**Case File Audit Form:**

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| Date: | Auditor: |
| Offender Name: | Probation Officer: |
| ACOMS#: | Office: |
| Probation  Parole | |
| Probation/Parole Start: | Expiration Date(s): |
| Case Number(s): | |
| Offense(s):  Length of Probation: | |

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| **Victim Notification/Duty to Warn – P&P 1000.01** |
| Victim Case:  Yes  No If yes, victim information current in ACOMS:  Yes  No  Notification Requested:  Yes  No If yes, notifications completed when required:  Yes  No  Duty to Warn Required:  Yes  No  Date completed:  Sent to:  Victim  Law Enforcement  Copy in file:  Yes  No |

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| **Initial Supervision Interview – P&P 902.05, 902.08, 902.09** |
| Date Completed: Completed By:  Mandatory Documents Completed/Reviewed  Judgment Parole Order  General Supervision Conditions  Civil Rights Modification (Rev 12/20/19)  Child Endangerment Notice (Rev 4/23/19)  Region of Residence (Rev 12/20/19)  Earned Compliance Credit Orientation (Rev 7/22/19)  Updated Photo Obtained/Updated in ACOMS  Date of photo in file:  Additional Supervision Requirements Completed/Reviewed:  Copy of Intake Documents Provided to Probationer/Parolee:  Yes  No    First Face to Face Meeting with PO: Date Initial Assessment Completed:  Current/Updated in ACOMS:  Address  Telephone/Cell Phone  Employment  Names/Relationships of those living with parolee/probationer  CR-559/CR-560 Required:  Yes  No If yes, date completed:  Critical Conditions:  Yes  No Reflects Current PO/Expiration Dates:  Yes  No    DNA Collected:  Yes  No  Special Alerts Required/Entered:  Sex Offender  Domestic Violence  N/A |
| **Assessment/Case Plan – P&P 902.03** |
| Required Assessment: LSI-R Static  Stable  Barr  Date of Completion: Assessment Score: Reassessment Due:  Printed for File:  Yes  No    Case Plan in ACOMS:  Yes  No If yes, date completed:  Goals:  Yes  No  Actions Steps:  Yes  No |

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| **Reporting Requirements – P&P 902.03** |
| Supervision Level:  Unclassified  Low  Low/Moderate  Moderate/High  High  Supervision Type:  Urban  Rural w/VPSO  Rural w/out VPSO    Minimum Monthly Reporting Requirements—List Date of Last Contact Below  Face-to-Face:  Monthly Report:  Telephone Call:  Field/Residence:  Community Contact Person:  VSPO (If directed by PO):    Meets Minimum Contacts Standards:  Yes  No |

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| **Conditions – P&P 902.15, 902.25, 903.02, 903.05, 910.04** |
| Treatment: Referral Date: Status:  Substance Abuse  Assessment  Out-patient  In-Patient up to \_\_\_\_\_days/months  Anger Management/DVIP  Mental Health  Sex Offender  Other:  PO Monitors Progress in Treatment with Treatment Provider:  Yes  No  If yes, method:  In-Person  Telephonic  Email  Written Verification -  Assessments  Progress Reports  Discharge Summaries  PO Discusses Treatment with Probationer/Parolee:  Yes  No  Testing (  UA  PBT  Blood):  For:  Alcohol  Drugs  Marijuana  Date of last test:  Results:  Restitution:  Yes  No  N/A  Amount: \_\_\_\_\_\_\_\_\_\_ Due By: \_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_  Restitution Payment Plan Completed:  Yes  No Date: \_\_\_\_\_\_\_\_\_  Entered/Maintained in ACOMS:  Yes  No  Fine(s):  Yes  No  N/A  Amount: \_\_\_\_\_\_\_\_\_\_ Due By: \_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_  Entered/Maintained in ACOMS:  Yes  No  CWS:  Yes  No  N/A  Hours Ordered: \_\_\_\_\_\_\_\_\_\_ Complete By: \_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_  CWS Plan Completed:  Yes  No Date: \_\_\_\_\_\_\_\_\_  Entered/Maintained in ACOMS:  Yes  No |

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| **Responses to Conduct on Supervision – P&P 902.16** |
| Positive Behaviors and compliance with supervision reinforced by PO:  Yes  No  Administrative Sanctions Issued:  Yes  No  Date(s) Behavior(s) Sanction(s)    Sanctions Entered in ACOMS:  Yes  No    PTRP/PVR Filed:  Yes  No  PTRP/PVR processed according to policy:  Yes  No  Notes:  PTRP/PVR Entered in ACOMS:  Yes  No  PTRP Time Tolling Complete:  Yes  No |

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| **Case File Management – P&P 603.01** | | |
| File maintained in accordance with four-part file order:  Yes  No  Chronological entries completed within policy guidelines:  Yes  No  Chronological entries up to date/printed:  Yes  No  Date of last chrono entry in file:  Date chronological entries last printed for file:  Required documents uploaded to ACOMS:  Yes  No  Presentence Report  Judgment  PTRP  Disposition Orders  Parole Orders  PVR  Minimum ACOMS data entry completed:  Yes  No | | |
| Comments: | | |
| Action Required: Date to Complete: | | |
| Corrections Completed:  Yes  No | Verified By: | Date: |
| Comments: | | |