

INTERSTATE CASES

NCP Name _____

CP Name

LASES No. _____

Office

Caseload _____

Questions	Yes	No	Reasons for Deficiency	Comments
Was interstate an issue during the review period?	<input type="checkbox"/>	<input type="checkbox"/>		If yes, continue with Question 1N1. If No, not applicable.
INITIATING INTERSTATE CASE	<input type="checkbox"/>	<input type="checkbox"/>		Yes represents an Action case. No represents a Correct case.
IN1. Was interstate time frame met? (Only evaluate the latest time frame.)				
RESPONDING INTERSTATE CASE	<input type="checkbox"/>	<input type="checkbox"/>		Yes represents a Correct case. No represents an Error case.
IN2. Was interstate time frame met? (Only evaluate the latest time frame.)				
General Interstate Comments:				
<p><u>Some Review Tips</u></p> <p>Chapter 9 Policy: P-140, P-150, P-340</p> <p>LASES SCREENS: LICT, CALO, CAS1, CACI</p> <p>Forms: OMB Forms</p>				

Reviewer Name

Date _____