

**NOTICE OF INMATE STATUS CHANGE**

NAME

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ ODOC #: \_\_\_\_\_ FACILITY: \_\_\_\_\_

Check the appropriate category(s)

DOCKET: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Amended J & S<br>Date _____                  | <input type="checkbox"/> Post Conviction Relief<br>Date _____           |
| <input type="checkbox"/> New Delayed CC<br>Date _____                 | <input type="checkbox"/> Conviction Reversal<br>Date _____              |
| <input type="checkbox"/> New CS Case<br>Date _____                    | <input type="checkbox"/> Discharged<br>Date _____                       |
| <input type="checkbox"/> Additional Jail Time<br>Days _____           | <input type="checkbox"/> Parole Release<br>Date _____                   |
| <input type="checkbox"/> Sentence Sequence Change<br>Date _____       | <input type="checkbox"/> Rebill (Parole/Discharge)<br>Date _____        |
| <input type="checkbox"/> ODOC Number Change<br>Old _____<br>New _____ | <input type="checkbox"/> Escapee at Large<br>Date _____                 |
| <input type="checkbox"/> Sentence Modification<br>Date _____          | <input type="checkbox"/> Sentence Commutation<br>Date _____             |
| <input type="checkbox"/> 12 Month JR Modification<br>Date _____       | <input type="checkbox"/> Resentenced (Delayed Sentencing)<br>Date _____ |
| <input type="checkbox"/> Other _____<br>Date _____                    | <input type="checkbox"/> Detainer<br>Date _____                         |

AFFECTED CASES

CRF	COUNTY	CRIME	SENTENCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_