

DOC EM CHECKLIST

OFFENDER NAME: _____ OFFENDER #: _____

CURRENT CONVICTION(S): _____

CASE NUMBERS: _____

INSTITUTION/REMAND DATE: _____ PRD: _____ Sentence: _____

- EM Application (Attachment A)/Terms & Conditions (Attachment B)/EM Permission to Enter and Search (Attachment C) **Completely Filled Out Without Any Blanks and signed**
- Judgment/TO/Presentence Report/Police Report/TAR/Classification/Criminal Hx (APSIN/NCIC)
- Confirmed current offense is not DV related
- Verify there are no pending/open criminal cases
- Verify there are no pending disciplinary actions
- Victim(s) Notification Required Yes No
Date Victim Letter(s) Sent: _____ Date Entered in ACOMS: _____

Victim Comments: _____

- DNA Collection Required
 YES NO **Date DNA Collected:** _____

Institutional PO Summary/Recommendation (please include any treatment/programming/disciplinary information):

FOR EM OFFICE USE ONLY:

- Cohabitant Criminal History and Wants/Warrants checked
- Field Supervision History Checked (if previously on Probation/Parole)
- Verify offender will have 3 years or less if SGT adjustment required
*Sentences over 367 days require PO4 approval

Comments/Supervision Conditions/Recommendation:

EM Officer _____ Date _____

APPROVE DENY EM PO3 _____ Date _____

APPROVE DENY EM PO4 or Supt _____ Date _____