

**STATE OF OKLAHOMA  
OFFICE OF JUVENILE AFFAIRS**

**TENTATIVE RELEASE FORM  
PB-01**

Juvenile: _____	Date of Birth: _____
JOLTS #: _____	Institution: _____
Date Placed: _____	Commitment County: _____
Classification: _____	Juvenile County: _____

On \_\_\_\_\_ I, \_\_\_\_\_ met with the Advocate Defender (Social Services Inspector) and the Institutional Juvenile Justice Specialist from \_\_\_\_\_. After discussing the criteria for release from secure placement, a Tentative Release Date was scheduled for \_\_\_\_\_.

Further, I understand that a parole is not guaranteed at the time of the Tentative Release Date. I will be approved for parole only if I:

- (1) complete the program criteria;
- (2) complete my individualized treatment plan goals;
- (3) maintain satisfactory behavior; and
- (4) a determination is made that I am at low risk to public safety.

The Parole Board for the Office of Juvenile Affairs will determine if I meet parole requirements. I further understand that:

- (1) failure to complete the program criteria;
- (2) failure to complete my individualized treatment plan goals;
- (3) unsatisfactory behavior; and
- (4) a determination that I am a high risk to public safety will cause denial of my parole.

I understand the above conditions concerning my Tentative Release Date, and I further understand that I may appeal the decision of the Parole Board according to the juvenile appeal procedures.

\_\_\_\_\_  
Signature of Juvenile

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Services Inspector (Advocate Defender)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institutional Juvenile Justice Specialist (JJS)

\_\_\_\_\_  
Date

XC    *Juvenile  
Placement Section*

*Institution  
PB File*

*Parent/Guardian  
JSU Worker*