



Nathan Deal
Governor

Department of Community Supervision
District 7
Marietta Office
Cobb Judicial Circuit
590 Commerce Park Drive, Suite 102
Marietta, GA 30060
770-528-4923 office 770-528-6648 fax



Michael W. Nail
Commissioner

You are hereby instructed to report to the Community Supervision Office on the **Wednesday of the week following your sentence date**. If your last name begins with A-L report at 8:45 a.m. and if your last name begins with M-Z report at 10:45 a.m. at the above address. If you remain incarcerated you are to report within 48 hours of release.

FAILURE TO REPORT MAY RESULT IN A WARRANT FOR YOUR ARREST.

To be completed by Clerk

Defendant's Name: _____

Docket Number(s): _____

Offense(s): _____

Sentence Date: _____

To be completed by defendant (PLEASE PRINT LEGIBLY)

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than above):

Home Telephone #: () _____ - _____

Cell Phone #: () _____ - _____

Emergency Contact: _____ Telephone: () _____ - _____

Email address:

Social Security Number: _____ - _____ - _____

Date of birth: ____/____/____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

White - DCS

Yellow - Clerk's office

Pink - Defendant

Equal Opportunity Employer