

Computer Audit Checklist

Issues: *Yes___ No___
*(LIST IN 'COMMENTS' SECTION- Pg 2)

Location: FDCF / _____ ***FOR DATABASE USE ONLY**

TDD: _____ Assigned to: _____ * Due **BEFORE: 04/17/2015**

Name: _____ *ICON #:* _____
Last First Middle

S. S.# _____ DOB: _____

Check Charges Screen:

County Name	Case #(s)	Charge(s)	Offense date:	Admit date:

Movement Screen: Probation Rev. NCC OWI (check one)

Attachments:

Case #: _____ Sent. Ord. _____ Rev. Ord. _____

Case #: _____ Sent. Ord. _____ Rev. Ord. _____

Case #: _____ Sent. Ord. _____ Rev. Ord. _____

Jail Credit:

Case #	Date in:	Date out:	Total	Case #	Date in:	Date out:	Total

Time Comp Groups:

- Disc. On All Active Groups - [List Missing Report Hearing #'s & date:]

HEARING #	DATE

PSI:

Sup Status:

Generic Notes:

Resi Credit: No Yes - (list)

Case #	Date in:	Date out:	Total

Violator Program: No Yes - (list)

Case #	Date in:	Date out:	Total

Movement Screen/Supervision status checks: List dates IF box is checked:

- Parole Revocation: _____
- Shock Probation Return: _____
- Work Release Revocation: _____
- Escape/Abscond: _____
- Long-Term Trtmt: _____
- Other Patient Credit (OP): _____
- Safekeeper: _____
- DT Calculation _____

ICIS:

Comments that **ARE** issues pertaining to audit:

Completed by: _____ Date: _____
(Initials)