

Inactive Parole Supervision Notice

To: _____ DOC#: _____

This notice is to advise you that your parole supervision for case number(s) _____ was reviewed on _____ for consideration of inactive supervision. Subsequent to this review, it has been determined that you meet the requirements for inactive parole supervision and upon your signature below, your parole supervision will become unsupervised. You will, however, be expected to abide by the Rules and Conditions of your sentence until the scheduled expiration date of _____. Should it be discovered that you have violated any of the Rules and Conditions of your parole, the Department of Corrections can seek revocation of your parole through the Pardon and Parole Board and the Governor of Oklahoma. Furthermore, if sufficient reason is found that it is in the best interest of the public and yourself, your parole supervision can be reactivated. Should you have any new arrest(s) or changes in address prior to your scheduled discharge date, you will immediately notify the district office from which you were last supervised.

Report changes to:

Administrative Caseload

Address

Phone

By my signature below, I acknowledge that I have read the above statement and fully understand its implications concerning my sentence.

Parolee

Date

Supervising Officer

Date

Team Supervisor

Date

Original: File
CC: Pardon and Parole Board
DOC Restitution and Accounting
Offender