



PAROLE AND POST-PRISON SUPERVISION RECOMMENDATION TO EXTEND ACTIVE SUPERVISION OR RETURN TO ACTIVE SUPERVISION

NAME:

SID:

DOB:

MAX DT:

CRIME(S):

ADDRESS:

EMPLOYMENT STATUS:

RELEASE DT:

NON-COMPLIANCE (Check all that apply. Substantiation is required for each item checked. The substantiation should include what the offender was directed to do, the method by which they were directed, i.e., verbally or in writing, and how they failed to comply):

AREA(S) OF NON-COMPLIANCE:

- Behavior constituting new criminal activity
- Restitution/Compensatory Fine (amount owed & payment compliance)
- Treatment (Sex Offender, Mental Health, Substance Abuse, Anger Management)
- Other

SUBSTANTIATION:

RECOMMEND:

EXTEND ACTIVE SUPERVISION OR **RETURN TO ACTIVE SUPERVISION**

The supervised person has not substantially fulfilled the supervision conditions (as substantiated above)

It's in the supervised person's or the community's best interest (provide substantiation below):

SUBSTANTIATION:

SUBMITTED BY:

_____, PAROLE OFFICER
COUNTY

_____, SUPERVISOR

***** **FOR BOARD USE ONLY** *****

MX Crime Commitment Date: _____ REMAIN ON SUPV. { } _____

BOARD MEMBER COMMENTS: