

PAROLEE'S NAME	YA NUMBER	DATE OF BIRTH
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ATTACH CONFINEMENT HISTORY

INITIAL PAROLE DATE	LAST REV. REL DATE (RRD)	ANNUAL GOOD CAUSE REVIEW DATE
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PLACEMENT HISTORY

LAST KNOWN ADDRESS	LIVING WITH	RESIDENTIAL PATTERN
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PAROLE PROGRAM ACTIVITY

SOURCE OF SUPPORT	IF EMPLOYED, EMPLOYER'S NAME & BUSINESS ADDRESS	DATES EMPLOYED FROM - TO:	POSITION HELD
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EVALUATION - Cover the period from date of release to parole or last annual review. Include positive and negative factors of this release and community programs available in lieu of revocation, e.g. drug programs, psychiatric in-patient or out-patient, etc.

RECOMMENDATION:

DETENTION STATUS:

PAROLE RECORD:

RESTITUTION:

EVALUATION:

PLAN:

PREPARED BY	DATE	UNIT SUPERVISOR SIGNATURE	DATE
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