

SPECIAL CURFEW PAROLE PROGRAM - ACKNOWLEDGMENT

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

DATE:

I, _____, _____
NAME REGISTER NUMBER

hereby acknowledge that I have been notified of my eligibility for the curfew parole program.

If the Parole Commission advances my scheduled release date by issuing a new Notice of Action, I understand that my current parole, mandatory release, two-thirds or expiration with good time date may be advanced 60 days. I agree that during the first 60 days of my parole, I will remain in my place of residence between the hours of 9:00 P.M. and 6:00 A.M. each day, unless I am given permission to do otherwise in advance by my U.S. Probation Office.

I also agree to maintain a telephone at my place of residence without a call forwarding device for this period.

If there are fewer than 60 days remaining between my date of release on parole under this program and my otherwise schedule release date, I understand that the period of the special curfew condition will be reduced accordingly.

SIGNATURE

Witness Printed Name

_____, DATE: _____
Witness Signature