

APR 03

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate Name		Reg No.: _____ FBI No.: _____ _____: _____ (Misc No.)	Institution/Address
Release Date		Release Method	
Public Law Days	Supervision to follow release: (if yes, advise inmate of Obligation to Report for Supervision) ____ YES (____ years ____ months) ____ NO		

RELEASED TO: (Check one)	
<input type="checkbox"/> Community Transportation arranged to: _____ (City and State) Method of transportation: _____ (Name of common carrier or other) Date of expected arrival at residence: _____	<input type="checkbox"/> Detainer Detaining Agency: _____ _____ Agency Address: _____ _____ _____

SUPERVISION JURISDICTION(S)	
Sentencing District Chief/Director: _____ Supervision Agency: _____ District: _____ Address: _____ _____ Phone: () _____	District of Residence (for relocation cases) Chief/Director: _____ Supervision Agency: _____ District: _____ Address: _____ _____ Phone: () _____
Address of proposed residence: _____ _____	

DNA STATUS		
DNA sample required: ____ YES ____ NO	If YES date sample taken	DNA Number

Obligation to Report for Supervision: If you were sentenced to, or otherwise required to serve, a term of supervision, this term begins immediately upon your discharge from imprisonment, and you are directed to report for supervision within 72 hours. If you are released from a detaining authority, you shall report for supervision within 72 hours after your release by the detaining authority. If you can not report for supervision in the district of your approved residence within 72 hours, you must report to the nearest U.S. Probation Office for instruction. Failure to obey the reporting requirements described above will constitute a violation of release conditions.

Inmate's Signature (file copy only)

Distribution: Inmate Central File (Section 5), Inmate, Chief Supervision Officer in Sentencing District, Chief Supervision Officer in District of Residence, and U.S. Parole Commission (if applicable)

