DEPARTMENT OF CORRECTIONS

(Date)

(Contact Name/Institution)
(Address)
(Address)

RE: (Offender name, DOB:)
(Federal/INS/ Other state Id #)
(MN OID)

To Whom It May Concern:

The above-named offender has reached the confinement release date of ___(DATE) _____ and was released to your custody.

Since the offender is now on supervised release status, with maximum confinement date of ____(DATE)_____, it is necessary that we keep a record of the offender's whereabouts until that date. Therefore, we request you notify _____(Agent's name, address & phone number)_____ of the offender's current status (sentence, earliest possible release date, and expiration date). If the offender is released from your custody prior to the maximum confinement date, we request to be notified sixty (60) days prior to that release date, with the offender's release intentions, so that we can make appropriate supervision decisions.

Please forward this request if the offender is transferred to another facility/location. You may remove our request for notification at the offender's maximum confinement date ___(DATE)____.

Your assistance is appreciated.

Sincerely,

(Caseworker)
(Facility)

CC: Base File

Encl.