

RESTORATION OF EARNED CREDIT CHECKLIST

Inmate Name: _____ ODOC#: _____ Facility: _____			
1.	Days remaining as of end of previous month.		
2.	Number of lost earned credits on current sentence.		
3.	If lost credits are restored will inmate rebill or discharge? If no, no further review is required at this time.	Yes	No
4.	Is inmate scheduled for parole board review within 30 days or pending parole? If yes, no further review is required at this time.	Yes	No
5.	Is inmate awaiting a judicial review or serving balance suspended upon completion of a program? If yes, no further review is required at this time.	Yes	No
6.	Does inmate have any pending misconducts?	Yes	No
If yes, provide class, code and date of offense:			
Class: _____ Code: _____ Date of Offense: _____			
Class: _____ Code: _____ Date of Offense: _____			
Class: _____ Code: _____ Date of Offense: _____			
Class: _____ Code: _____ Date of Offense: _____			
7.	Does the inmate have any warrants/detainers?	Yes	No
	If yes, is the warrant/detainer a result of a law violation committed while in ODOC custody?	Yes	No
	If the warrant/detainer IS a result of a law violation committed while in ODOC custody no further review is required at this time.		
	If the warrant/detainer IS NOT a result of a law violation committed while in ODOC custody provide charge and jurisdiction and continue this review.		
Case: _____ Jurisdiction: _____ Charge: _____			
Case: _____ Jurisdiction: _____ Charge: _____			
Case: _____ Jurisdiction: _____ Charge: _____			
8.	Is the inmate assigned to Mental Health Level C or D and requires additional reentry planning prior to release?	Yes	No
9.	Does the inmate have a serious medical condition that requires additional reentry planning prior to release?	Yes	No
10.	Has the inmate been convicted of any sex offenses requiring registration?	Yes	No

11.	Has the inmate been convicted of any violent offenses requiring registration?	Yes	No
12.	Does the inmate have any supervision post incarceration?	Yes	No
13.	Does the inmate have ANY active misconducts?	Yes	No
	Class X – two years; Class A or B – six months		
	If yes, provide class, code and date of offense:		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
	Class: _____ Code: _____ Date of Offense: _____		
Case Manager Signature: _____ Date: _____			
Facility Head/ Manager of Sentence Administration, Offender Records and Registries Comments:			

Facility Head// Manager of Sentence Administration, Offender Records and Registries Recommends Release (To be initialed by facility head/Manager of Sentence Administration, Offender Records and Registries)			
Yes _____ No _____			
Date Released: _____			
or projected date for release if pending completion of registration and/or reentry planning for medical/mental health issues: _____			
Facility Head/ Manager of Sentence Administration, Offender Records and Registries Signature:			
_____ Date: _____			