

CASE REVIEW WORKSHEET

DATE _____

OFFICER _____

SUPERVISOR _____

OFFENDER'S NAME _____

OBSCIS NO. _____

COMMENTS:

Supervision Level		
Case Record		
Risk / Need		
Chronos		
Contacts / Field Visits		
Violation Action		
Reports		
Case Strategy		

<input type="checkbox"/> Civil Rights Form <input type="checkbox"/> Signed Conditions of Probation / Parole Picture <input type="checkbox"/> Region of Residence <input type="checkbox"/> Restitution Agreement <input type="checkbox"/> Child Endangerment Notification Form	<input type="checkbox"/> Restitution / Fine? <input type="checkbox"/> Substance Abuse Treatment? <input type="checkbox"/> Drug / Alcohol Testing? <input type="checkbox"/> SOTP? <input type="checkbox"/> Community Work Service? <input type="checkbox"/> Critical Conditions	<input type="checkbox"/> Anger Management? <input type="checkbox"/> Mental Health Treatment? <input type="checkbox"/> CRC? _____ _____ _____
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SIGNATURE: _____
DATE: _____

KEY: E = EXCELLENT S = SATISFACTORY NI = NEEDS IMPROVEMENT	Date to be corrected by: Date corrected and placed into Chronological Record: Date re-audited: By: Completed Incomplete
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