Georgia Department of Corrections Special Parole Review Recommendation Form:

Res	sident's Name:
GD	OC ID Number: EF Number:
(Si	gnature/ Printed Name/ Title) of Classification Committee Member Making Recommendation:
	Date:
Pro	eliminary Consideration Data:
(Cł	neck Yes or No for Questions 1 thru 5)
1.	Yes No Was the above named resident convicted under SB 441?
Not	te: If the answer (Yes) has been given for question 1, this recommendation should be terminated.
2.	Yes No Has the resident served a minimum of 90% of his/ her sentence at this time? This is
	applicable, only if serving time for an offense under the Parole Board's 90% policy.
3.	Yes No Has the resident served 24 months since their last parole consideration?
4.	Yes No Has the resident committed a sex offense, crime against a child or against law
	enforcement?
5.	Yes No Does the resident have documented in his/ her file, exemplary conduct via staff completing
	Work Activity Performance Reports (WAPR's)?

Note: If the answer (No) has been given for any one of questions 3 thru 7, this recommendation should be terminated.

Summary of Exemplary Conduct of Resident:
Note: Attach copies of all supporting documents (Work Activity Report(s), etc.)
Date submitted to Superintendent:
I. Superintendents Recommendation:
(Circle One) Approve / Disapprove
Reason for Disapproval:
Superintendents Signature/ Date:
Date forwarded to Regional Office:
II. DC/TC Field Operations Manager.
(Circle One) Approve / Disapprove
Reason for Disapproval:
DC/TC Field Operations Manager Signature/ Date:
Date forwarded to Facilities Division Office:
III. Facilities Division Recommendation:
(Circle One) Approve / Disapprove
Reason for Disapproval:
Facilities Division Director/ Designee Signature/ Date:
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RETENTION SCHEDULE: Upon completion, attachments 4 will be will be placed in the resident institutional file and retained according to the official retention schedule for that file.

Cc: Inmate File