

ABSTRACT

SUPERVISING OFFICER: _____ DISTRICT: _____ PHONE NO: _____

TO: _____ ORI #: _____

RE: _____ AKA: _____

DOC NO: _____ DOB: _____ RACE/GENDER: _____

The above referenced offender was committed to the Oklahoma Department of Corrections on _____ to serve a term of _____, for the following crime(s) and case number(s):

CRF NUMBER(S)	COUNTY	CRIME(S)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parolee paroled on _____. Department of Corrections Warrant No. _____ was issued on _____ for parole violation.

THIS IS A NO-BOND WARRANT.

If the parolee refuses to waive extradition, the state of Oklahoma in accordance with 22 O.S. §1141.1, the Uniform Criminal Extradition Act, will extradite.

Please advise if there are any local charge(s) pending and your address, telephone, and fax numbers.

THANK YOU