Recommendation for Early Termination of Parole

**Offender Name:** Enter name. **Offender #:** Enter #.

**Date of Birth:** Click here to enter a date.

**Offense(s):** Enter offense. **Case #(s):** Enter case #(s).

**Supervision Type:** [ ]  **Discretionary Parole** [ ]  **Mandatory Parole**

The parolee began supervision on Enter date..

The parolee’s term of parole was expected to last until Enter date..

The undersigned officer recommends early termination of supervision to the Parole Board based upon the following information and belief:

**[ ]** The parolee has not been convicted of an unclassified offense, a sex felony offense, or a crime involving domestic violence for his or her current parole supervision.

[ ]  The parolee has served at least one (1) year (365 days) on parole.

[ ]  Has not been found in violation of conditions of parole by the Parole Board for at least one (1) year (365 days).

[ ]  The parolee has no pending criminal matters.

[ ]  The parolee has no pending technical matters.

[ ]  The parolee has completed all treatment ordered by the Parole Board. *(Include relevant information on treatment.)*

Enter information.

[ ]  Summary of Parole Supervision. (*Include any additional information relevant for the Parole Board. This includes compliance while on supervision and with parole conditions.)*

Enter information.

[ ]  Victim(s) Comments. *(Include any relevant comments / feedback from victims.)*

Enter information.

**THEREFORE, this Parole Officer respectfully recommends:**

**[ ]  Termination of Parole.**

 Enter date.

Probation Officer Signature: Date:

Enter name.

Probation Officer Printed Name:

**Having reviewed the above recommendation, this Supervisor respectfully recommends:**

**[ ]  Termination of Parole.**

**[ ]  No Termination of Parole.**

 Enter date.

Supervisor Signature: Date:

Enter name.

Supervisor Printed Name:

**REQUIRES PO IV OR CHIEF PAROLE OFFICER REVIEW AND FINAL DETERMINATION IF PO & SUPERVISOR RECOMMENDATIONS DIFFER.**

**[ ]  Termination of Parole is Recommended.**

**[ ]  Termination of Parole is NOT Recommended.**

 Enter date.

PO IV or Chief Probation Officer Signature: Date:

Enter name.

PO IV or Chief Probation Officer Printed Name:

**NOTICE OF BOARD ACTION**

* **\_\_\_\_\_\_ Parole to be terminated effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **.**
* **\_\_\_\_\_\_ No action taken. Previous order of Parole Board stands.**

**For the Alaska Board of Parole:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(Parole Board Representative) (Date)*