

BP-A522.061\_Supervision Release Plan

**SUPERVISION RELEASE PLAN**

**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS**

Institution Name: Address:  Phone Number:	Date
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Federal Bureau of Prisons  
U. S. Department of Justice  
Washington, D.C.

Gentlemen: \_\_\_\_\_

Under the law I become eligible for RELEASE  Supervised Release  
 Parole on \_\_\_\_\_  
 Mandatory Release (date)

In accordance therewith I submit the following as my plans for the service of the remainder of my sentence under supervision. Pursuant to my sentence, I must report in person to the United States Probation Office within 72 hours of my release.  
(Type or Print)

**RESIDENCE**

Address \_\_\_\_\_

With Whom \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone Number (if available) \_\_\_\_\_

EMPLOYER Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (if available) \_\_\_\_\_

Nature of Business \_\_\_\_\_

**TO BE COMPLETED BY INSTITUTION STAFF**

SENTENCING DISTRICT \_\_\_\_\_

DETAINERS \_\_\_\_\_

SPECIAL CONDITIONS \_\_\_\_\_

REMARKS \_\_\_\_\_

Printed Name and Signature of Inmate	Register No.
Witness (Case Manager) Printed Name and Signature	Date
Review (Unit Manager) Printed Name and Signature	Date

This form is to be completed by all individuals subject to supervision by the U.S. Probation Office. This includes Supervised Release, Parole, Mandatory Release, Mandatory Release to Special Parole, Special Parole and Court Designated Parole.