


MMP Program Quick Screen

Name: Click here to enter text.	ICON: Click here to enter text.	
Address: Click here to enter text.		
Phone: Click here to enter text.		
IA Risk Score/Date: Click here to enter text.	LOS: Click here to enter text.	
Education Level: Click here to enter text.	Jesness Inventory/Date: Click here to enter text.	

Job Status	Employer	Start Date
Click here to enter text.	Click here to enter text.	Click here to enter text.

Sup Status	Start Dt	County – Cause – Count – Offense Description	SDD/TDD
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Paid In full	Current per plan	Balance	Financial
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Balance of ALL CBC fees (Fee Notice must be signed/scanned if money owed)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Balance of Court Costs, Fine, Surcharge, Restitution, Other

The following must be checked off in order to meet the transfer criteria:

- No pending charges
- No pending Reports of Violation
- At least 6 months left of supervision
- Level of supervision is level 1 or 2
- No incidents of alcohol/drug abuse in the last six months
- DNA Completed or NA Date Required: Click here to enter text. Submitted: Click here to enter text.
- No victim info in ICON Victim Alert Info: Click here to enter text.
- Not a registered sex offender (for supervision charge or other)
- Photo taken

For Public Information Only

Agent: Click here to enter text.
Date of Referral: 8/5/2020
Comments:
