Early Termination of Parole

**Offender Name:** Enter name. **Offender #:** Enter #.

**Date of Birth:** Click here to enter a date.

**Offense:** Enter offense.

**Supervision Type:**  **Discretionary Parole**  **Mandatory Parole**

The parolee began supervision on Click here to enter a date..

The parolee’s term of parole was expected to last until Enter date. (date).

The parolee has, as of enter date. (date), earned an additional Enter #. month(s) in Earned Compliance Credits.

The undersigned officer recommends early termination of supervision to the Parole Board based upon the following information and belief:

The parolee has not been convicted of an unclassified offense, a sex felony offense, or a crime involving domestic violence for his or her current parole supervision.

The parolee has served at least one (1) year (365 days) on parole.

Has not been found in violation of conditions of parole by the Parole Board for at least one (1) year (365 days).

The parolee has no pending criminal matters.

The parolee has no pending technical matters.

The parolee has completed all treatment ordered by the Parole Board. *(Include relevant information on treatment.)*

Enter information.

Additional Status Update. (*Include any additional information relevant for the Parole Board. This includes compliance while on supervision and with parole conditions.)*

Enter information.

Victim(s) Comments. *(Include any relevant comments / feedback from victims.)*

Enter information.

**THEREFORE, this officer respectfully recommends termination of the below parole supervision:**

**Termination of Parole (Recommendation is statutorily mandated IF all boxes above are checked.)**

**Termination of Parole (Recommendation NOT statutorily mandated.)**

Parole Officer Signature : Date:

Parole Officer Printed Name:

Supervisor Signature: Date:

Supervisor Printed Name:

**NOTICE OF BOARD ACTION**

* **\_\_\_\_\_\_ Parole to be terminated effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **.**
* **\_\_\_\_\_\_ No action taken. Previous order of Parole Board stands.**

**For the Alaska Board of Parole:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*(Parole Board Representative) (Date)*