



STATE OF TENNESSEE  
**BOARD OF PAROLE**  
 OFFICE OF THE EXECUTIVE DIRECTOR



500 JAMES ROBERTSON PKWY., 4<sup>TH</sup> FLOOR NASHVILLE, TN 37243-0850  
 PHONE: (615) 741-1150

**Request for Review under TCA 40-28-122 (f)**

INSTRUCTIONS

- A. If your parole was not revoked **SOLELY** based on new charges that were **later** disposed of, you do not qualify for review.
- B. If this information was available at your revocation or rescission hearing, you do not qualify for review.
- C. You may qualify based only on the grounds stated below.
- D. Check the reason for this request, and write a short explanation in the spaces provided.
- E. You must include certified documentation to support your claim.
- F. Sign and date this form, and enter your inmate identification number.
- G. If you are incarcerated in a TDOC facility, give this form to your Institutional Probation and Parole Specialist (IPPS). If you are incarcerated in a county jail, mail to the address above.

Where was your REVOCATION or RESCISSION Hearing held? \_\_\_\_\_

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

**REASON FOR APPEAL UNDER TCA 40-28-122(f)**  
 (Check Which One Applies)

**Dismissal or Retirement of the Charges based on the merits** (must be accompanied by signed letter from the District Attorney prosecuting the case, Judge who dismissed the case, or TDOC Assistant Commissioner).

\_\_\_\_\_

**Arrested and Released Without Being Charged** (please attach certified documentation).

\_\_\_\_\_

**No True Bill Returned by Grand Jury** (please attach certified documentation).

\_\_\_\_\_

**Not Guilty Verdict by Judge or Jury** (please attach certified documentation).

\_\_\_\_\_

Offender Name (print): \_\_\_\_\_ TOMIS ID: \_\_\_\_\_

Offender Signature: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Signature*

**BELOW THIS LINE FOR USE BY BOARD OF PAROLE STAFF ONLY**

Please sign below confirming receipt of this document before forwarding it to the Executive Director.

Received by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature*