

Inactive Parole Supervision Notice

To: _____ ODOC#: _____

This notice is to advise you that your parole supervision for case number(s) _____ was reviewed on _____ for consideration of inactive supervision. Subsequent to this review, it has been determined that you meet the requirements for inactive parole supervision and upon your signature below, your parole supervision will become unsupervised. You will, however, be expected to abide by the Rules and Conditions of your sentence until the scheduled expiration date of _____. Should it be discovered that you have violated any of the Rules and Conditions of your parole, the Oklahoma Department of Corrections can seek revocation of your parole through the Pardon and Parole Board and the Governor of Oklahoma. Furthermore, if sufficient reason is found that it is in the best interest of the public and yourself, your parole supervision can be reactivated.

(Initial) **Should you have any new arrest(s) or changes in address prior to your scheduled discharge date, you will immediately notify the office(r) listed below.** If you move out of state prior to your above scheduled discharge date, supervision will be reactivated and transferred to the other state.

Report changes to:

Administrative Officer

Address

Phone

By my signature below, I acknowledge that I have read the above statement and fully understand its implications concerning my sentence.

Offender

Date

Supervising Officer

Date

Team Supervisor

Date

Original: File
CC: ODOC Restitution Accounting
Offender