



Ohio Department of Rehabilitation and Correction

770 West Broad Street
Columbus, Ohio 43222

John R. Kasich, Governor

www.drc.ohio.gov

Gary C. Mohr, Director

TRANSITIONAL CONTROL ELIGIBILITY CHECKLIST

INMATE DECISION:

Offender Name:

Number:

Classification:

CRITERIA		YES	NO
1.	Earliest transitional control eligibility release date: Expected release date:		
2.	Is the offender serving actual incarceration or mandatory prison term? The offender is not eligible until the actual or mandatory term expires. If yes, date actual/mandatory expires:	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the offender subject to a detainer for any sentence of imprisonment imposed but not fully served for any post release control, parole or probation violation or subject to a wanted detainer or a notify detainer for any untried felony charge or or for any U.S. Immigration violation action?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the offender serving a sentence of life imprisonment?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the offender have more than one adult prison commitment, including the current commitment, for an offense of violence? (EXCLUDE 2911.12 Burglary, 2923.12 CCW, 2923.12 HWDU)	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the offender have a record of more than five adult commitments, including the present commitment, regardless of offense?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has the offender been convicted, or adjudicated delinquent, or serving a current commitment for any offense as described in Chapter 2907 of the Ohio Revised Code? PLEASE CHECK: JUVENILE ADJUDICATIONS ARE EXCLUSIONARY CRITERIA.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the current commitment for a violation of 2921.34 ESCAPE or ATTEMPTED ESCAPE, or for a violation of 2903.08 AGGRAVATED VEHICULAR ASSAULT, 2903.07 VEHICULAR HOMICIDE OR 2903.06 AGGRAVATED VEHICULAR HOMICIDE?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Has the offender been convicted or adjudicated delinquent for ARSON or AGGRAVATED ARSON or serving a current commitment for ARSON or AGGRAVATED ARSON as described in Chapters 2909.02 or 2909.03 or the Ohio Revised Code? PLEASE CHECK: JUVENILE ADJUDICATIONS ARE EXCLUSIONARY CRITERIA	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the offender have a designated security level of 3,4, or 5?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is the offender subject to a detainer for any felony offense, a notify-detainer for a felony offense, any detainer or notify-detainer from US Immigration, or imprisoned for a violation of parole (first continuance) or post-release control?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Is the offender currently confined in Local Control or Administrative Control?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the offender have less than ninety (90) days from the date of transfer to Transitional Control to release or release eligibility? (If yes, the offender is eligible but there is insufficient time to administratively transfer to Transitional Control.)	<input type="checkbox"/>	<input type="checkbox"/>

A "YES" ANSWER TO ANY OF THE ABOVE MEANS THE OFFENDER IS NOT ELIGIBLE FOR TRANSFER TO TRANSITIONAL CONTROL.

Signature

Date

PART B - PBPO REVIEW			
CRITERIA		YES	NO
1.	Has the judge vetoed the offender's participation in the Transitional Control program within the journal entry?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the offender have less than 120 days from the date of the review to release or release eligibility? If so, there is insufficient time to administratively transfer to Transitional Control.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the offender less than 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the offender in the ninety-day segment of an IPP program?	<input type="checkbox"/>	<input type="checkbox"/>
A "YES" ANSWER TO ANY OF THE ABOVE MEANS THE OFFENDER IS NOT ELIGIBLE FOR TRANSFER TO TRANSITIONAL CONTROL.			
5.	Is there a PSI/OBI/POBI available for the current offense(s)? If no, I completed the ASN2 Request for this investigation: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART A & B Override -PSI/OBI/POBI reveals documentation of exclusionary criteria:			
TRANSITIONAL CONTROL ELIGIBILITY OVERRIDE TO:		<input type="checkbox"/>	<input type="checkbox"/>
Reasons:			

PART C - FACTORS TO CONSIDER - SB2 OFFENDERS ONLY			
CRITERIA		YES	NO
DOES THE OFFENDER HAVE:			
1.	Disciplinary infractions within the last 6 months resulting in DC or LC time? If so, please list date, type of infraction, and disposition	<input type="checkbox"/>	<input type="checkbox"/>
2.	A juvenile commitment(s) for offenses of violence within 5 years from date of conviction for current offense(s)?	<input type="checkbox"/>	<input type="checkbox"/>
IS THE OFFENDER:			
3.	Incarcerated due to violating supervision (SB2 or TC recommisioned)?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Not convicted of a sex offense, but required to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Currently receiving treatment at CMC or OCF?	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE LIST:			
6.	Mental Health RTU level (1, 2, 3, 4 or N/A): sadsadu		

7. Medical Status:

PART D - PAROLE BOARD RECOMMENDATION

1. Please check all that apply:

- TC RECOMMENDED PENDING JUDICIAL REVIEW
- TC DENIED APA REVIEWER DISCRETION
- REVIEW PENDING INVESTIGATION

2. Please check any special conditions:

- Substance Abuse Screening and Programming if indicated
- Mental Health Screening and Programming if indicated
- OTHER:

PAROLE BOARD HEARING INFORMATION:

Completed By: _____ Name _____ Title _____
Review Date: _____