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## ADMINISTRATIVE CASELOAD REVIEW FORM

Offender		ODOC#	Date		
		Reviewer			
Date rece	eived in	admin:			
ABSCON	IDER: A	Audit for previous one year or from beginning of senten	се.		
		1. Have RAPS been requested and warrants verifi			
Yes	_ No	3. Are supervision contacts up to date and comple	te?		
INCARCE	ERATE	D OFFENDERS/COUNTY JAIL PLACEMENT: Audit for	or previous six months or from beginning		
of senten	ce.				
Yes	_ No	1. Is a Notification of Release filed as required,	-		
		advising the incarcerating facility to notify ODO	-		
Yes	_ No	2. If the offender is to be released within 90 days,	has the County Sheriff been notified to		
		lodge a detainer? (if applicable)			
		3. If deported, has notification been sent to the Dis			
Yes	_ No	4. If deported, have RAPS been requested annuall	y?		
INTERST	ATE O	UT: Audit for previous year or from beginning of senter	nce.		
Yes	_ No	1. Has the Interstate Compact acceptance been re	eceived from the receiving state?		
Yes	_ No	2. Has a "Progress and Conduct Report" been re- state if necessary?	quested and received from the receiving		
Yes	_ No	3. Is restitution and/or the PSI fee be ordered, check yes.)	ing paid per court documents? ( . If not		
Yes	_ No	4. Are case reports present/timely/accurate as req (If not required, check yes.)	uired and are follow-up reports present?		
Yes	_ No	5. Has the case been reviewed for advance term been notified to close interest or that the offend			
Yes	No	6. Have all inquiries by the receiving state or the offer	-		
100		in the supervision contacts?			
TELEPH	ONE RI	EPORTING: Audit for previous year or from beginning	of sentence.		
Yes	_ No	1. Are written reports or phone-in reports documer	nted as required?		
Yes		2. Have probation fees and restitution been paid a			
Yes		4. Has case been reviewed for advance termination			
INACTIV	E PARC	DLE SUPERVISION:			
Yes	_No	1. Have RAPS been requested and warrants verifi	ed in the past 12 months?		
Yes	No		-		

Yes\_\_\_\_\_ No\_\_\_\_\_ 3. Has case been reactivated if necessary?

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ADMINISTRATIVE OFFICER'S RESPONSE:		_
		_
Date corrections due:	Date corrections received:	_
Supervisor:	Officer:	_

(R 07/24)