

## Georgia Department of Corrections Special Parole Review Recommendation Form:

Offender's Name: \_\_\_\_\_

GDC ID Number: \_\_\_\_\_

**(Signature/ Printed Name/ Title) of Classification Committee Member Making Recommendation:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date: \_\_\_\_\_

**Preliminary Consideration Data:  
(Check Yes or No for Questions 1 thru 7)**

1. Yes\_\_ No\_\_ Is the above named offender serving a sentence of Life without possibility of Parole?
2. Yes\_\_ No\_\_ Was the above named offender convicted under SB 441?

**Note: If the answer (Yes) has been given for questions 1 or 2, this recommendation should be terminated.**

3. Yes\_\_ No\_\_ If the offender is serving a Life sentence, he/she must have served the majority of his/her set off period, i.e. 5 of 8 years, 4 of 6 years, etc. Has the offender met this requirement?
4. Yes\_\_ No\_\_ Has the offender served 24 months since their last parole consideration?
5. Yes\_\_ No\_\_ Has the offender been at his/her present (recommending) facility for a minimum of 24 months, of which time he/she has not received a disciplinary report?
6. Yes\_\_ No\_\_ Does the offender 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 Offender:**

---

---

---

---

---

**Note: Attach copies of all supporting documents  
(Work Activity Report(s), etc.)**

Date submitted to Warden: \_\_\_\_\_

***I. Wardens Recommendation:***

(Circle One) Approve / Disapprove

**Reason for Disapproval:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Warden's Signature/ Date:

Date forwarded to Regional Office: \_\_\_\_\_

***II. Regional Director's Recommendation:***

(Circle One) Approve / Disapprove

**Reason for Disapproval:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Regional Director's Signature/Date

Date forwarded to Facilities Operations Office: \_\_\_\_\_

***III. Recommendations of Director, Facilities Operations:***

(Circle One) Approve / Disapprove

**Reason for Disapproval:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director, Facilities Operations/Designee's Signature/Date