

Work Release Exception Packet Checklist

Facility: _____
Inmate Name: _____ DOC #: _____

CRC (current to packet submission date, front and back) _____

Prior CRC (front only) _____

Rap Sheet(s) (to include NCIC and OSBI) _____

JOLTS (Juvenile Record) _____

Inmate Profile (current to packet submission date) _____

Custody Assessment (current to packet submission date) _____

Chronological Case Notes (during the time at your facility) _____

Please attach this form and all of the above information to each exception request.

Signature: _____

Date: _____

Regional Director: _____

Date: _____