

PASS NOTIFICATION FORM
(USE WHEN BOARD APPROVAL IS NOT REQUIRED FOR THE PASS)

Case Manager's Name : _____

Case Manager's Phone # : _____

CLIENT's Name : _____

Leaving : _____

Returning : _____

Destination : _____

Purpose of Travel : _____

How long has client been on CR ? _____

How long have you been client's CM ? _____

CM/Tx Team approves? ? **Yes** **No** Comments: _____

Has client done this pass in the past ? **Yes** **No** Comments: _____

Do victim(s) live or did instant offense occur near pass location ? **Yes** **No** Comments: _____

Does the Board Order require victim notification? (If yes, you must notify victim or victim advocate) ? **Yes** **No** Comments: _____

Have you met or spoken w/host(s) ? **Yes** **No** Comments: _____

Host(s) aware of conditions ? **Yes** **No** Comments: _____

Did you tell them no alcohol and explain symptoms/risk/medication compliance and safety plan if psychiatric care needed ? **Yes** **No** Comments: _____

If Sex Offender Complete the Following Questions:

Minor victims ? **Yes** **No** Comments: _____

Will minors be at pass location ? **Yes** **No** Comments: _____

If Yes:

Does the current CR Order prohibit contact with minors? * **Yes** **No**

***If Yes, pass will require Board approval via an administrative hearing**

Does the current CR Order require the client be supervised outside the facility? **Yes** **No**

If Yes:

Does the client have pass privileges that allow for this pass? * **Yes** **No**

***If No, pass will require Board approval via an administrative hearing**