

Intensive Supervised Release: Request for Early Transfer to Supervised Release

Client: _____ Release Date: _____
 _____ Date: _____ ECRC: _____

Offense: _____

Criminogenic Risk/Need Area-LSCMI: (check high/very high risk domain – all that apply)

- Employment/Education Financial Problems
 Family/Marital Accommodation Leisure/Recreation Companions Alcohol/Drug Problems
 Emotional/Personal Attitudes/Orientation Antisocial Pattern

Interventions Utilized:

Intervention Type	Date Started	Date Completed
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Overall ISR adjustment: (Positive attitude, follows program, employment, residence, prosocial activities, peers, drug tests, restitution & community work service, etc.)

Click or tap here to enter text.

Client's Support Network:

Click or tap here to enter text.

Client justification: Please attach any written request the client has made to request early transfer

Supervisor approval: Yes No

Supervisor

Signature: _____

Printed Name: _____