

Caseload Audit Form

Officer:

Date:

Probationer:

Date Placed on Probation: _____ Termination Date: _____

I. Visual/Documentation

- a. Is the funding source correct?
Y N N/A
- b. Is the ORAS information/risk level indicated?
Y N N/A
- c. Is there a picture on the visual?
Y N N/A
- d. Is the termination date(s) on the case info sheet (s) correct?
Y N N/A
- e. Are the conditions for each case listed correctly on the case info sheet(s)?
Y N N/A

Comments: _____

II. Assessment Information

- a. Is there an updated ORAS assessment/reassessment?
CSST CST SRT NONE
- b. Was the correct assessment tool used?
Y N N/A
- c. Was the assessment/reassessment completed in a timely manner?
Y N N/A
- d. If the assessment was completed by the supervising officer, does it appear accurate?
Y N N/A UNKNOWN
- e. Is the offender being supervised appropriately based on risk level?
Y N N/A UNKNOWN
- f. Is there a complete and updated supervision plan incorporating criminogenic needs as identified by the ORAS? *Intensive officers only
Y N N/A

Comments: _____

III. Progress Notes

- a. Are office visits documented and up to date?
Y N N/A
- b. **If the offender is high/moderate risk, has the officer documented the use of any cognitive based interventions used during office visits?
Y N N/A
- c. **Is there any documentation of positive reinforcements being used?
Y N N/A

- d. If there are any violations/antisocial behavior, is the officer addressing the behavior in a timely manner while following the continuum of sanctions?
Y N N/A

Comments: _____

IV. Programming Referrals

- a. Has the offender been referred to programming/resources to address need/responsivity issues?
Y N N/A
- b. If the offender is in treatment or programming, has the officer documented contact with the treatment agency/program provider?
Y N N/A
- c. Is the offender's progress in treatment/programming being discussed with the offender during office visits?
Y N N/A
- d. If the case is high/moderate risk and there is a need for IOP treatment, has the offender been referred to CBI-SA (treatment grant referral)?
Y N N/A

Comments: _____

V. Miscellaneous

1. If the offender is on intensive supervision, are field visits being conducted?
Y N N/A
2. If the offender owes court costs/restitution, has the officer established and addressed payments with the offender?
Y N N/A
3. Have court ordered conditions been addressed?
Y N N/A

Comments: _____

Corrections/Actions needed: _____

Date corrections are expected to be completed: _____

Probation Officer Date

Manager Date