



STATE OF CONNECTICUT
BOARD OF PARDONS AND PAROLES
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Supervising Officer Questionnaire



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Petitioner's Name:	
Petitioner's Date of Birth:	

Supervising Parole / Probation Officer's Name:	*****
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1. How long have you supervised the petitioner in the community and how often do you see the petitioner a month?
2. Please describe the petitioner's adjustment in the community (misconduct reports /technical violations / treatment programs participated in / random urinalysis results etc.)?
3. What is the petitioner's current employment status?
4. Is there any other information concerning the petitioner that the panel should consider?

You may attach additional pages or a letter to this form if you need more space.

By signing this form, you understand and agree that an employee of the Board of Pardons and Paroles will contact you to verify the information on this form is correct.

 Signature of Supervising Parole / Probation Officer _____
 Date

Please fax this form to the Pardons Unit at (203) 805-6630. You may also mail this form directly to the address above.