

**APPLICATION FOR
CONSIDERATION FOR IN ABSENTIA PAROLE
STATE OF OKLAHOMA**

NAME: _____
(As indicated on your Oklahoma Judgment and Sentence)

Oklahoma DOC#: _____ Other #: _____
(If you have one) (Federal or other State)

Social Security Number: _____

Date of Birth: _____ Race: _____ Sex: _____

CURRENT MAILING ADDRESS:

NAME OF FACILITY: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Have you ever served time in an Oklahoma prison or been on Probation in Oklahoma?

Yes No

If yes, then please explain:

List the Oklahoma cases that are running concurrent with the cases you are currently serving:

CASE NO.	COUNTY OF OFFENSE	OFFENSE	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COPIES OF JUDGMENT AND SENTENCE DOCUMENTS ON ALL OKLAHOMA CASES MUST BE SUBMITTED
WITH THIS APPLICATION.**

I understand that the information that I have provided in this application will be verified and can and will be used to determine my eligibility for parole consideration. Knowingly providing false information by me will void my application and impact my chances for further consideration for parole. I further understand that by the submission of this application does not entitle me to parole consideration or parole.

Signature of Offender

Date

THE INFORMATION BELOW MUST BE PROVIDED BY A CORRECTIONAL COUNSELOR, CASE MANAGER, RECORDS OFFICER OR OTHER FACILITY OFFICIAL WHO WILL BE CONTACTED FOR FURTHER INFORMATION.

FELONY CONVICTIONS (OTHER THAN OKLAHOMA CASES) THAT ARE CURRENTLY BEING SERVED IN YOUR FACILITY AND THEIR ORGINATING JURISDICTIONS:

<u>Offense</u>	<u>Jurisdiction</u>	<u>Sentence</u>	<u>Case #</u>

Date received into Custody: _____

Date of Projected Release or Scheduled Release: _____

Days of Jail Time credited on current Sentence: _____

Days of Oklahoma Jail time, if known: _____

Detainers from other States or Jurisdictions:

<u>Date filed</u>	<u>State</u>	<u>Offense</u>

Please enclose a Copy of the FBI Rap Sheet, if available.

Name of Contact Person: _____

Title: _____ **Phone Number:** _____

Mailing address: _____

City: _____ **State:** _____ **Zip code:** _____