U.S. Department of Justice

United States Parole Commission

# Supervision Report

Name: Reg. No.

Date of Last Release on Parole/Re-Parole:

Type of Commitment: ☐ Adult ☐ YCA ☐ Juvenile ☐ NARA ☐ Other

Original Offense:

Sentence Expiration Date: Special Parole Term to Follow? No ☐ Yes ☐

On Special Parole Term Since: N/A

Period Covered By This Report: From: To:

Total Months in Community Since Date of Last Release*: Months in Community Since Last Difficulty**:

☐ Fine $ ☐ *Restitution $ ☐ 18 USC 3579

☐ Support or other (specify) *(If restitution was ordered under what Title)* ☐ 18 USC 3651

☐ Judgment and Commitment Order Payment & Terms Specified

☐ Other Agreement (Specify with whom):

Total Paid to Date: $ This Report Period: $N/A

Payment Schedule Met: Yes ☐ No ☐

*(If no, has AUSA been notified of current employment and income? Explain in evaluation.)*

Early Termination Guidelines Specify *(Check One)*:

☐ SFS Category (*Very Good*): = →

☐ SFS Category (*Other*): = →

Continuous Time Difficulty Free In Community

Recommendation:

☐ Continue Supervision
☐ Terminate
☐ Set Aside Conviction - YCA only
☐ Administrative Caseload

Evaluation and Reasons *(Please provide your case evaluation, including specific reasons for any recommendation outside termination guidelines.)*:

*Do not count any time in confinement. In special parole cases, count all time since release from prison.

**For purposes of this report "difficulty" is defined as (1) any indication of new criminal behavior *(including arrest when the underlying circumstances shows substantial evidence of law violation even though there is no conviction or parole revocation)*, or (2) a violation of parole condition significant enough to have been reported to the Commission on a Special Violation Report.

District: District of _____ Date: _____

Mailing Address: United States Probation Office, _____

U.S. Probation Officer: _____

Name Typed or Printed Signature

Arrests Since Date of Last Release: *(Give date of arrest, offense, and date arrest was reported to the Commission by letter. Give dispositions where possible.)*

Present Level of Supervision: ☐ High Activity ☐ Low Activity
*(Explain any significant deviation from supervision guideline standards.)*

Response to Supervision During This Period: *(Briefly note response to supervision covering living situation, nature and stability of current employment, drug or alcohol program attendance or problems, or other factors of strong or weak adjustment. Note any problem areas.)*

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Parole Commission Comments:

☐ No Change [ ☐ schedule for five year termination hearing]. ☐ Place on Administrative Caseload.

☐ Terminate Supervision [ ☐ Set Aside Conviction - YCA only].

_____ _____

Date Regional Commissioner

Instructions:
(1) This report shall be completed after two years of active supervision and annually thereafter for every parolee and mandatory releasee and mailed to the Parole Commission. No report is required, however, within three months of the end of the supervision period. Retain one copy for the Probation Office file.
(2) A terminal report shall be submitted to the Parole Commission for YCA cases - six months prior to expiration of sentence if YCA sentence is six years or more; or five weeks prior to expiration of sentence if YCA sentence is one year or less - to determine if early unconditional discharge should be granted to set aside the conviction.
(3) In court martial cases under jurisdiction of the Parole Commission a copy should be mailed to the Office of the Commandant, U.S. Disciplinary Barracks, Fort Leavenworth, Kansas.