaskan Native? yes no If yes, what tribe/nation _____

What organizations or religious groups are you involved in? _____

HEALTH SERVICES NEEDS

Medical Needs

Do you require continuing medical care after leaving the institution? (If you are in one or more chronic clinics, or utilizes an assistive device, the answer must be 'Yes') yes no

Name: _____ ODOC #: _____

Will you need a supply of medication when you leave the institution? *(If you are taking any prescription medications for medical reasons, the answer must be 'Yes')* yes no

If yes, the assigned case manager will need to inform medical of the pending discharge at least 30 days in advance to ensure you have the medication when you are released.

Date Correctional Health Services Administrator was notified of projected release date: _____

Do you need a medical referral? yes no
(If the answer to either of the two questions above is 'Yes' then this must also be 'Yes')

Name Phone

Address City/State Zip

Name and Title of medical staff confirming information for case manager. Date

Eligible for Support Act (18-26 year old and ward of state on your 18th birthday)? yes no

Have you enrolled in Medicaid 30 days prior to projected discharge? yes no

Were you determined to be eligible for Medicaid? yes no

Mental Health Needs

Do you need a mental health referral? *(If you are MH level A or higher, or on mental health medications, the answer must be 'Yes')* yes no

Name Phone

Address City/State Zip

Date you completed, signed, and received copies of the "Authorization for Release of Protected Health Information" ([DOC 140108A](#)):

Name and Title of mental health staff confirming information for case manager. Date

POST RELEASE SUPERVISION REQUIREMENTS

Releasing to (check all that apply):

- Street with no supervision requirement
- Supervised** ODOC probation – Reporting Office: _____
- Post-Imprisonment Supervision
- Unsupervised** probation
- Another Oklahoma jurisdiction – Identify jurisdiction: _____
- Another state's jurisdiction – Identify state: _____

Name: _____ ODOC #: _____

Another supervising agency (District Attorney, Private) – Identify: _____

This form is to be forwarded to the appropriate probation and parole region only if the inmate will be supervised by ODOC Probation and Parole *and* a home offer is required, as per OP-060205 entitled “Parole Process Procedures” and/or OP-061001 entitled “Global Position Satellite Surveillance Program.”

PROBATION AND PAROLE

Pre-Release Plan e-mailed to Probation and Parole’s _____ Regional Office

Name and Title of staff emailing prerelease plan to Probation and Parole Regional Office *Date*

Is home visit required for the home offer/residence (CSP, GPS, EMP, and Parole only)? yes no

Home visit was conducted on _____ Home Offer/Residence: Valid Invalid

Approval signature by Probation Officer *Date*

Approval signature by Team Supervisor *Date*

If Invalid, Reason Home Offer Invalid: _____

Confirmation signature by Probation Officer *Date*

Confirmation signature by Team Supervisor *Date*

Pre-Release Plan returned to sender by: _____
Probation and Parole Staff *Date*

Signatures below verify that this Pre-Release Plan has been reviewed and is complete:

Inmate’s Signature *Date*

Assigned Case Manager Signature *Date*

Unit Manager’s Signature *Date*

Warden or Facility Designee’s Signature *Date*

Completed information entered into OMS _____
Staff/Title *Date*

Distribution: File (Section 4)