

Administrative Supervision Information Acknowledgement

Offender Name: _____ DOC#: _____

Be advised that your case was reviewed on _____, 20__ and you have been selected for administrative supervision. Selection for this level of supervision means you will be required to submit required information by mail, fax or telephone and to continue to abide by the Rules and Conditions of your sentence, as well as the below requirements, until your discharge from supervision unless this level of supervision is rescinded.

Please initial by each item.

_____ I am ordered to return to the sentencing court on _____, 20__.

_____ I will report any new arrests immediately to the address listed below.

_____ I will report any change in address or employment to my Administrative Officer and provide verification within 30 days to the address listed below.

_____ If restitution is owed, I will continue to make payments to:

_____ I will continue to pay probation/parole fees in the amount of \$_____ per month by cashiers check or money order only, payable to the Department of Corrections at the address listed below unless otherwise instructed in writing.

I understand that I will remain on this special, lower contact, supervision level only as long as I comply with the Rules and Conditions of Supervision.

I have read the above statements and fully understand their implications. I also understand that the assistance of the Division of Community Corrections will remain available to me. Should assistance become necessary, I am to contact my administrative officer at:

_____, Administrative Officer

Phone: _____

Offender Signature: _____

Date: _____

Witness Signature: _____

Date: _____