

STREET TIME CREDIT REVIEW

OFFENDER: _____ DOC #: _____ DISTRICT: _____

CRIME: _____

CASE #: _____ COUNTY: _____

SENTENCE: _____

CHRONOLOGY OF CASE: (Include reception, parole, arrest, DOC Warrant, revocation, re-incarceration and any other pertinent dates and information)

DATE

ACTION

CURRENT RELEASE DATE: _____

AMOUNT OF APPLICABLE STREET TIME: _____

CRD WITH STREET TIME APPLIED: _____

COPY OF CERTIFICATE OF REVOCATION ATTACHED

Revocation Pending

PREPARED BY: _____ TITLE: _____

DISTRICT: _____ DATE: _____

Discharge date: _____

