**(Your County)**

**(Your County Address)**

**TELEPHONE ( )** • • • **FAX ( )**

**PURPOSE OF REPORT**: **EARNED DISCHARGE REVIEW** **DATE:** {todaysDate}

**BY:** {officerName}, PPO

**Identifying Data**:

|  |  |
| --- | --- |
| Name: | {surname}, {givenNames} {middleNames} |
| Residence: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| SID Number: | {clientId} DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Crime(s): | {offenses} |
| Case Type: | {sentenceType} |
| Sentenced On: | {sentenceStartDate} |
| County: | {county} Docket #: {docket} |
| Judge: | {judgeName} |
| Expiration: | {sentenceExpirationDate} |

**ELIGIBILTY AND COMPLIANCE STATUS**

**Original Crime Sentenced on/after August 1, 2013 (see OAR 291-209-0045)**

|  |  |
| --- | --- |
| Yes | No |
|  |  | 1. Felony and/or designated drug-related or person misdemeanor convictions sentenced to Probation, Local Control Post-Prison Supervision or Board Post-Prison Supervision; |
|  |  | 1. Served the minimum period of active supervision on the case under consideration (minimum of 6 months or half of the supervision period whichever is greater); |
|  |  | 1. Compensatory fines and restitution have been paid in full or current on payment plan; |
|  |  | 1. Has not been administratively sanctioned or found in violation by the court in the immediate six months prior to review; |
|  |  | 1. Has completed any specialty court program ordered by the court, all treatment programs with set durations or timeframes, and has consistently participated in ongoing treatment programs assigned by the court or supervising officer; |
|  |  | 1. Is actively participating in and in compliance with supervision case plan; |
|  |  | 1. Has not been convicted of a crime (felony or misdemeanor) that occurred while on supervision for the case(s) under review. |

\*\*If you checked **NO** to one or more items in one of the sections above, the client is not eligible for earned discharge at this time. This case may be reviewed again for consideration at any point thereafter until the client is approved for earned discharge or the case under consideration reaches its sentence expiration date.

**VICTIM NOTIFICATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(****If victim has requested notification)*

**RECOMMENDATION**: This case meets the minimum requirements allowing for earned discharge,

effective date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Parole/Probation Officer Date Supervisor Date