



Criminal Justice Case Management Checklist Template

Intake & Assessment

Initial data collection, risk assessment, and needs identification.

Client Name

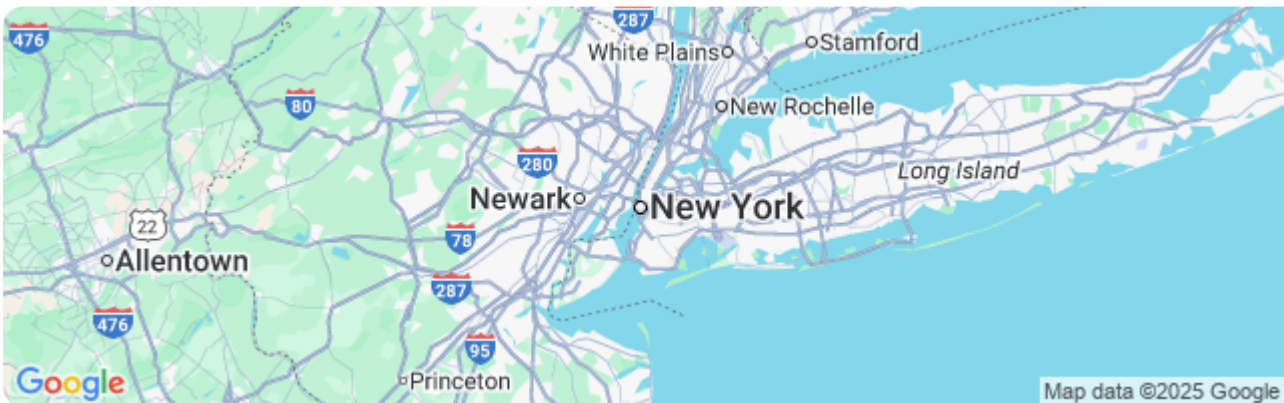
Write something...

Date of Intake

Enter date...

Location of Incident (if applicable)

 [Set My Current Location](#)



Age

Enter a number...

Reason for Referral

- ☐ Self-Referral
- ☐ Law Enforcement
- ☐ Court Order
- ☐ Agency Referral

Presenting Concerns/Summary

Write something...

Risk Factors (Select All That Apply)

- ☐ Substance Abuse
- ☐ Mental Health Concerns
- ☐ History of Violence
- ☐ Lack of Housing
- ☐ Financial Instability

Investigation & Evidence Gathering

Collection and analysis of evidence; witness interviews; documentation.

Date of Incident/Offense

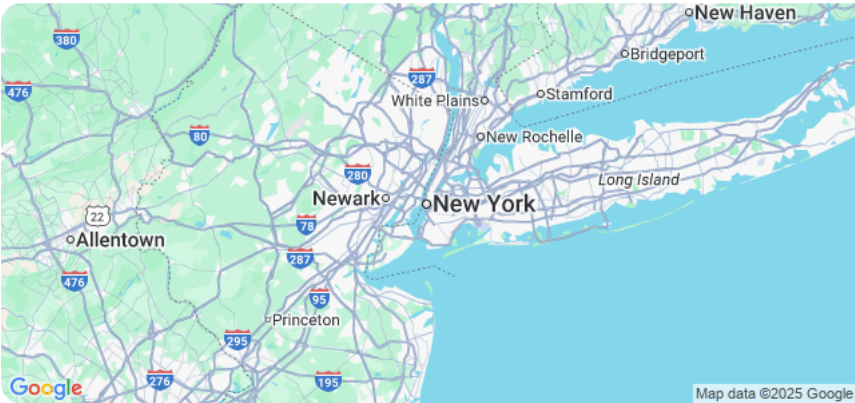
Enter date...

Detailed Description of Incident/Offense


Write something...

Incident Location

 Set My Current Location



Photos/Videos of Scene

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Estimated Value of Loss/Damage

Enter a number...

Type of Evidence Collected

- ☐ Witness Statements
- ☐ Physical Evidence
- ☐ Digital Evidence
- ☐ Forensic Reports

Summary of Evidence Analysis

Write something...

Legal Representation & Court Proceedings

Coordination with legal counsel; preparation for hearings and trials; courtroom assistance.

Initial Court Appearance Date

Enter date...

Court Case Number

Write something...

Legal Representation Assigned?

- ☐ Yes
- ☐ No
- ☐ Pending

Legal Counsel Name

Write something...

Summary of Court Proceedings (Each Appearance)

Write something...

Next Scheduled Court Date

Enter date...

Legal Counsel Signature (Confirmation of Representation)

Number of Court Appearances

Enter a number...

Case Planning & Intervention

Development and implementation of case plans; coordination of services; progress monitoring.

Initial Case Plan Goals

Write something...

Frequency of Intervention (e.g., visits per week)

Enter a number...

First Intervention Date

Enter date...

Primary Intervention Strategy

- ☐ Individual Counseling
- ☐ Group Therapy
- ☐ Family Mediation
- ☐ Skills Training
- ☐ Community Support

Intervention Services Provided

- ☐ Housing Assistance
- ☐ Financial Literacy
- ☐ Substance Abuse Treatment
- ☐ Mental Health Services
- ☐ Legal Aid

Next Review Date of Intervention Plan

Enter date...

Risk Management & Safety

Identifying and mitigating potential risks; ensuring safety of the individual and others involved.

Risk Assessment Score (Initial)

Enter a number...

Immediate Threat Level

- ☐ Low
- ☐ Moderate
- ☐ High
- ☐ Critical

Specific Safety Concerns Identified

Write something...

Potential Risks (Select All That Apply)

- ☐ Violence/Aggression
- ☐ Self-Harm
- ☐ Substance Abuse
- ☐ Neglect
- ☐ Exploitation
- ☐ Homelessness

Date of Safety Plan Implementation

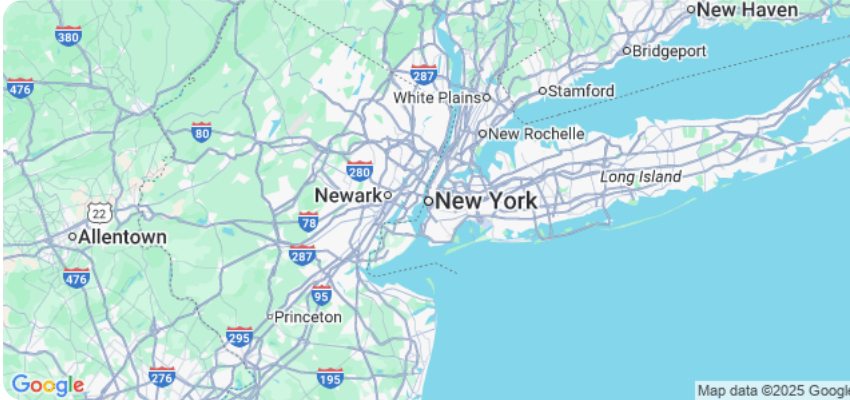
Enter date...

Detailed Safety Plan Description

Write something...

Safe Location(s) Identified

 [Set My Current Location](#)



Service Coordination

Connecting the individual with necessary resources and support services.

Primary Service Provider

- ☐ Mental Health Services
- ☐ Substance Abuse Treatment
- ☐ Housing Assistance
- ☐ Medical Care
- ☐ Legal Aid
- ☐ Employment Services

Additional Services Needed

- ☐ Transportation
- ☐ Financial Literacy Training
- ☐ Childcare
- ☐ Educational Support
- ☐ Peer Support Groups

Contact Person at Service Provider

Write something...

Phone Number of Service Provider

Enter a number...

Notes Regarding Service Coordination

Write something...

Scheduled Service Appointment Date

Enter date...

Documentation & Reporting

Maintaining accurate records of case activities; preparing reports for stakeholders.

Date of Documentation

Enter date...

Summary of Case Activities

Write something...

Supporting Documents (e.g., reports, correspondence)

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Hours Worked on Case

Enter a number...

Report Type

- ☐ Progress Report
- ☐ Incident Report
- ☐ Court Report
- ☐ Other

Notable Observations/Challenges

Write something...

Case Manager Signature

Case Review & Evaluation

Periodic review of case progress; evaluation of intervention effectiveness.

Date of Review

Enter date...

Progress Towards Goals (1-10)

Enter a number...

Overall Case Status

- ☐ On Track
- ☐ Needs Adjustment
- ☐ At Risk
- ☐ Closed

Summary of Progress and Challenges

Write something...

Effectiveness of Interventions

- ☐ Highly Effective
- ☐ Effective
- ☐ Moderately Effective
- ☐ Not Effective

Recommendations for Future Action

Write something...

Supporting Documentation (e.g., Progress Notes)

 Upload File

Case Closure & Discharge

Formal closure of the case; planning for post-discharge support and follow-up.

Official Case Closure Date

Enter date...

Summary of Case Outcomes and Progress

Write something...

Discharge Goals Achieved (Select all that apply)

- ☐ Housing Secured
- ☐ Employment Obtained
- ☐ Mental Health Stability
- ☐ Substance Abuse Recovery
- ☐ Legal Obligations Met
- ☐ Other (Specify in Long Text)


Additional Comments/Notes Regarding Discharge

Write something...

Discharge Plan Type

- ☐ Formal Discharge Plan
- ☐ Informal Discharge Plan

Discharge Plan Document (if applicable)

 Upload File

Compliance & Ethical Considerations

Adherence to legal and ethical guidelines throughout the case management process.

Confidentiality Agreement Signed?

☐ Yes

☐ No

Last Ethics Training Completion Date

Enter date...

Conflict of Interest Disclosure?

☐ Yes

☐ No

Summary of Conflict of Interest Disclosure (if applicable)

Write something...

Adherence to Mandatory Reporting Requirements?

☐ Yes

☐ No

☐ N/A

Number of Reported Ethical Concerns (if any)

Enter a number...

Description of Ethical Concerns/Violations (if any)

Write something...