Department of Corrections
WASHINGTON STATE

CENTRAL FILE – FIELD INTAKE AUDIT CHECKLIST

Name: _____ DOC number: _____

Overall SED: _____ CSE _____ CSE _____ CSE _____ CSE _____

1.	Time start	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated
2.	County				
3.	Verify cause number				
4.	Date of sentence	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated
5.	Cause credits in OMNI	JT/ GT	JT/ GT	JT/ GT	JT/ GT
a.	J&S (+travel) or Jail Cert.				
6.	Offense date	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated
7.	RCW	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated
8.	Statutory maximum	2 | 5 | 10 | 20 | Life	2 | 5 | 10 | 20 | Life	2 | 5 | 10 | 20 | Life	2 | 5 | 10 | 20 | Life
9.	Special findings	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct
10.	Enhancement type (Flat Time/Earned Time)	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct
11.	Mandatory (Flat Time/Earned Time)	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct
12.	CC/CS confinement	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct	☐ N/A ☐ Correct
13.	Community custody length	_____ months	_____ months	_____ months	_____ months
14.	CC/CS supervision ☐ N/A	☐ CC _____ ☐ CS _____	☐ CC _____ ☐ CS _____	☐ CC _____ ☐ CS _____	☐ CC _____ ☐ CS _____
15.	Problem J&S screen JABS/Linx/Amended J&S	☐ Sent ☐ Verify Jabs ☐ Resent ☐ No/Reply	☐ Sent ☐ Verify Jabs ☐ Resent ☐ No/Reply	☐ Sent ☐ Verify Jabs ☐ Resent ☐ No/Reply	☐ Sent ☐ Verify Jabs ☐ Resent ☐ No/Reply
16.	Conditions	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated	☐ Correct ☐ Updated

OnBase Review: ☐ Release packet ☐ J&S & Jail Cert(s) ☐ Conditions/Requirement/Instructions or Request

Supervision Activities Review:

☐ Gained releases & Closed MON cause(s)	☐ N/A	☐ Updated
☐ Misdemeanors / CCJ to be entered	☐ N/A	☐ Assigned/Entered/Sent to screening/CCO notified
☐ Open Field causes tolled (L12/G12)	☐ N/A	☐ Updated
☐ Re-Gain DOSA revoke cause(s)	☐ N/A	☐ Updated
☐ CCP return cause(s) tolled	☐ N/A	☐ Updated

Other:

☐ Verify Prison view J&S in CF ☐ Chrono audit (include any changes made) ☐ + Archive list/Check date

Comments:

_____

_____

Audit completed by:

_____ _____ _____ _____

Name Signature Office Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.