Screener:	
Facility: _	
Date:	

INMATE RELEASE AUDIT FORM

	Inmate:			OOC/CL#:			
	Release Date:						
			Yes	No	N/A		
1.	Was release preparation documented in confidential notes? Comments:						
2.	Was a release case plan completed prior to the inmate's release? Comments:						
3.	Is each criminogenic variable fully addressed by a narrative comment Comments:	t?					
4.	Was the risk assessment completed prior to the parole hearing or rele	ase'	? 🗌				
5.	Has a home plan and/or release plan been developed for inmate's eligible for release? Comments:		e 🗌				
6.	For release plans, have parole and release requirements been address (e.g., DNA, SOR, Statewide Transfer Alert, restitution)? Comments:	ed					
							

	Yes	No	N/A
7. Did the file contain the appropriate background checks and were they completed within the timeframes of policy (JPortal/JIS, detainers, JPortal/NCIC warrant checks, DPP OCMS)? Comments:			
8. Proper verification to affected agencies as required by law or Regulations are conducted. Comments:			
9. Was the inmate released with the proper Release Documents (e.g. ID social security card, birth certificate, DD-214)? Comments:			
10. Was the release certificate reviewed with the inmate and the inmate signed the certificate? Comments:			
11. Releases processed after the promulgation of the revised <i>Release</i> Procedures OPS.230.0005 did contain a completed Release Directive Checklist signed by a supervisor? Comments:			
12. If appropriate, the release envelope was completed in accordance with OPS.230.0005 and includes all required signatures? Comments:			