**Case File Audit Form:**

|  |  |
| --- | --- |
| Date:  | Auditor:  |
| Offender Name:  | Probation Officer:  |
| ACOMS#:  | Office:  |
| Probation [ ]  Parole [ ]   |
| Probation/Parole Start:  | Expiration Date(s):  |
| Case Number(s):  |
| Offense(s): Length of Probation:  |

|  |
| --- |
| **Victim Notification/Duty to Warn – P&P 1000.01** |
| Victim Case: [ ]  Yes [ ]  No If yes, victim information current in ACOMS: [ ]  Yes [ ]  NoNotification Requested: [ ]  Yes [ ]  No If yes, notifications completed when required: [ ]  Yes [ ]  NoDuty to Warn Required: [ ]  Yes [ ]  No  Date completed:  Sent to: [ ]  Victim [ ]  Law Enforcement  Copy in file: [ ]  Yes [ ]  No   |

|  |
| --- |
| **Initial Supervision Interview – P&P 902.05, 902.08, 902.09** |
| Date Completed: Completed By: Mandatory Documents Completed/Reviewed[ ] Judgment [ ] Parole Order [ ]  General Supervision Conditions[ ]  Civil Rights Modification (Rev 12/20/19) [ ]  Child Endangerment Notice (Rev 4/23/19)[ ]  Region of Residence (Rev 12/20/19) [ ]  Earned Compliance Credit Orientation (Rev 7/22/19)[ ]  Updated Photo Obtained/Updated in ACOMS  Date of photo in file: Additional Supervision Requirements Completed/Reviewed: Copy of Intake Documents Provided to Probationer/Parolee: [ ]  Yes [ ]  No  First Face to Face Meeting with PO: Date Initial Assessment Completed: Current/Updated in ACOMS: [ ]  Address [ ]  Telephone/Cell Phone [ ]  Employment  [ ]  Names/Relationships of those living with parolee/probationerCR-559/CR-560 Required: [ ]  Yes [ ]  No If yes, date completed: Critical Conditions: [ ]  Yes [ ]  No Reflects Current PO/Expiration Dates: [ ]  Yes [ ]  No  DNA Collected: [ ]  Yes [ ]  No Special Alerts Required/Entered: [ ]  Sex Offender [ ]  Domestic Violence [ ]  N/A  |
| **Assessment/Case Plan – P&P 902.03** |
| Required Assessment: [ ] LSI-R [ ] Static [ ]  Stable [ ]  Barr  Date of Completion: Assessment Score: Reassessment Due:  Printed for File: [ ]  Yes [ ]  No  Case Plan in ACOMS: [ ]  Yes [ ]  No If yes, date completed: Goals: [ ]  Yes [ ]  No Actions Steps: [ ]  Yes [ ]  No  |

|  |
| --- |
| **Reporting Requirements – P&P 902.03** |
| Supervision Level: [ ]  Unclassified [ ]  Low [ ]  Low/Moderate [ ]  Moderate/High [ ]  HighSupervision Type: [ ]  Urban [ ]  Rural w/VPSO [ ]  Rural w/out VPSO Minimum Monthly Reporting Requirements—List Date of Last Contact Below  Face-to-Face:  Monthly Report:  Telephone Call:  Field/Residence:  Community Contact Person:  VSPO (If directed by PO):   Meets Minimum Contacts Standards: [ ]  Yes [ ]  No   |

|  |
| --- |
| **Conditions – P&P 902.15, 902.25, 903.02, 903.05, 910.04** |
| Treatment: Referral Date: Status:  [ ]  Substance Abuse  [ ]  Assessment  [ ]  Out-patient  [ ]  In-Patient up to \_\_\_\_\_days/months  [ ]  Anger Management/DVIP  [ ]  Mental Health  [ ]  Sex Offender  [ ]  Other: PO Monitors Progress in Treatment with Treatment Provider: [ ]  Yes [ ]  No  If yes, method: [ ]  In-Person  [ ]  Telephonic  [ ]  Email Written Verification - [ ]  Assessments  [ ]  Progress Reports  [ ]  Discharge SummariesPO Discusses Treatment with Probationer/Parolee: [ ]  Yes [ ]  No Testing ( [ ]  UA [ ]  PBT [ ]  Blood): For: [ ]  Alcohol [ ]  Drugs [ ]  Marijuana Date of last test:  Results: Restitution: [ ]  Yes [ ]  No [ ]  N/A  Amount: \_\_\_\_\_\_\_\_\_\_ Due By: \_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_ Restitution Payment Plan Completed: [ ]  Yes [ ]  No Date: \_\_\_\_\_\_\_\_\_  Entered/Maintained in ACOMS: [ ]  Yes [ ]  No Fine(s): [ ]  Yes [ ]  No [ ]  N/A  Amount: \_\_\_\_\_\_\_\_\_\_ Due By: \_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_ Entered/Maintained in ACOMS: [ ]  Yes [ ]  No CWS: [ ]  Yes [ ]  No [ ]  N/A  Hours Ordered: \_\_\_\_\_\_\_\_\_\_ Complete By: \_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_ CWS Plan Completed: [ ]  Yes [ ]  No Date: \_\_\_\_\_\_\_\_\_  Entered/Maintained in ACOMS: [ ]  Yes [ ]  No  |

|  |
| --- |
| **Responses to Conduct on Supervision – P&P 902.16** |
| Positive Behaviors and compliance with supervision reinforced by PO: [ ]  Yes [ ]  No Administrative Sanctions Issued: [ ]  Yes [ ]  No  Date(s) Behavior(s) Sanction(s)  Sanctions Entered in ACOMS: [ ]  Yes [ ]  No  PTRP/PVR Filed: [ ]  Yes [ ]  No PTRP/PVR processed according to policy: [ ]  Yes [ ]  No Notes: PTRP/PVR Entered in ACOMS: [ ]  Yes [ ]  No  PTRP Time Tolling Complete: [ ]  Yes [ ]  No  |

|  |
| --- |
| **Case File Management – P&P 603.01** |
| File maintained in accordance with four-part file order: [ ]  Yes [ ]  No Chronological entries completed within policy guidelines: [ ]  Yes [ ]  No Chronological entries up to date/printed: [ ]  Yes [ ]  No  Date of last chrono entry in file:  Date chronological entries last printed for file: Required documents uploaded to ACOMS: [ ]  Yes [ ]  No  [ ]  Presentence Report [ ]  Judgment [ ]  PTRP [ ]  Disposition Orders [ ]  Parole Orders [ ]  PVRMinimum ACOMS data entry completed: [ ]  Yes [ ]  No  |
| Comments:  |
| Action Required: Date to Complete:  |
| Corrections Completed: [ ]  Yes [ ]  No  | Verified By:  | Date:  |
| Comments:  |