

Notice of Termination of Active Probation Supervision

To: The Honorable _____, _____ County District Court

Re: _____ /ODOC#: _____ /CRF _____

This will serve to provide notice that _____ has completed _____ months of probation supervision under the jurisdiction of the Oklahoma Department of Corrections.

- Assessment results indicate the referenced probationer has no criminogenic needs to be addressed by continued supervision.
- The offender has successfully completed all supervision modules identified and the corresponding programs to address the offender's criminogenic need(s).
- The offender has completed the statutorily mandated term of supervision.

The Oklahoma Department of Corrections has determined that active supervision in this case shall not extend beyond the period already completed. The probationer has complied with his/her Rules and Conditions of supervision to date and, by his/her signature below, acknowledges that the remainder of his/her probation sentence will not be actively supervised by a probation officer. Termination of supervision does not modify the sentencing court's jurisdiction over the case. Until that date, the district attorney's office may elect to file an application to accelerate/revoke this sentence should the probationer commit any violations of his/her probation prior to the scheduled discharge date of _____. If you are found to have violated any condition ordered by the court, active supervision may be resumed by the Oklahoma Department of Corrections and you may be required to complete the full term of your sentence. If you leave the state prior to the statutory termination date of _____, you will need to notify the Oklahoma Department of Corrections Interstate Compact unit at (405) 425-2500 , as you may be required to be supervised in the receiving state.

The determination to terminate active supervision of this case is in accordance with 22 O.S. § 991a. or 22 O.S. § 991c pertaining to suspended and deferred sentences, respectively. Please direct any questions pertaining to this matter to the supervising officer at the following address:

Phone: _____

Records indicate that the following obligations are not complete:

- Court costs in the amount of \$ _____ payable to the office of the Court Clerk:

Address: _____
Phone: _____

- Restitution of \$ _____ and/or Prosecution reimbursement fees

Payable through the District Attorney's Office:
Address: _____
Phone: _____

_____ Supervising Officer	_____ Date
_____ Team Supervisor	_____ Date
_____ Probationer	_____ Date

CC: District Attorney
ODOC Restitution Accounting