

## Transition Plan

Name \_\_\_\_\_ ODOC # \_\_\_\_\_ Supervising Officer \_\_\_\_\_

Supervision Objective	Offender Action Steps	Officer Action Steps	Target/Review Date

\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

## Transition Plan

Name \_\_\_\_\_ ODOC # \_\_\_\_\_ Supervising Officer \_\_\_\_\_

<b>Sex Offender Treatment</b>	<b>Provider Name:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
<b>Substance Abuse Treatment</b>	<b>Provider Name:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
<b>Cognitive Behavioral Programs</b>	<b>Provider Name:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
<b>Family/Marital/Companions</b>	<b>Organization:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
<b>Leisure/Recreation</b>	<b>Organization:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
<b>Accommodations</b>	<b>Provider Name:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
<b>Employment</b>	<b>Provider Name:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
<b>Polygraph Examinations</b>	<b>Provider Name:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>

<b>Other</b>	<b>Provider Name:</b> <b>Address:</b> <b>Phone Number</b> <b>Hours of Operation:</b>
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\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer's Signature

\_\_\_\_\_  
Date

(R 12/21)