## **ABSTRACT**

SUPERVISING OFFICER: _		_ REGION:	PHONE NO:
TO:	ORI	#:	
RE:		AKA:	
ODOC NO:	DOB:	RACE/0	GENDER:
The above referenced offence to			epartment of Corrections on _, for the following crime(s)
and case number(s):			_, _ ,
CRF NUMBER(S)	COUNTY		CRIME(S)
Parolee paroled on was iss		Department of	
Т	HIS IS A NO-BOND W	ARRANT.	
If the parolee refuses to wai 1141.1., the Uniform Crimi extradite.	The state of the s		a accordance with 22 O.S. § napter 209-Extradition), will
Please advise if there are a	any local charge(s) pen	ding and your a	address, telephone, and fax

numbers.

**THANK YOU** 

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