

PAROLE STATUS REPORT

FACILITY: _____ DATE: _____ PREPARED BY: _____
INMATE NAME: _____ ODOC
NUMBER: _____

PAROLE DOCKET DATE: _____

PAROLE STIPULATION(S): _____

THE FOLLOWING INFORMATION IS PROVIDED ON THE ABOVE INMATE:

- ☐ PRIOR TO PAROLE CONSIDERATION
☐ FOLLOWING FAVORABLE PAROLE RECOMMENDATION

CHECK ONE:

1. _____ ESCAPE

Date of Escape: _____ CRF #: _____ County: _____

Disposition: _____

*2. _____ LAW VIOLATION

Date of Violation: _____ Offense: _____

CRF #: _____ County: _____

3. _____ MEDICAL/MENTAL HEALTH TREATMENT or COMMITMENT

Date: _____ Facility: _____

Diagnosis: _____

4. _____ REFUSAL to WAIVE EXTRADITION

Date: _____ Case #: _____

Jurisdiction to Which Refusing Extradition: _____

Inmate Signature _____

Witness _____

5. _____ OTHER

*Attach misconduct and hearing action form

Original: Pardon and Parole Board

Copy: Parole Process Unit

Field File, Section 5

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