

## PAROLE ABSCONDER CHECKLIST

Offender Name and ODOC: \_\_\_\_\_

Last Office Visit: \_\_\_\_\_

Last Contact and Type: \_\_\_\_\_

\_\_\_\_ Last home telephone number, cellular telephone number and/or message number (use back if needed):

# \_\_\_\_\_ # \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_ Family/reference telephone numbers from Personal History Sheet (use back if needed):

# \_\_\_\_\_ # \_\_\_\_\_

# \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_ County court clerk in which costs are due (last address on record):

\_\_\_\_\_

\_\_\_\_ Emergency Contact on Consolidated Record Card (CRC) # \_\_\_\_\_

\_\_\_\_ Employer Address \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_ Attorney Name (if pending charges) \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_ Bondsman Name (if pending charges) \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_ County Jails \_\_\_\_\_

\_\_\_\_ Treatment Provider Name \_\_\_\_\_

\_\_\_\_ Home visit at last known address of:

\_\_\_\_\_

\_\_\_\_ Property Owner/Manager # \_\_\_\_\_

\_\_\_\_ Locator calls from any leads provided from above contacts:

# \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_ OSCN, ODCR and VINELINK for new charges or other recent filings and conduct follow-up

\_\_\_\_\_  
Signature of Person Completing Attempts

\_\_\_\_\_  
Date