J. Kevin Stitt Governor



Scott Crow Director

JUDICIAL REVIEW HEARING REPORT

DATE:	
DEFENDANT: ODOC NUMBER: CASE NUMBER: OFFENSE(S): SENTENCING DATE: JUDGE:	
SENTENCING INFORMATION:	
PROGRAM PARTICIPATION:	
PROPOSED RESIDENCE AND EMPLOYMENT:	
SUMMARY:	
SUPERVISION PLAN:	
RECOMMENDATION:	
SUBMITTED BY:	REVIEWED BY:
Name, Title Division of Community Corrections	Name, Title Division of Community Corrections
Address, City, State, Zip Code (Of office	Address, City, State, Zip Code (Of office
location)	location)
Phone Number	Phone Number