NON-APPEARANCE CONTINUED REVIEW FORM

INCARCERATED INDIVIDUAL'S NAME:	**OID:**

CURRENT SENTENCE INFORMATION

Obligation Element #:	Obligation Offense:	
Release Return Date:	Confinement Release Milestone:	Termination Milestone:

Type of Release: (Circle One) ISR SR CIP	Agent Name:	Agent Phone:

Please refer to *Policy 106.1121* before completing this section. Check one:

☐ The individual has 60 days or less remaining until program completion (Sex Offense Programming or Substance Use Disorder Programming) and has an agent-approved residence upon completion. Anticipated program completion date is: _____.

☐ The individual has an agent-approved plan at a residential placement in the community and will be released within 60 days or less. Anticipated release date: _____.

☐ Continued up to 14 days or until the next available HRU hearing date, due to:

- ☐ an unexpected change in the individual's approved placement plan
- ☐ other (explain): _____
  _____.

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Caseworker Signature _____Date_____

Caseworker Supervisor Signature: _____ Date_____

☐ **APPROVED BY** ☐ **NOT APPROVED BY**

Hearings and Release Officer: _____ Date_____

Comments: _____
_____
_____

Distribution: Base File, Agent, Attorney, Caseworker, Incarcerated Person