



CONTAINS PROTECTED MATERIAL PURSUANT TO COURT OF CRIMINAL
APPEALS RULE 2.6 (E)

SPECIAL REPORT

Date:

TO: ☐ District Attorney

County:

☐ District Judge

County:

CC. ☐ Assistant Regional Supervisor

Name:

DOC#:

Race/Gender:

**DOB
(MO/YR):**

**Date
Sentenced:**

**Date
Released:**

Case #

Crime

Sentence Length

Case Type:

Discharge Date:

Case Status

Comments/Recommendations

SUBMITTED BY

REVIEWED BY