**Pretrial Desktop Audit Report Form:**

**Supervisor**:

**Pretrial Officer**:

**Caseload Size**:

**Date Reviewed with PO**:

**Packet to be returned to PO III with all corrections completed no later than**:

**Files to be Closed Out Immediately**:

**PRETRIAL OFFICER DESKTOP REPORT:**

**Past Due Office Contacts**:

**Past Due Field Contacts:**

**Past Due UA/PBT Tests:**

**AK-2SR Risk Level Missing:**

**Urban/Rural Supervision Reflected Incorrectly:**

**LEGAL STATUS AUDIT REPORT:**

**Inmate cases to review and close**:

**Legal Status/Current Location**:

**PRETRIAL WORKLOAD REPORT:**

**Sex Offenders**:

**Domestic Violence**:

|  |
| --- |
| Date Re-Audited: \_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complete/IncompleteDate Audit Results Forwarded to DCPO/CPO: \_\_\_\_\_\_\_\_\_\_\_\_Date of DCPO/CPO Review: \_\_\_\_\_\_\_\_\_ DCPO/CPO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Complete/Incomplete  |

Attachments:

ACOMS Printout (Audit Printout)