

SECTION I SUMMARY OF PAROLE ADJUSTMENT – TO BE COMPLETED BY PAROLE AGENT

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|---|--|---|---|--|--------------------|--|-------|
| CDC NUMBER: | | PRINT NAME (LAST, FIRST, MI): | | LAST RELEASE DATE: | | REGION/PAROLE UNIT: | |
| COMMITMENT OFFENSE: | | | | CSRA SCORE: | SUPERVISION LEVEL: | <input type="checkbox"/> ABBREVIATED CASE CONFERENCE REVIEW <input type="checkbox"/> CASE CONFERENCE REVIEW <input type="checkbox"/> DISCHARGE CONSIDERATION COMMITTEE | |
| OBJECTIVES | | OBJECTIVES RATING SCORES [ONE SCORE PER OBJECTIVE] <input type="checkbox"/> SEE DISCHARGE REVIEW REPORT DATED: _____ | | | | | |
| OBJECTIVE 1: The parolee has maintained residence stability in a positive living environment. | | <input type="checkbox"/> | 1 | Has been in the same pro-social living situation for the review period, or when the most recent move was to improve overall living conditions, and will continue to be available to the parolee. | | | |
| | | <input type="checkbox"/> | 2 | Has been in two or more living situations for the review period with any move not improving the living conditions. | | | |
| | | <input type="checkbox"/> | 3 | Has demonstrated an unstable living environment, is transient or routinely difficult to see at the residence of record. | | | |
| OBJECTIVE 2: The parolee's time has been structured around pro-social activities geared towards self-reliance. | | <input type="checkbox"/> | 1 | Time is highly structured and focused on pro-social activities. | | | |
| | | <input type="checkbox"/> | 2 | Time is moderately structured and generally focused on pro-social activities. | | | |
| | | <input type="checkbox"/> | 3 | Time is unstructured and generally unaccounted for; involvement in pro-social activities is not evident. | | | |
| OBJECTIVE 3: The parolee has been compliant with his or her general and special conditions of parole. | | <input type="checkbox"/> | 1 | No violation has been substantiated for the review period. | | | |
| | | <input type="checkbox"/> | 2 | Has only one technical violation and demonstrated a positive response to the imposed sanction. | | | |
| | | <input type="checkbox"/> | 3 | Has not met the rating standard for #1 or #2 above. | | | |
| OBJECTIVE 4: The parolee was referred and participated in programming for his or her top three criminogenic needs. | | <input type="checkbox"/> | 1 | Attended, participated, and completed programming. | | | |
| | | <input type="checkbox"/> | 2 | Attended and partially participated in programming. | | | |
| | | <input type="checkbox"/> | 3 | Failed to participate or complete programming. | | | |
| OBJECTIVE 5: The parolee has affiliated himself or herself with other pro-social individuals. | | <input type="checkbox"/> | 1 | Relationships are primarily pro-social and supportive of a crime free lifestyle. | | | |
| | | <input type="checkbox"/> | 2 | Time is moderately structured and generally focused on pro-social activities. | | | |
| | | <input type="checkbox"/> | 3 | Time is unstructured and generally unaccounted for; involvement in pro-social activities is not evident. | | | |
| TOTAL OBJECTIVES SCORE: _____ <input type="checkbox"/> 5-6 REDUCTION MAY BE WARRANTED <input type="checkbox"/> 7-10 NO CHANGE WARRANTED <input type="checkbox"/> 11-15 INCREASE MAY BE WARRANTED | | | | | | | |
| SUPPORT FOR RECOMMENDATION: <input type="checkbox"/> CDCR FORM 1650-D ATTACHED <input type="checkbox"/> ADDITIONAL REPORT ATTACHED | | | | | | | |
| PAROLE AGENT RECOMMENDATION: <input type="checkbox"/> REMAIN IN CURRENT CATEGORY <input type="checkbox"/> MOVE TO CATEGORY: _____ | | | | | | | |
| DATE PAROLEE NOTIFIED: _____ METHOD OF NOTIFICATION: <input type="checkbox"/> IN-PERSON <input type="checkbox"/> MAIL <input type="checkbox"/> BY TELEPHONE <input type="checkbox"/> E-MAIL <input type="checkbox"/> LETTER LEFT AT RESIDENCE | | | | | | | |
| PAROLEE PRESENT FOR REVIEW: <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, cite reason below) <input type="checkbox"/> Not required to attend | | | | | | | |
| <input type="checkbox"/> Parolee participated telephonically <input type="checkbox"/> Parolee failed to appear <input type="checkbox"/> Parolee declined to participate | | | | | | | |
| <input type="checkbox"/> Parolee did not respond to participation request <input type="checkbox"/> Copy of CDCR 1502-DR provided to parolee | | | | | | | |
| <input type="checkbox"/> Reasonable accommodation provided (Describe): _____ | | | | | | | |
| Other Participants | | | | | | | |
| Name: _____ Relation To Parolee: _____ Comments: _____ | | | | | | | |
| Name: _____ Relation To Parolee: _____ Comments: _____ | | | | | | | |
| PAROLE AGENT (SIGNATURE): | | | | | | BADGE NUMBER: | DATE: |

SECTION II SUMMARY/CERTIFICATION - TO BE COMPLETED BY UNIT SUPERVISOR

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| SUPERVISOR'S COMMENTS AND INSTRUCTIONS: | | |
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| SUPERVISOR'S DECISION: <input type="checkbox"/> REMAIN IN CURRENT CATEGORY <input type="checkbox"/> MOVE TO CATEGORY: _____ EFFECTIVE DATE: _____ <input type="checkbox"/> SCHEDULE FOR CCR | | |
| DISCHARGE CONSIDERATION COMMITTEE ACTION: | | PRESIDING AUTHORITY NAME(S): |
| <input type="checkbox"/> DISCHARGE <input type="checkbox"/> RETAIN ON PAROLE <input type="checkbox"/> DEFER | | COMMENTS: |
| UNIT SUPERVISOR SIGNATURE: | | BADGE NUMBER: DATE: |