

Probation / Parole

M#: _____

Involvement in homicide: Victim Suspect

At the time of the homicide, person on (circle one): Probation Parole Extended Supervision

Offender Name: _____

Committing Offense: _____

County of Commitment: _____

Offense Date: ____/____/____

Sentence Date: ____/____/____

Sentence: _____

Release date: ____/____/____

If on parole, amount of time served in jail/prison for committing offense: _____ months / years

Absconder warrant for arrest at time of current homicide? 0. No 1. Yes

If yes, date warrant issued: ____/____/____

Conditions of probation, parole or ES (check all that apply):

In violation at time of incident?

- | | |
|--|--------------------------|
| <input type="checkbox"/> Electronic monitoring | <input type="checkbox"/> |
| <input type="checkbox"/> House arrest | <input type="checkbox"/> |
| <input type="checkbox"/> Employment | <input type="checkbox"/> |
| <input type="checkbox"/> Obtain HSED / GED | <input type="checkbox"/> |
| <input type="checkbox"/> Urine analysis | <input type="checkbox"/> |
| <input type="checkbox"/> Refrain from making contact with specific person(s) | <input type="checkbox"/> |
| <input type="checkbox"/> AODA program | <input type="checkbox"/> |
| <input type="checkbox"/> Other treatment (halfway house, DV, etc.): _____ | <input type="checkbox"/> |
| <input type="checkbox"/> No contact with crime victim | <input type="checkbox"/> |
| <input type="checkbox"/> Community service | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> |

For committing offense:

Number of probation/parole/ES violations: _____

Number of times supervision revoked: _____

Reasons for supervision revocation: _____

Number of missed agent contacts: _____

Last agent contact: ____/____/____

Number of times previously sentenced to probation/parole/ES for other offenses: _____

Supervision summary (e.g., reporting habits, UA results, new criminal activity, family/significant other relationships, etc.):

