



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.**

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To be completed by Clerk

Defendant's Name: \_\_\_\_\_

Docket Number(s): \_\_\_\_\_

Offense(s): \_\_\_\_\_

\_\_\_\_\_

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

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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: \_\_\_\_\_

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White - DCS

Yellow - Clerk's office

Pink - Defendant

Equal Opportunity Employer