**CRC Placement for Probationers / Parolees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Offender Name:** |  | **Offender #:** |  | **DOB:** |  |
| **Supervising PO:** |  | **Probation/Parole Office:** |  |
| **Supervision Type:** | Choose an item. | **Supervision Expiration Date:** |  |
| **Current Offense:** |  |
| **Current Violation:** |  |
| **Estimated Placement Dates (max 30 days):** | From: Click or tap to enter a date. To: Click or tap to enter a date. |

|  |  |  |
| --- | --- | --- |
| **Eligibility Criteria:** if **yes** to any of the following, the offender is ineligible for placement at a CRC: | **YES** | **NO** |
| A current or prior conviction for: a sex offense, arson, criminally negligent burning, or criminal mischief involving burning |[ ] [ ]
| Unlawful evasion or escape conviction in the past 36 months |[ ] [ ]
| Adjudicated for absconding in the past 24 months |[ ] [ ]
| Current offense is a Class A or Unclassified Felony |[ ] [ ]
| Current offense is an offense against a person (11.41) |[ ] [ ]
| The offender is suspected to be actively under the influence of a controlled substance, or alcohol. |[ ] [ ]
| No medical clearance or a medical clearance older than one year |[ ] [ ]

|  |
| --- |
| If no is answered to all the above, the offender is eligible for placement at the CRC, and the officer shall submit the following documentation to the local CRC Director and/or Case Manager within 24 hours of the remand: |
| **Required Documents Required Programming**[ ]  Court Judgment and/or Parole Conditions [ ]  Substance Abuse [ ]  Mental Health[ ]  Petition to Revoke Probation / Parole Violation [ ]  DVIP [ ]  Job Search[ ]  Presentence Report (if applicable) [ ]  Employment [ ]  Fine Payment[ ]  CRC Escape/Walk-Away Notification [ ]  Child Support [ ]  CBT [ ]  Copy of Medical Screening completed in the last year [ ]  Other: Click or tap here to enter text.  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PO Name:** |  | **Signature:** |  | **Date:** |  |

|  |
| --- |
| **COMMUNITY RESIDENTIAL CENTER****PROBATION / PAROLE****ESCAPE / WALK-AWAY NOTIFICATION** |

Resident Name: Click or tap here to enter text. Offender Name: Click or tap here to enter text.

Status: Probation/Parole Placement

Supervising Probation Officer: Click or tap here to enter text. Phone: Click or tap here to enter text.

|  |
| --- |
| If the resident absconds during regular business hours (Monday through Friday 8:00 a.m. to 5:00 p.m.) notification should be made as follows:Click or tap here to enter text.If unavailable, contact: Click or tap here to enter text. |

|  |
| --- |
| If the resident absconds after business hours (Monday through Friday 8:00 a.m. to 5:00 p.m.) notification should be made as follows:Click or tap here to enter text.If unavailable, contact: Click or tap here to enter text. |

|  |
| --- |
| If the resident absconds after business hours on a weekend, or holiday notification should be made as follows:Click or tap here to enter text.If unavailable, contact: Click or tap here to enter text. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probation Officer Signature: Date: