

Department of Public Safety and Correctional Services
CERTIFIED CASE SUMMARY

Personal Data:

Last Name	First Name	Middle Name
Other names used: _____		
Prison where incarcerated: _____	SID#: _____	
Social Security number: _____	Alien/ICE#: _____	
Date of birth: _____	Place of Birth: _____	
	Month/Day/Year	City/Country
Nationality: _____		
Languages spoken: _____		
Current marital status: _____		
Children: _____		
Educational level and name and location of schools attended: _____		
Occupation: _____		

Sentence Data and Criminal History Information:

Date of sentencing: _____	Sentence length: _____	Sentence start date: _____
Month/Day/Year	(Months, years, life, etc.)	Month/Day/Year
Current Offense: _____		
Sentencing Court: _____		
Criminal Docket Number: _____		
Description and Date of Offense: _____		

Fines/Assessments/Restitution: _____		

Prior Record: _____		

Detainers/Pending Charges/Pending Appeals: _____		

Diminution of Confinement Credits: _____ (include copy of OBSCIS Screen 17)		
Parole Status: _____	Time Served to date: _____	
Projected Release Date: _____	Maximum Expiration: _____	

Social Data:

Psychological Evaluation, if available: _____

Security Level: _____

History of Alcohol/Drug Abuse: _____

Current Medical Condition(s): _____

Prison Work Experience: _____

Incidents of Institutional Misconduct: _____

Special Program Participation: _____

Other Pertinent Information:

Date

Case Management Specialist's Signature & Title

Telephone

Date

Case Management Supervisor's Signature & Title

Telephone