

WAIVER OF PAROLE

NAME: _____ **DOC NUMBER:** _____
(Last) (First) (Middle Initial)

CURRENT DOCKET TYPE: _____ **CURRENT DOCKET DATE:** _____
(MONTH/YEAR)

FACILITY: _____

READ THE FOLLOWING BEFORE SIGNING THE WAIVER FORM. BY SIGNING THIS WAIVER, YOU ARE AGREEING TO THE FOLLOWING STATEMENT:

I hereby waive parole consideration for the docket listed above.
I understand that I cannot withdraw this waiver once I have signed it.

NEXT DOCKET DATE/REASON: _____
(TO BE FILLED OUT BY INVESTIGATOR ONLY)

It has been explained to me that the above parole docket date is my next consideration.

INMATE SIGNATURE

DATE SIGNED

WITNESS SIGNATURE

TITLE

INVESTIGATOR SIGNATURE

DATE APPROVED

Copies to:

_____ Inmate

_____ Facility