

Imposition of Intermediate Sanctions

(excluding temporary incarceration)

Offender Name _____ ODOC # _____

Violation(s) of Rules and Conditions of Parole:

Rule # **Violation**

Sanction(s) Imposed To include program, date to begin, length of sanction, and expectation

Date

Offender Signature

Date

Officer Signature

Date

Team Supervisor