

PEER REVIEW FORM

Warren County Common Court of Common Pleas

Client Name				
Judge			Auditor	
Case Number			Case Officer	
			Present in case file	
			Yes	N/A
			No	
COURT DOCUMENTS				
Court Entry initiating case (Plea, Pretrial referral/EMHA referral Sentencing Entry. ILC/Div granted)				
Rules of Supervision				
Rules of Supervision signed by all parties				
File is marked with Judge, Offender name, Start date, case number				
CCIS				
Intake w/in 14 days of case onset (only ILC/ISP/DIV/EMHA files)				
Reassessment w/in 14 days of 1 year				
INVESTIGATIVE				
Presentence Investigation / ILC report / Diversion report				
ASSESSMENT / TREATMENT / PROGRAMS				
Court Generated Assessments (TASC, URICA, TCU)				
RELEASES / REFERRALS				
Releases permitting sharing of information to court				
Releases are signed by all parties				
Drug testing referrals				
Outside agency referrals for treatment / programs -(drug/alcohol, corrective thinking, employment, anger management, theft class, TASC)				
CASE NOTES / SUPERVISION				
Supervision update forms				
Rewards / Sanctions / Coupons				
CASE PLANNING / ORAS				
Ohio Risk Assessment- initial				
ORAS case plan				
ORAS case plan signed by all parties				
Ohio Risk Assessment updated (at least every 12 months)				
FINANCIAL				
Court Payment Schedule				
Payment Receipts or verification of payments being made				

Auditor Notes

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# of YES scores	_____	# areas scored	_____	Divide YES scores by total areas scored, multiply by 100 to get final percentage	(y)_____ divided by (n)_____ x 100% =	Outcome: _____%
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Is this file compliant? (CIRCLE ONE) **YES** **NO**

(Any score below a 95% is considered not compliant)-If **yes**, sign below and return file, if **no**-please give to Case Officer to complete lower portion, once officer completes Action Plan, folder must be returned to Peer Committee Chair for review.

Auditor Signature _____ Print _____

Case Officer	_____	Date Given to Officer	_____	Date Corrections Due _____	Date Returned to Peer Committee Chair	_____
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Items that needed correcting:

1.	2.
3.	4.
5.	6.

Action Plan to bring file into compliance:

Case Officer Signature: _____ Date _____