

NOTICE OF INMATE STATUS CHANGE

NAME

LAST: _____ FIRST: _____ ODOC #: _____ FACILITY: _____

Check the appropriate category(s)

DOCKET: _____

- | | |
|---|---|
| <input type="checkbox"/> Amended J & S
Date _____ | <input type="checkbox"/> Post Conviction Relief
Date _____ |
| <input type="checkbox"/> New Delayed CC
Date _____ | <input type="checkbox"/> Conviction Reversal
Date _____ |
| <input type="checkbox"/> New CS Case
Date _____ | <input type="checkbox"/> Discharged
Date _____ |
| <input type="checkbox"/> Additional Jail Time
Days _____ | <input type="checkbox"/> Parole Release
Date _____ |
| <input type="checkbox"/> Sentence Sequence Change
Date _____ | <input type="checkbox"/> Rebill (Parole/Discharge)
Date _____ |
| <input type="checkbox"/> ODOC Number Change
Old _____
New _____ | <input type="checkbox"/> Escapee at Large
Date _____ |
| <input type="checkbox"/> Sentence Modification
Date _____ | <input type="checkbox"/> Escapee in Custody
Date _____ |
| <input type="checkbox"/> 12 Month JR Modification
Date _____ | <input type="checkbox"/> Sentence Commutation
Date _____ |
| <input type="checkbox"/> Other _____
Date _____ | <input type="checkbox"/> Resentenced (Delayed Sentencing)
Date _____ |
| | <input type="checkbox"/> Detainer
Date _____ |

AFFECTED CASES

CRF	COUNTY	CRIME	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS:

COMPLETED BY: _____ DATE: _____

Original and 1st Copy: Pardon and Parole Board
Copy: Case Manager IV

DOC 060211O (R 03/22)