

**REQUEST TO U.S. PROBATION OFFICE  
FOR PAROLE PLAN INVESTIGATION**

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

TO (U.S. Probation Officer)	From (Institution / CCC)
Date	Register Number

The above named inmate is eligible for release under the Curfew Parole Program and will be granted parole up to 60 days earlier than the current scheduled release date, subject to development of an acceptable release plan. Because of time constraints, your efforts to expedite release plan investigation/approval will be appreciated.

RESIDENCE

With whom	Relationship	Telephone
Street Address	City	

EMPLOYMENT

Company/Business	Address
Telephone	Contact Person

OTHER INFORMATION

Facility Staff (printed name)	Signature	Date
Facility	Address	

ABOVE PLAN RECOMMENDED FOR

\_\_\_\_\_ Approval \_\_\_\_\_ Approval with Modification \* \_\_\_\_\_ Disapproval \*

U.S. Probation Officer \_\_\_\_\_  
(Printed Name) (Signature) (Date)

\* If recommended for approval with modification or disapproval provide letter with specific information.

Return original to facility with copy to appropriate Regional Parole