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

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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)

(R 02/22)