TENNESSEE DEPARTMENT OF CORRECTION

**Direct Supervision Suspension Request**

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| **Date:** | **{downloadDate}** | **Judicial Suspension of Direct Supervision** |
|  | | **Suspension of Direct Supervision** |

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| ***Offender Information*** | | | | | | | | | | | | | | | |
| Name: | {clientName} | | | | | | | |  | TN Offender Number: | | | | {externalId} | |
| Address: | | {address} | | | | | | |  | Telephone Number: | | | | {phoneNumber} | |
| County of Conviction: | | | | {allConvictionCounties} | |  | Conviction Charge *(most serious)*: | | | | | | {convictionCharge} | | |
| Sentence Date: | | | {sentenceDate} | | Expiration Date: | | | {expirationDate} | | |  | Duration of Supervision: | | | {supervisionDuration} |

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| ***Supervision Information*** | | | | | | |
| Officer Name: | {assignedStaffFullName} | |  | District: | | {district} |
| Office Location: | | {supervisionOfficeLocation} |  | Telephone Number: | Enter Phone. | |

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| ***Supervision Summary (Enter “N/A” if the field is not applicable)*** | |
| Employment | Summarize the offender’s employment. Include number of jobs held during supervision, longest period at with a single employer, number of terminations, and current employment status. If the offender is currently employed, indicate the length of time with the current employer.. |
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| Residence | Summarize the offender’s residential history. Include number of different residences the offender has had during supervision and the longest period at a single location.. |
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| Compliance | Summarize the offender’s compliance with the rules of supervision and the special conditions of the sentencing court or Board of Parole. Include the offender’s reporting history and issues of non-compliance and/or violations. Provide a brief explanation of the number and nature of sanctions imposed, violation warrants issued, and revocations. |
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| Case Plan Goals | Summarize the offender’s two most recent Case Plans. Include goals completed, frequency of reviews, and the offender’s final risk assessment score. |
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| Programs | Summarize the programs the offender participated in during supervision. Include the name of the program and dates of completion. |
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| Arrests | Summarize any arrests for the offender during supervision. Include the arrest charges and dates. Indicate any past/current indictments for the offender in this section. |
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| NCIC Check | Indicate the date of the most recent NCIC check and results. |
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| Substance Use | Provide a summary of the offender’s substance use history to include drug screen frequency and results, treatment history, and valid prescriptions. Indicate the date of last drug screen and results. |
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| Conditions | List the special conditions ordered by the court (including court costs and restitution) and/or the BOP. Indicate how each condition was met and the dates of completion. |
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| Other | Explain any extenuating circumstances for this request. You must attach validating documentation. |
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|  |  | Enter Date. |  |  |  | Enter Date. |
| Enter Officer Name. |  | Date |  | Enter Supervisor Name. |  | Date |
|  |  | Enter Date. |  |  |  | Enter Date. |
| Enter Director Name. |  | Date |  | Enter Correctional Administrator Name. |  | Date |
|  |  | Enter Date. |  |  |  | Enter Date. |
| Enter Probation/Parole Administrator Name. |  | Date |  | Assistant Commissioner Community Supervision. |  | Date |

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| ***For Judicial Use Only*** |  |
| **The offender meets the requirements outlined in Policy 708.05 for Judicial Suspension of Supervision.** | |

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| ***For Central Office Use Only*** |  |
| **The offender meets the requirements outlined in Policy 708.05 for Suspension of Direct Supervision.** | |