

Annual Reporting Checklist, Recommendation, and Determination Form

Clients who meet the following criteria may be recommended for annual reporting.

Client Name: _____

TDCJ/SID #: _____ Eligibility Month _____

- | | | | |
|-------------------------------|-------------------------------|----|--|
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 1. | The client has satisfactorily completed three years on Low supervision by the Texas Risk Assessment System (TRAS).
Comments: _____ |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 2. | 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"/> | 3. | The client has maintained compliance with all restitution obligations in accordance to PD/POP-3.1.6 for the preceding two years of supervision, which will continue to be due each month until fully paid. **The client's restitution obligations do not have to be paid in full to qualify.** |
| Y
<input type="checkbox"/> | N
<input type="checkbox"/> | 4. | The client has not had a warrant issued with in 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"/> | 5. | It is in the best interest of society, per the supervising officer's discretion for the client's reporting status to be modified to Annual Report.
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 Annual Report eligibility

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

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

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

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

Region Director:	Date:	Final Authority	
Signature confirms that all checklist information has been thoroughly reviewed.		Yes	
Signature:		No	
Remarks:			