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)*