

Release Site Phone Interview

FORM 701D-16

Type of Review			
Offender Name		ICON #	
Date Completed		Counselor	

1. Name of Person Counselor Spoke to: (matches HPQ)
Name:

2. Address/Phone Number Verification of Release Site: (matches HPQ)
Address: Phone Number:

3. Do you own or rent? (if rent, follow-up with questions about subsidized housing, landlord information including name and contact #)
 Rent Comments:
 Own

4. Tell me about your relationship with the offender (length of relationship, title, prior history of living together):
 Length of relationship: Prior History of living together:
 Title:
 Comments:

5. Have you or anyone in the home been on supervision? (if yes, ask for details of supervision and crimes):
 Yes Comments:
 No

6. List of adults and minors living in the home: (if minors reside in the home: follow with relationship to offender, frequency of contacts). Does Everyone have their own room? (if not, ask why, where the offender would sleep)

Name:	Own Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Name:	Own Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Name:	Own Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Name:	Own Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:

Additional Comments:

7. Please tell me what the offender has shared about his current crimes (probe for honesty, potential enabling behaviors, victimization issues):

8. Are you supportive of the offender living with you: (probe for concerns/safety issues/prior behaviors/recent crisis or trauma) How long would they be able to reside with you?

How long would they be able to reside with you?

9. Collaborative discussion of parole expectations (next steps, who they should contact with questions or concerns)

For Public Information Only