DEPARTMENT OF CORRECTIONS

HEARINGS AND RELEASE UNIT

1450 Energy Park Drive, Suite 200 - St. Paul, MN 55108

PH651.361.7107 Fax 651-642-0417

Probable Cause Report - Warrant Request

OID#: «OID_Num» NAME: «C_FullName» REL. DATE: «SupRlsDt» EXP. DATE: «ExpirationDt»

TYPE OF RELEASE: _____ OFFENSE: «CC_Descr»

AGENT: «Agt_Fname» «Agt_Lname» COUNTY: «Sup_Cnty» OFFICE PHONE: «Agt_Phone»

Additional Agent Phone Number_____ E-MAIL:_____

☐ This is to request a non-emergency warrant.

☐ This is regarding emergency warrant number,_____, which was previously issued on _____ approved by hearing officer _ _____. This is a request for continued approval of the emergency warrant/detention to facilitate a hearing or to accommodate an in-custody restructure.

☐ Interstate warrant request.

ALLEGED VIOLATIONS: (Include condition violated and narrative)

Prior Restructures (included date and violations)

If the individual is placed in custody.

Impact on employment

Impact on Housing

Impact on Family

Lack of community resources and why:

Did the individual engage in absconding behavior? ☐Yes ☐No

AGENT RECOMMENDATION:

If the intent is to restructure, include details of restructure plan:

AGENT'S SIGNATURE:_____ DATE: «SHORT_DATE»

«AGT_FNAME» «AGT_LNAME»

HEARINGS AND RELEASE ACTION: WARRANT REQUEST ☐ Approved ☐ Denied

By:_____Title:_____ Date:_____

C: Agent, HRU, ODOCS