NAME _____ CASE # _____ PO NAME _____

SENT DATE _____ REVIEW PERIOD _____ THRU _____ TERM DATE _____ Extended? _____

☐ STANDARD ☐ SPECIALIZED _____ ☐ IPS Supervision Level: _____ Effective Date: _____

INITIAL SUPERVISION PLAN DICTATES

☐ Initial Contact (7 if out/14 if in) Date: _____ Conditions Reviewed? _____ Date: _____

☐ Initial Home Visit (within 30 Date: _____ Employment & Income Verified (within 30 days) Date: _____

☐ Out-of-County Case Progress Letter? _____ Date: _____

ASUS in Casefile? _____ Victim Opt In? _____ Date: _____ Juvenile Transfer? _____ Current Age: _____

NUMBER OF CONTACTS:

	1st QTR			2nd QTR		
OFFICE / FIELD:						
HOME:						
COLLATERAL:						
EMPLOYER:						
CSW HRS:						
UA:						
BA:						

Transfer/Assignment Date: _____

ASSESSMENTS: *Number of Months Exempt:* _____

Assessments From Rolodex Printout:

Rest _____ Arrears _____ 60-day ltr date: _____

Fine _____ Prob. Fees _____ Atty Fee _____

Other (specify) _____

Monthly Pmts Begin _____ Pmts Current? _____

Explain Arrears _____

PETITIONS FILED THIS REVIEW PERIOD: ☐ None

Revoke _____ Modify _____ Extend _____

Dispositions _____

SPECIAL CONDITIONS:

☐ Sex Offender Registration Date: _____ Change of Address to Sheriff Date: _____ Comm Notification to LE Date: _____

☐ DNA Date: _____ Polygraph Date: _____

		PO Discretion?	Date Completed
☐	No Alcohol		
☐	OutPt Treatment		
☐	Electronic Monitoring		
☐	Antabuse		
☐	Cognitive Skills		
☐	Educ / Lifeskills / ESOL		
☐	Parenting Classes		
☐	Anger / DV Treatment		

☐ Community Service Ordered _____ Total Done _____

☐ Residential Tx Place: _____ Completed: _____

☐ Rx Compliant Diagnosis: _____

☐ Jail from _____ to _____

OTHER SPECIAL CONDITIONS:

CASE MANAGEMENT

☐ Marital/Family

☐ Companions/Social

☐ Academic/Voc Skills

☐ Employment

☐ Money Management

☐ Health

☐ Mental Abilities

☐ Emotional Stability

☐ Sexual Behavior

☐ Alcohol Use

☐ Drug Use

☐ Victim(s)

☐ Specific 3rd Party Risk

CURRENT SUPERVISION PLAN: *Address Special Conditions and Case Management Issues. What action will be taken. What should the probationer achieve? If appropriate, include dates by which actions will be taken.*

SUPERVISION TRANSFER ONLY

Home _____

Work _____

Supervision Requirements Current? _____ LE Check Done? _____ ROLODEX Done? _____

RECOMMENDED SUPERVISION LEVEL: _____

PO _____ Date _____ Unit Supervisor _____ Date _____

☐ ISP ☐ CASE REVIEW ☐ LEVEL CHANGE ☐ SUPERVISION TRANSFER