

## Statutory Termination Review for Continued Supervision on Suspended/Parole Cases

Offender: \_\_\_\_\_ ODOC#: \_\_\_\_\_

Case #/Offense: \_\_\_\_\_

Date Released to Probation/Parole: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Supervising Officer: \_\_\_\_\_ Date of Review: \_\_\_\_\_

**Type of Supervision (circle one):**                      **Suspended**                      **Parole**

LSI-R Initial \_\_\_\_\_ Protective Factor Initial \_\_\_\_\_

LSI-R Exit \_\_\_\_\_ Protective Factor Exit \_\_\_\_\_

Programmatic Module Assignments	Completion Date	Projected Completion Date
Employment		
Education		
Substance Abuse		
Cognitive – Mental Health		
Cognitive – Behavioral		
Cognitive - Anger Management		

1. Salient Factors Identified:
  
2. Barriers Identified:
  
3. Action Steps for Offender to Complete Transition Plan:

Offender Signature/Date \_\_\_\_\_

4. Action Steps for Officer to Assist Offender with Completion of Transition Plan:

Officer Signature/Date \_\_\_\_\_

5. Next Statutory Termination Review date:

Supervising Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team Supervisor:

Continued Supervision? Yes No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Regional Supervisor:

Continued Supervision? Yes No  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Supervision period extended to: \_\_\_\_\_  
(month/year)