PENDING PAROLE TRACKING REPORT

(Please list only those currently pending parole at your facility. Do not list those who have already discharged or paroled.
When entering inmate/offender parole information, please do not leave any blank boxes.)

FACILITY: _____ DATE _____

LAST AND FIRST NAME	**DOC #**	**DOCKET** Month/ Year	**PAROLE TYPE** To CS To Detainer To Interstate To Street	**STIPULATION** List Stip(s) Or None	**STATUS OF STIP.** **Participating** (what program) **Waiting List** (what program)	**DATE** Estimate Scheduled to complete (Stip) **Or** Completed (Stip)	**DATE Stipulation** Completion Report Sent To Parole Process Unit	**DATE Parole Certificate** SIGNED & SENT TO PPB	**MODIFICATION** WHY NEEDED And Requested Date to PPB	**DATE Transfer Packet Submitted** Work Release (Stip.) Or Program (Stip.) (List which Stip.)	**DATE** HOME OFFER Entered in OMS Or ICOTS Entered

DOC 060205E
(R 9/16)