# RESTORATION OF EARNED CREDIT CHECKLIST

<table>
<thead>
<tr>
<th>Inmate Name: ____________________</th>
<th>ODOC#: __________</th>
<th>Facility: __________</th>
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1. Days remaining as of end of previous month.  
2. Number of lost earned credits on current sentence.  
3. If lost credits are restored will inmate rebill or discharge?  
   If no, no further review is required at this time.  
4. Is inmate scheduled for parole board review within 30 days or pending parole?  
   If yes, no further review is required at this time.  
5. Is inmate awaiting a judicial review or serving balance suspended upon completion of a program?  
   If yes, no further review is required at this time.  
6. Does inmate have any pending misconducts?  
   If yes, provide class, code and date of offense:  
   | Class:  __________ | Code:  __________ | Date of Offense:  __________ |
   | Class:  __________ | Code:  __________ | Date of Offense:  __________ |
   | Class:  __________ | Code:  __________ | Date of Offense:  __________ |
   | Class:  __________ | Code:  __________ | Date of Offense:  __________ |
7. Does the inmate have any warrants/detainers?  
   If yes, is the warrant/detainer a result of a law violation committed while in ODOC custody?  
   If the warrant/detainer IS a result of a law violation committed while in ODOC custody no further review is required at this time.  
   If the warrant/detainer IS NOT a result of a law violation committed while in ODOC custody provide charge and jurisdiction and continue this review.  
   | Case: __________ | Jurisdiction: __________ | Charge: __________ |
   | Case: __________ | Jurisdiction: __________ | Charge: __________ |
   | Case: __________ | Jurisdiction: __________ | Charge: __________ |
8. Is the inmate assigned to Mental Health Level C or D and requires additional reentry planning prior to release?  
9. Does the inmate have a serious medical condition that requires additional reentry planning prior to release?  
10. Has the inmate been convicted of any sex offenses requiring registration?  
Yes  | No  | Yes  | No  | Yes  | No  | Yes  | No  |
11. Has the inmate been convicted of any violent offenses requiring registration?  
   Yes  No

12. Does the inmate have any supervision post incarceration?  
   Yes  No

13. Does the inmate have ANY active misconducts?  
   Yes  No
   Class X – two years; Class A or B – six months

   If yes, provide class, code and date of offense:

   Class:   Code:   Date of Offense:   
   Class:   Code:   Date of Offense:   
   Class:   Code:   Date of Offense:   
   Class:   Code:   Date of Offense:   

Case Manager Signature:  _________________________  Date:  __________

Facility Head/ Manager of Sentence Administration, Offender Records and Registries Comments:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Facility Head/ Manager of Sentence Administration, Offender Records and Registries Recommends Release (To be initialed by facility head/Manager of Sentence Administration, Offender Records and Registries)

   Yes  __________          No  __________

   Date Released:  __________
or projected date for release if pending completion of registration and/or reentry planning for medical/mental health issues:  __________

Facility Head/ Manager of Sentence Administration, Offender Records and Registries Signature:

 ______________________________________  Date:  __________