



Time Period Covered in This Report

Quarter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
---------	----------------------------	----------------------------	----------------------------	----------------------------

COUNTY: \_\_\_\_\_  
 COURT(S): \_\_\_\_\_  
 COURT I.D.: \_\_\_\_\_  
 JUDGE'S NAME: \_\_\_\_\_  
 CPO: \_\_\_\_\_

INDIANA OFFICE OF COURT SERVICES

PREPARED BY: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**PART I - SUPERVISIONS**

	1	2	3	4	5	6	7	8
	Post-sentence Supervision	Split Sentence Supervisions	Inter-State Accepted	Intra-State Accepted	Supervision in Lieu of Prosecution	Judgment Withheld	Other (Specify)	Total Supervisions (columns 1-7)
A. Supervisions Previously Pending								
B. New Supervisions Received								
C. Supervisions Re-Opened								
<b>D. Total Supervised Cases Before You (add lines A through C)</b>								

**PART II – CLOSED AND INACTIVE SUPERVISIONS**

E. Discharged (Completed Probation)								
F. Revoked Because of New Offense								
G. Revoked for Technical Violation Only								
H. Absconded and/or Warrant Active								
I. Other Closed/Inactive Supervisions (Specify)								
<b>J. Subtotal Closed/Inactive Supervisions (add lines E through I)</b>								
<b>K. Supervisions Pending (line D minus line J)</b>								

**PART III – STATUS ON PENDING SUPERVISIONS**

	1 Post-sentence Supervision	2 Split Sentence Supervisions	3 Inter-State Accepted	4 Intra-State Accepted	5 Supervision in Lieu of Prosecution	6 Judgment Withheld	7 Other	8 Total Supervisions (Columns 1-7)
L. On Probation								
M. Intra-State Transferred Out								
N. Inter-State Transferred Out								
O. Other Supervisions (Specify)								
<b>P. Total (should equal line K)</b>								

Please explain entries in "Other" categories.

---



---



---



---

**PART IV – GENERAL**

**If your department completes both the adult felony report and the adult misdemeanor report, please answer questions 1-5 on only one of the reports.**

1. What is the total number of felons or misdemeanants under probation supervision with your department at the end of the reporting period: (List Highest Classification.)

Felons \_\_\_\_\_ **OR** Misdemeanants \_\_\_\_\_

2. Of the people reported in question 1, how many were placed in the following workload categories/supervision levels?

A. High \_\_\_\_\_ B. Medium \_\_\_\_\_ C. Low \_\_\_\_\_  
 D. Administrative \_\_\_\_\_ E. Total (A through D) \_\_\_\_\_

3. How many other people did you have at the end of the reporting period that you were monitoring for administrative purposes? (These are in addition to the people reported in question 1 above. Example: an offender has been released from probation, but the file is monitored for collection of fees.) \_\_\_\_\_

4. A. How many pre-sentence investigations were completed during the reporting period? \_\_\_\_\_
- B. How many other reports (e.g. family law, home study, pre-trial release) were completed during the reporting period? (Do not include A & D Program reports.)

Please specify type and quantity:

Type _____	Quantity _____
Type _____	Quantity _____
Type _____	Quantity _____

5. A. Does your department conduct services for diversion programs or other non-probation based programs (i.e. urine screens for prosecutor diversion programs, etc.)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

B. If yes, please list each entity that requested service with your department and the services requested: \_\_\_\_\_

C. What was the total amount of revenue, if any, received during the quarter from these services? \_\_\_\_\_

6. Of the supervisions received this quarter (Line B, Column 8), how many were convicted of a substance abuse offense as defined in the Instruction Manual? \_\_\_\_\_
7. Of the supervisions received this quarter (Line B, Column 8), how many were convicted of a sex offense as defined in the Instruction Manual? \_\_\_\_\_

**Copies of this worksheet and an Instruction Manual are available on-line at:**

[www.courts.in.gov](http://www.courts.in.gov)

**To obtain your ICOR password, please contact the Trial Court Technology Help Desk at 1-888-275-5822**