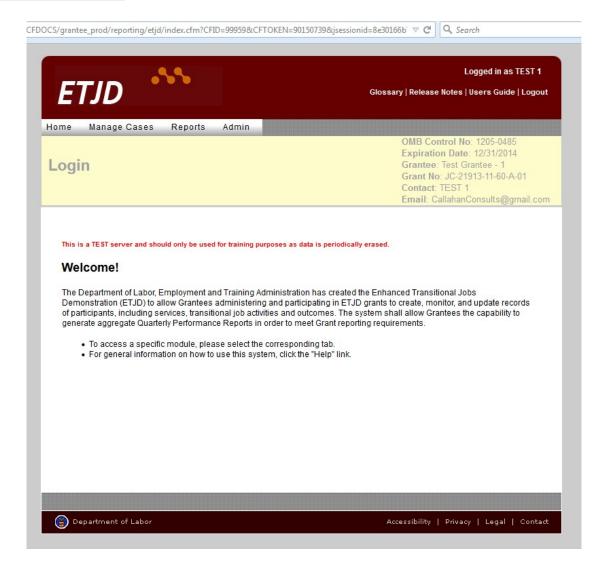
OVERVIEW SCREENS



Ima E

Jen E

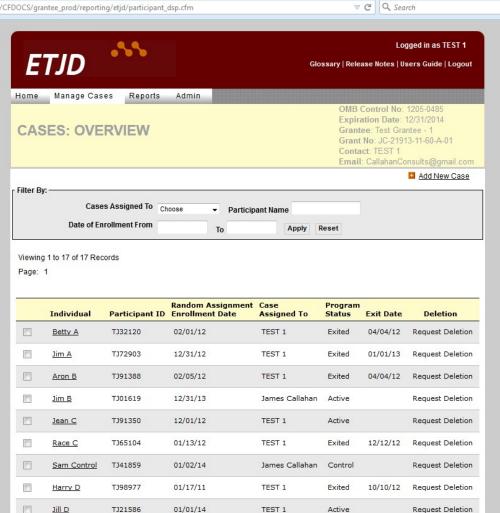
TJ08780

TJ14753

12/25/13

12/01/12





TEST 1

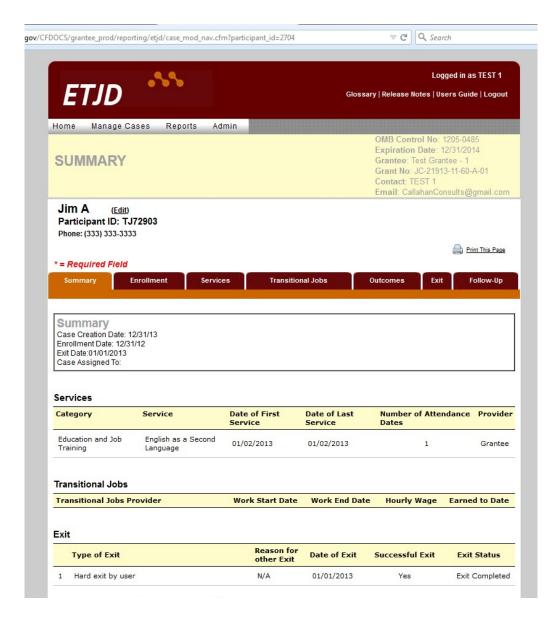
TEST 1

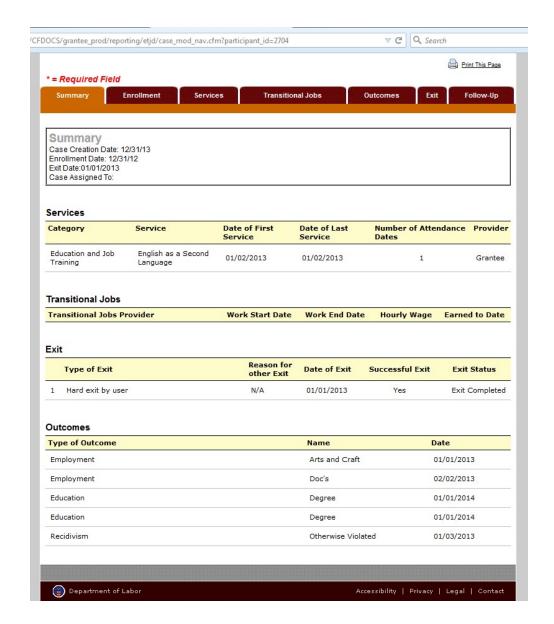
Exited

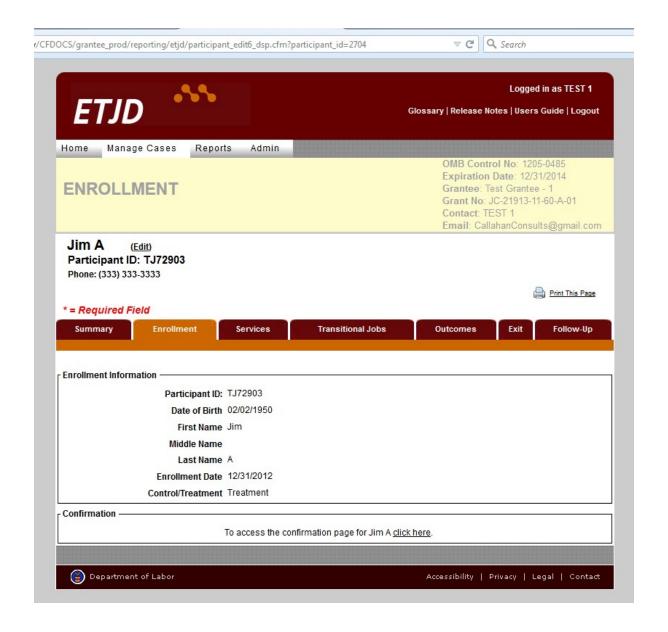
Exited

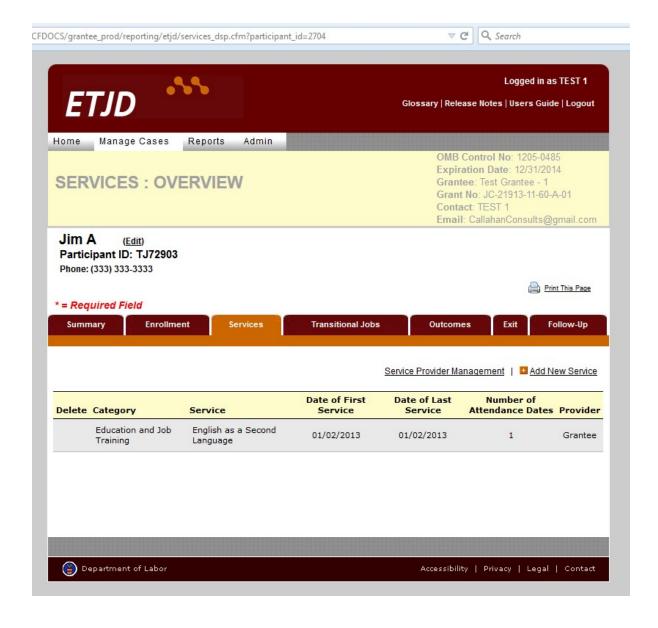
12/31/13 Request Deletion

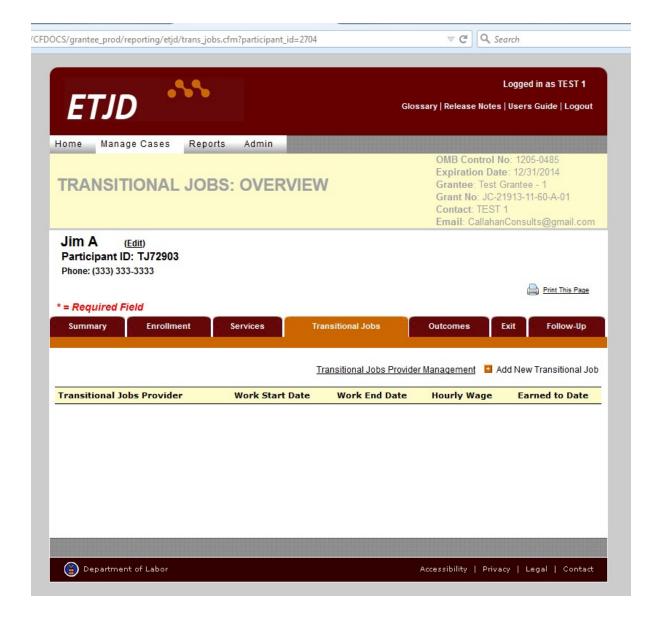
01/14/13 Request Deletion

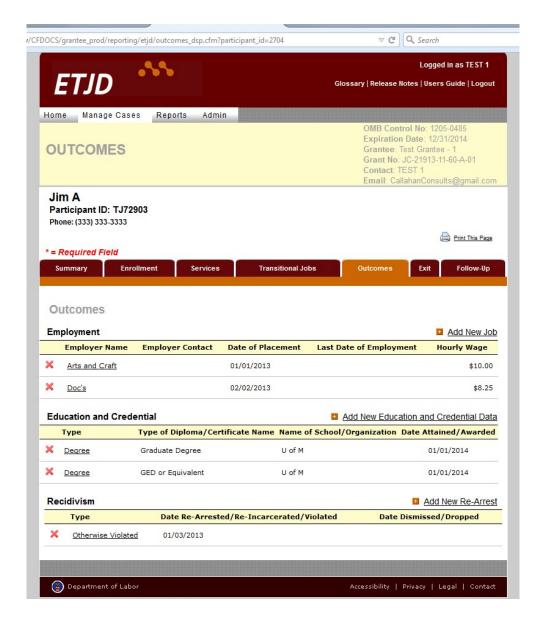


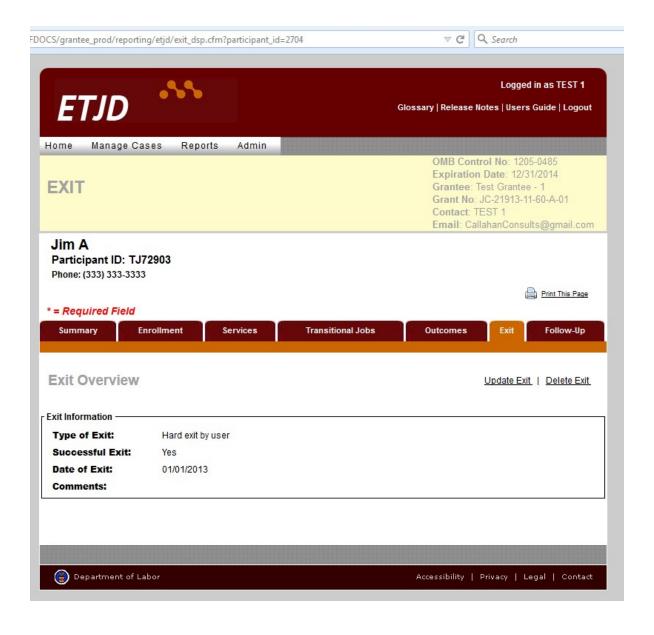


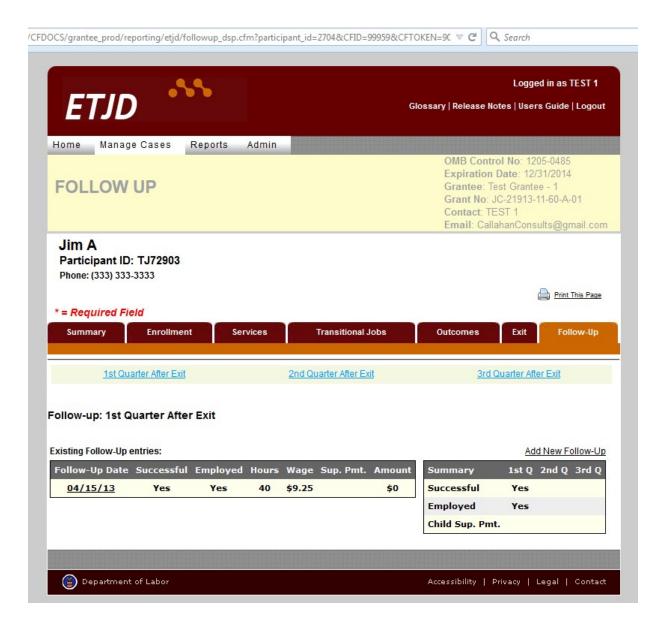






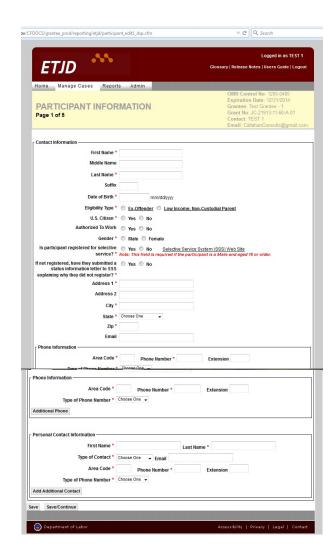


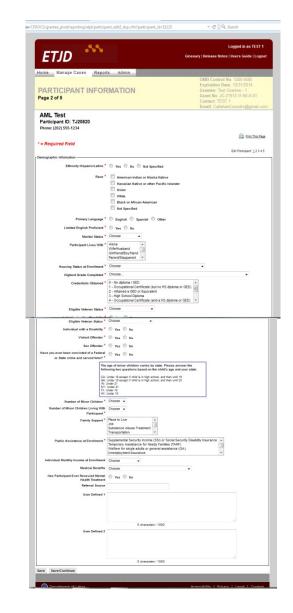


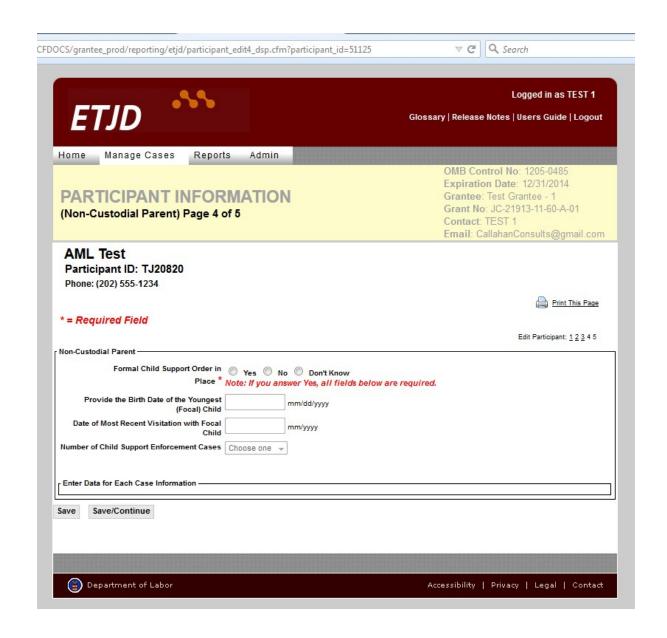


DATA ENTRY SCREENS:

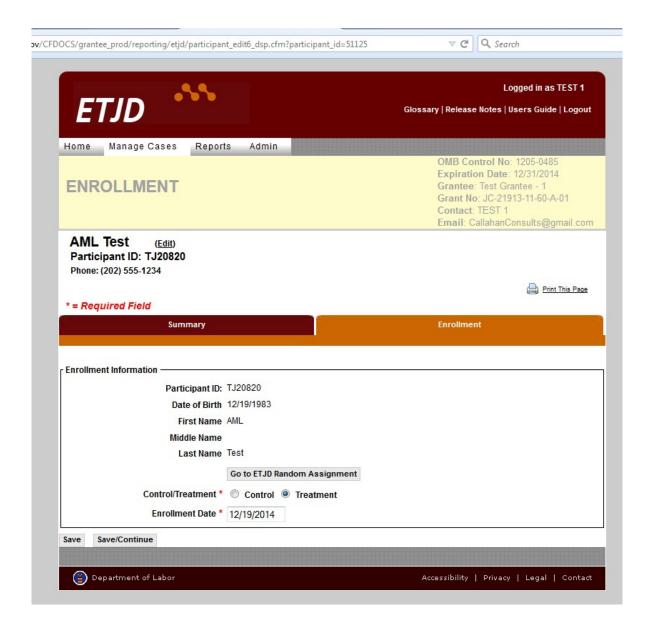
ADD NEW CASE (PARTICIPANT):



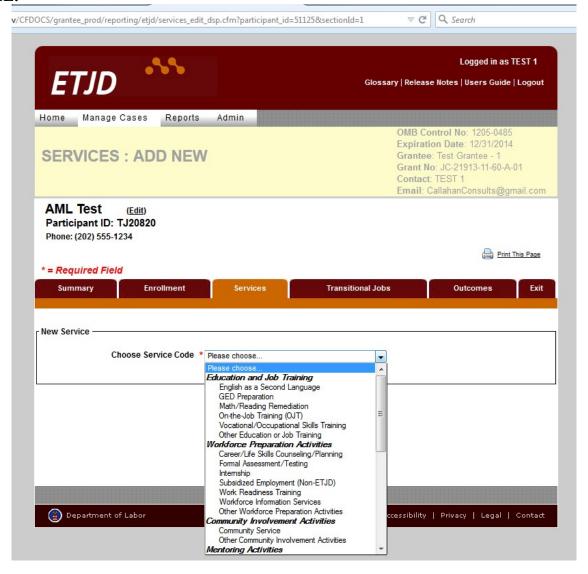


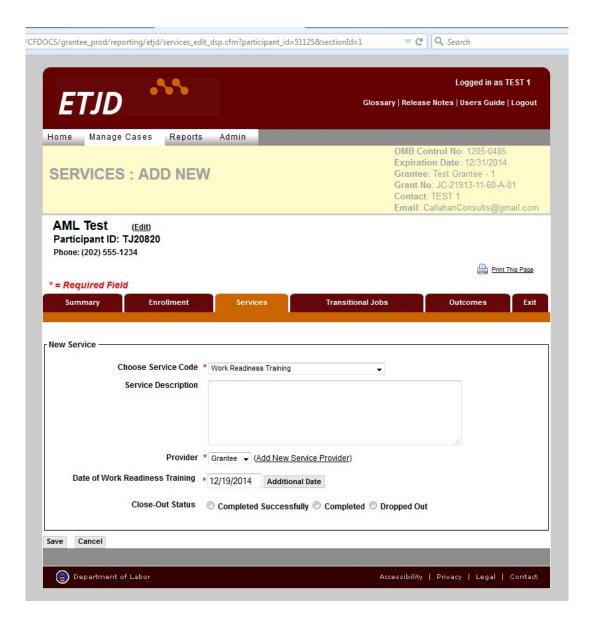


OCS/grantee_prod/reporting/etjd/participa	nt_edit5_dsp.cfm?particip	oant_id=51125	△ G	Q. Search
				Logged in as TEST 1
ETJD			Glossary Release I	Notes Users Guide Logou
Home Manage Cases Report	Admin			
				trol No: 1205-0485 n Date: 12/31/2014
PARTICIPANT INFOR	MATION		Grantee:	Test Grantee - 1
(Ex-Offender) Page 5 of 5			Contact: 1	JC-21913-11-60-A-01 TEST 1
			Email: Ca	llahanConsults@gmail.com
AML Test				
Participant ID: TJ20820 Phone: (202) 555-1234				
				Print This Page
* = Required Field				
				Edit Participant: 123 4 5
Ex-Offender Information				
Date of Most Recent Release *	mm/dd/yyy	y		
	Parole Probation	Other Criminal Ju	stice/Court Supervisio	n None
Parole Assessed Level of Risk	Choose 🔻			
Criminal Justice System ID				
Type of Criminal Justice ID	Choose	•		
Other Criminal Justice ID				
Date of Incarceration for Most Recent Crime Prior to Participation*	mm/dd/yyy	y		
Institution at Which the Participant Most				
Recently Was Incarcerated Prior to Enrollment				
Type of Institution	Federal Prison St	tate Prison County	/City Jail	
Total Time Incarcerated *	Years Mo	nths		
Age of First Juvenile or Adult Conviction				
Type of Crime -				
One of the following four fields is required: *				
Property Crime Type of Other Property Crime	Choose	▼ (if other, please s	pecify)	
Drug Crime Type of Other Drug Crime	Choose	→ (if or	her, please specify)	
Type of Crime One of the following four fields is required: *				
Property Crime	Choose	▼ (if other, please :	specify)	
Type of Other Property Crime				
Drug Crime	Choose	- lito	ther, please specify)	
Type of Other Drug Crime		- 1110	, ,	
Public Order Offenses	Choose	▼ (if other, please	enecify)	
Type of Other Public Order Offenses		+ (in ourse, presse	opcolly)	
Type of Other Offenses	Yes No (if yes,	please specify)		
type of Other Offenses				
ave Save/Continue				
	000000000000000000000000000000000000000	100000000000000000000000000000000000000		

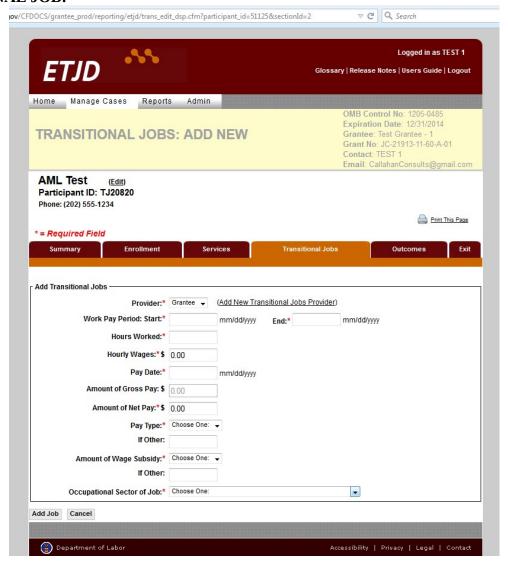


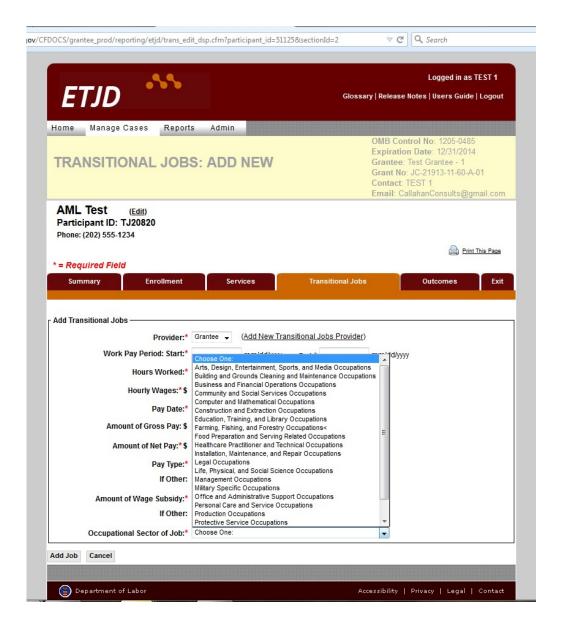
ADD NEW SERVICE:



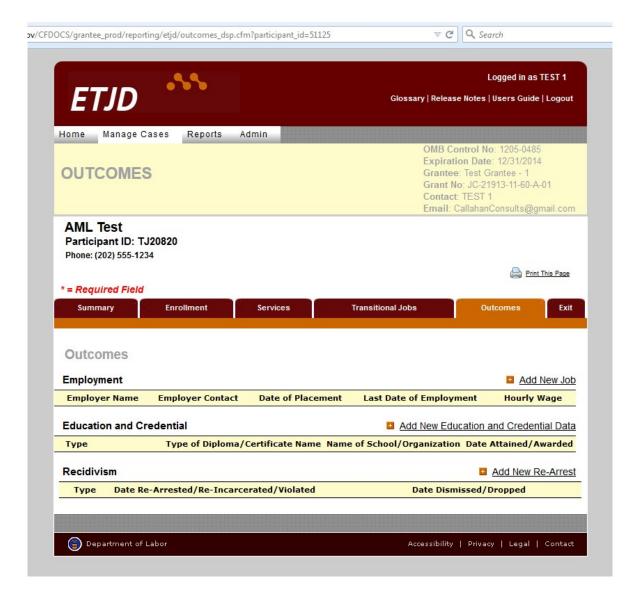


ADD NEW TRANSITIONAL JOB:

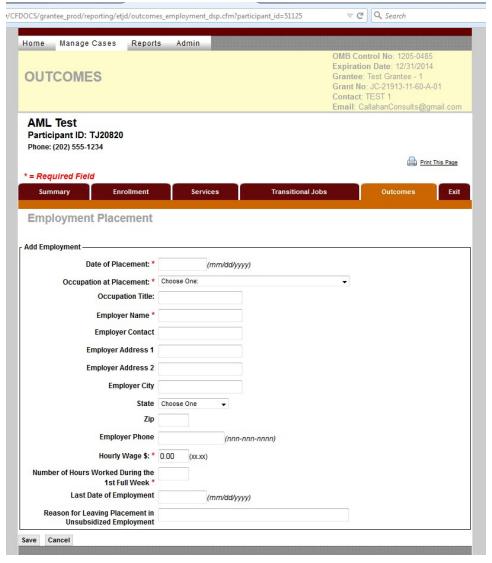




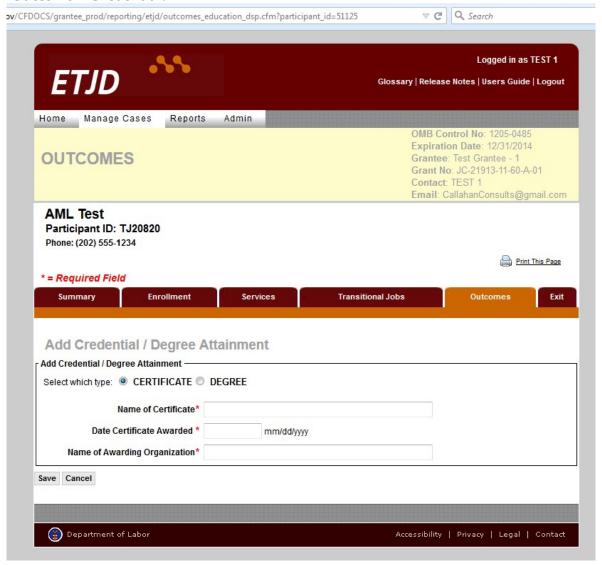
OUTCOMES:



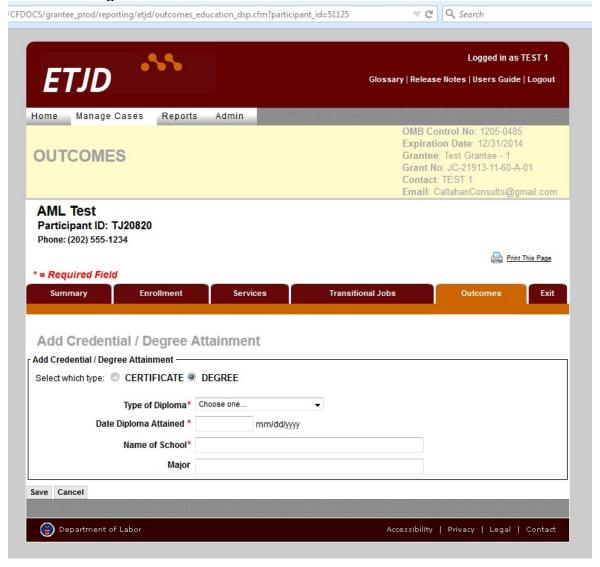
Add New Employment Outcome:



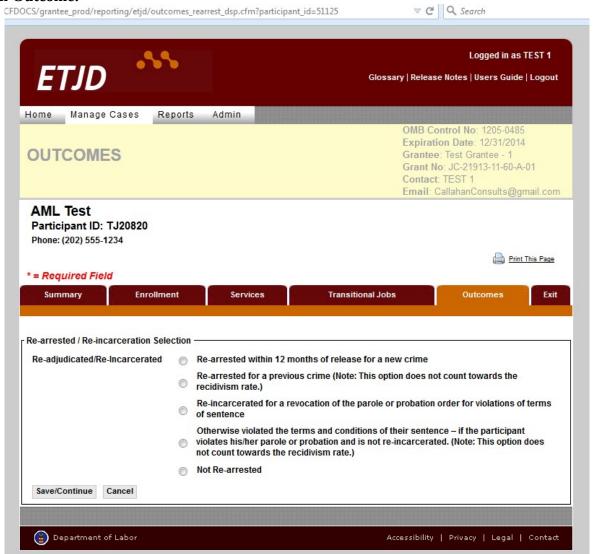
Add New Education Outcome – Credential:



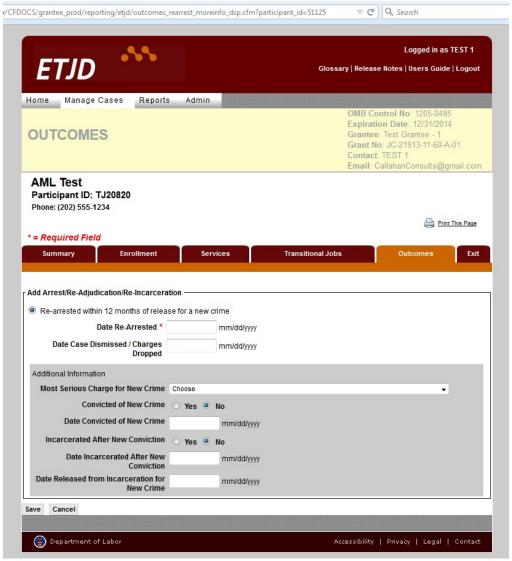
Add New Education Outcome – Degree:



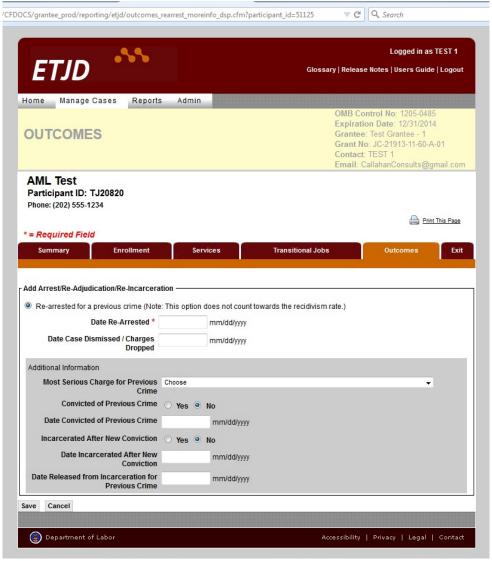
Add New Recidivism Outcome:



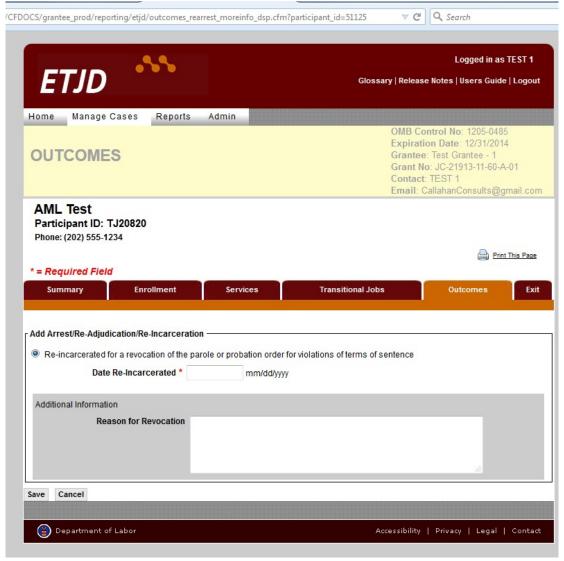
Option 1) Re-arrested – New Crime:



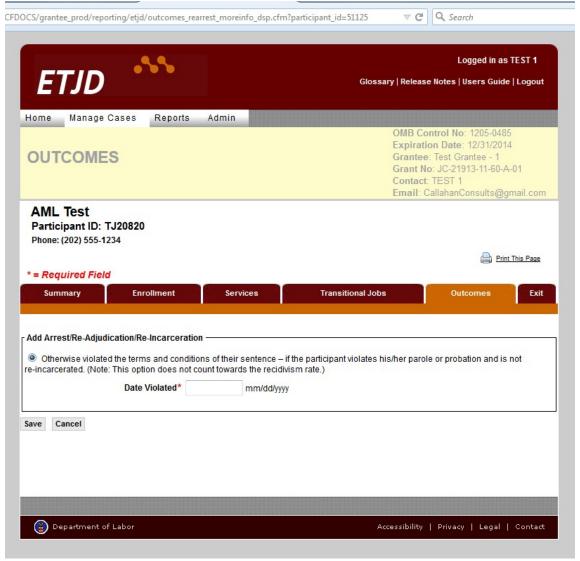
Option 2) Re-arrested – Previous Crime:



Option 3) Re-incarcerated – Parole/Probation Violation:



Option 4) Other Violation:



QUARTERLY FOLLOW-UPS (1st, 2nd, and 3rd QUARTERS AFTER EXIT):

