

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF RELEASE TO SUPERVISION

Prisoner Name: _____ D.O.B: _____ Offender number: _____

Institution: _____ Institutional P.O: _____ PRD: _____

Crime(s) of Conviction: _____

Case Number(s): _____

Treatment Program Involvement(s) during incarceration: _____

Type of supervision (check all that apply) :

☐

Probation

☐

Mandatory Parole

☐

Discretionary Parole

Physical AND **mailing address** AND **phone number** where prisoner will reside at upon release:

Other members of the household: _____

Employer and address (if applicable): _____

Notice to Field P.O: _____ Date sent: _____

Prisoner to Report to: _____ Phone number: _____

Address: _____

Special Instructions: _____

This prisoner has some form of formal supervision following release from incarceration. **NOTE: Do not release until you have completed the following (to be sent to field office no less than 30 days prior to release):**

- * Have the prisoner sign below.
- * Attach judgment(s), presentence report(s), mandatory parole conditions (if applicable), treatment program report(s) mental health/medical/psychiatric report(s), and time accounting record.

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This offender has a completed Individual Re-Entry Plan (IRP) in ACOMS.

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This offender has 90 days or less to serve and therefore does not have an IRP. The NOR will serve as their release plan.

I understand that following my release from the institution, I am required to report to my Probation/Parole Officer within 24 hours of, or next business day following, my release. Failure to comply could result in my re-arrest.

Prisoner's Signature

Date

Distribution: Original to Case File
CC: Field Probation Officer
Prisoner

Releasing Officer's Signature

Date