

Early Release from Supervision (ERS)
Checklist, Recommendation, and Determination Form
Clients who meet the following criteria may be recommended for ERS.

Client's Name: _____

TDCJ/SID #: _____ Eligibility Month: _____

- | | | | |
|-------------------------------|-------------------------------|----|--|
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 1. | The client has been under supervision for at least one-half the time that remained on their current sentence when released from prison. |
| Comments: _____ | | | |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 2. | The client has been under supervision for a minimum of three years on the current period of supervision to include at least three years on Low supervision level as determined by the TRAS). |
| Comments: _____ | | | |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 3. | The client has demonstrated a good faith effort to comply with supervision, crime victim fees and Post Secondary Education Reimbursement required as of release, which will continue to be due monthly, unless paid in advance. |
| Comments: _____ | | | |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 4. | The client has maintained compliance with all restitution obligations in accordance with PD/POP 3.1.6 for the preceding two years of supervision, which will continue to be due each monthly until paid in full. ** The client's restitution obligations do not have to be paid in full to qualify** |
| Comments: _____ | | | |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 5. | The client has not had a warrant issued within the preceding two years of supervision. This does not apply to a warrant issued in which a subsequent investigation or administrative review did not sustain the violation. |
| Comments: _____ | | | |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 6. | The client has not committed any violation of rules or conditions of release as indicated on their Certificate of Parole/Mandatory Supervision, during the preceding two year period of supervision. |
| Comments: _____ | | | |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 7. | It is in the best interest of society, per the supervising officer's discretion for the client's reporting status to be modified to ERS. |
| Comments: _____ | | | |

This form should be forwarded through the supervising officer's entire chain of command, regardless of the recommendation.
The Region Director will make the final decision regarding the client's ERS eligibility.

Supervising Officer: _____	Date: _____	Supervising Officer Recommend Client for ERS	
Signature confirms all checklist information has been thoroughly reviewed.		Yes	
Signature: _____		No	
Remarks: _____			

Unit Supervisor: _____	Date: _____	Concur with Supervising Officer's Decision	
Signature confirms all checklist information has been thoroughly reviewed.		Yes	
Signature: _____		No	
Remarks: _____			

Parole Supervisor: _____	Date: _____	Concur with Supervising Officer's Decision	
Signature confirms all checklist information has been thoroughly reviewed.		Yes	
Signature: _____		No	
Remarks: _____			

Assistant Region Director: _____	Date: _____	Concur with Supervising Officer's Decision	
Signature confirms all checklist information has been thoroughly reviewed.		Yes	
Signature: _____		No	
Remarks: _____			

Region Director: _____	Date: _____	Final Authority	
Signature confirms all checklist information has been thoroughly reviewed.		Recommend for ERS	
Signature: _____		Does Not Recommend for ERS	
Remarks: _____			