Statutory Termination Review for Continued Supervision on Suspended/Parole Cases

Offender: ___________________________ DOC#: __________________

Case #/Offense: ___________________________

Date Released to Probation/Parole: _______________ Discharge Date: _______________

Supervising Officer: ________________________ Date of Review: _______________

Type of Supervision (circle one): Suspended Parole

LSI-R Initial ________ Protective Factor Initial ________

LSI-R Exit ________ Protective Factor Exit ________

Programmatic Module Assignments | Completion Date | Projected Completion Date
----------------------------------|----------------|---------------------
Employment                       |                |                     
Education                         |                |                     
Substance Abuse                   |                |                     
Cognitive – Mental Health         |                |                     
Cognitive – Behavioral            |                |                     
Cognitive - Anger Management      |                |                     

1. Salient Factors Identified:

2. Barriers Identified:

3. Action Steps for Offender to Complete Transition Plan:

Offender Signature/Date _________________________________

4. Action Steps for Officer to Assist Offender with Completion of Transition Plan:

Officer Signature/Date _________________________________

5. Next Statutory Termination Review date:
Supervising Officer Signature: ___________________________ Date: __________

Team Supervisor:

Continued Supervision?  Yes  No
Signature: ___________________________ Date: __________

Assistant Regional Supervisor:

Continued Supervision?  Yes  No
Signature: ___________________________ Date: __________

Comments: _______________________________________

_________________________________________________

Supervision period extended to: _______________________
(month/year)

Records office should be notified of next review date.

(R 07/20)