

## Administrative Supervision Information Acknowledgement

Offender Name: \_\_\_\_\_ ODOC#: \_\_\_\_\_

Be advised that your case was reviewed on \_\_\_\_\_, 20\_\_ and you have been selected for administrative supervision. Selection for this level of supervision means you will be required to submit information by mail, fax or telephone and to continue to abide by the rules and conditions of your sentence, as well as the below requirements, until your discharge from supervision unless this level of supervision is rescinded.

Please initial by each item.

\_\_\_\_\_ I will mail a written report to the administrative officer by the 5<sup>th</sup> day of each month until telephone reporting instructions are received.

\_\_\_\_\_ I will report by telephone as directed by my administrative officer

\_\_\_\_\_ I am ordered to return to the sentencing court on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_ I will report any new arrests immediately through the telephone reporting system.

\_\_\_\_\_ I will report any change in address or employment through the telephone reporting system and provide verification within 30 days to the address listed below.

\_\_\_\_\_ I cannot move out of the state without prior approval.

\_\_\_\_\_ If restitution is owed, I will continue to make payments to:

\_\_\_\_\_

\_\_\_\_\_ I will continue to pay probation/parole fees in the amount of \$ \_\_\_\_\_ per month as directed.

I understand that I will remain on this special, lower contact, supervision level only as long as I comply with the rules and conditions of supervision.

I have read the above statements and fully understand their implications. I also understand that the assistance of the Probation and Parole Services will remain available to me. Should assistance become necessary, I am to contact my administrative officer at:

\_\_\_\_\_, Administrative Officer

\_\_\_\_\_

Phone: \_\_\_\_\_

Offender Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_