

## SUPERVISION REVIEW

**OFFENDER NAME:** \_\_\_\_\_ **ODOC #** \_\_\_\_\_

**OFFICER:** \_\_\_\_\_ **REGION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **REVIEWER:** \_\_\_\_\_

**CASE TYPE:**

<input type="checkbox"/> Parole	<input type="checkbox"/> DUI/Drug Court/Mental Health	<input type="checkbox"/> Interstate In
<input type="checkbox"/> Suspended	<input type="checkbox"/> Delayed Sentencing	<input type="checkbox"/> Community Sentencing
<input type="checkbox"/> Deferred	<input type="checkbox"/> Global Positioning System (GPS)	<input type="checkbox"/> Electronic Monitoring Program (EMP)
<input type="checkbox"/> Post Imprisonment		

**COURT STIPULATIONS/PAROLE BOARD REQUIREMENTS**

What stipulations are required (court order/parole certificate)?			
<input type="checkbox"/> Drug/Alcohol Treatment	<input type="checkbox"/> Sex Offender Treatment	<input type="checkbox"/> Financial Obligation	
<input type="checkbox"/> CSSP	<input type="checkbox"/> Counseling	<input type="checkbox"/> None	
<input type="checkbox"/> Education	<input type="checkbox"/> Employment	<input type="checkbox"/> Other:	

**PROGRAM PARTICIPATION (applies to both court documents and transition plan)**

1. Have referrals been made to treatment/services based on the transition plan/court order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Has treatment compliance been collaterally verified and discussed with offender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**CLASSIFICATION/CONTACTS/ADVANCE TERM/STATUTORY/MANDATORY REVIEWS**

3. Is LSI and Transition Plan updated as necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Offender contacts completed as required/needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Has the officer responded appropriately to missed appointments and/or made all locator attempts in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Residence verified as required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Supervision reviewed for termination eligibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**EMPLOYMENT**

8. Is the offender appropriately employed and has the employment been verified or have appropriate referrals been made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
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**FINANCIAL OBLIGATIONS**

9. Are financial obligations current or are delinquencies being addressed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**URINALYSIS**

10. Have UAs been conducted per policy and as appropriate based upon crime and behavior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**CASE REPORTS/COMPLIANCE/CASE NOTES**

11. Are required case reports present per policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Have sanctions and rewards been utilized as needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Are supervision contacts thorough and timely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**SEX OFFENDER/VIOLENT OFFENDER REGISTRATION**

14. If required, has sex offender/violent offender registration been updated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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**REVIEWER COMMENTS:**


**OFFICER COMMENTS:**


**Correction Due Date:**

**Date Corrected:**

Team Supervisor	Date	Probation/Parole Officer	Date
Probation/Parole Officer	Date	Team Supervisor	Date

## Instructions for Completion of the Case Review

The review period will cover a minimum of the previous six months of supervision, unless further review is required to answer the question. This does not prevent the supervisor from reviewing the entire case. If the case has changed officers during the review period, this will be noted on the review form. Any deficiencies solely from the prior officer will be marked as "N/A" on the review, as to not count against the current officer's score. However, the deficiencies will be noted in the comments and a copy of the review will be provided to the previous officer's supervisor.

### Mark all requirements as indicated on the sentencing/paroling documents.

**Question 1** Indicate if appropriate referrals have been made to address both identified needs and any stipulations ordered by the court/parole certificate.

**Question 2** If the offender has been referred to treatment or other service programs indicate whether or not the offender's participation has been verified by collateral contacts with the treatment/service provider. If the offender is not in compliance with the program, has the officer discussed such with the offender? Treatment compliance includes participation in polygraph testing for sex offenders.

**Question 3** The LSI-R and transition plan must be updated following measurable criminogenic change.

**Question 4** Indicate if appropriate contacts with the offender are being initiated and completed. Contact are to be made in accordance with OP-160103 entitled "Supervision of Community Offenders", OP-160601 entitled "Supervision of Sex Offenders", OP-061001 entitled "Specialized Programs Case Management" or OP-061002 "Sanctions, Interventions and Incentives for Probation Officers."

**Question 5** Indicate whether appropriate locator attempts were made if the offender failed to report for scheduled appointments or could not be located. Locator attempts must be made in accordance with OP-160103 entitled "Supervision of Community Offenders."

**Question 6** Indicate if the offender's residence has been verified as required in OP-160103 entitled "Supervision of Community Offenders."

If the offender is being supervised as a sex offender, residential contacts should be made in accordance with OP-160601 entitled "Supervision of Sex Offenders."

If the offender has been released as an offender on the GPS/EMP program, residential contacts should be made in accordance with OP-061001 entitled "Specialized Programs Case Management" or OP-061002 "Sanctions, Interventions and Incentives for Probation Officers."

**Question 7** Indicate whether or not the case has been considered for advanced termination/statutory termination/inactive supervision in accordance with OP-160201 entitled "Opening, Closing and Transferring Cases Under Supervision."

If the offender has not been placed into a module and has been on supervision in excess of six months, the non-module placement form must have been completed to elicit a "yes" response.

**Question 8** Indicate whether or not the offender is appropriately employed. In order to elicit a “yes” response, the offender must be employed at least 30 hours a week and the employment must be verified. If the offender has been verified as disabled, retired, a full time student, in residential treatment, or is a homemaker (which is defined as confirmed means of support and no visible signs of financial distress in the household), mark “yes.”

If the offender is unemployed, yet appropriate employment referrals have been made, mark “yes.”

**Question 9** Indicate if the offender’s financial obligations are current. This included probation fees, restitution, court costs, and all other court ordered fees.

In order to elicit a “yes” response, the probation fees must be current within 90 days and restitution must be current within 60 days. The court costs must be paid, not yet due, or the offender must be current on a payment plan as established with the court clerk. The documentation of the status of the obligations must be present in the file.

If obligations are not current, but are being appropriately addressed, answer “yes.”

**Question 10** Indicate if a urinalysis test has been conducted as appropriate and as required by OP-160103 entitled “Supervision of Community Offenders.” If the offender is in for a drug charge or has exhibited unusual behavior, a UA must have been completed to elicit a “yes” response.

**Question 11** Case Reports refers to Violation, Supplement, Special, Arrest and Progress and Conduct Reports. Reports must be present and timely and all relevant follow up reports must also be present to elicit a “yes” response.

**Question 12** Indicate if appropriate incentives have been utilized to reward or encourage participation with supervision goals. If violations have occurred, indicate whether or not appropriate sanctions have been imposed.

**Question 13** Indicate if case notes are detailed and timely, in accordance with OP-160103 entitled “Supervision of Community Offenders.”

**Question 14** If the offender is considered a sex/violent offender indicate whether or not the offender’s registration is current.

**Comments** Note any significant information regarding the supervision or any required corrective action.