

**BEFORE THE BOARD OF PAROLE OF THE STATE OF IOWA**

IN THE MATTER OF THE PAROLE OF

\_\_\_\_\_

ICON # \_\_\_\_\_

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VOLUNTARY  
TERMINATION OF PAROLE

**VOLUNTARY TERMINATION OF PAROLE:**

I hereby request that my Parole Contract be terminated and canceled.

In accordance with my Parole Agreement dated \_\_\_\_\_ I, \_\_\_\_\_, ICON Number \_\_\_\_\_. I understand I am under the supervision of the \_\_\_\_\_ Judicial District, and I further understand, agree, and consent that I am subject to be taken into custody and returned to the Iowa Medical and Classification Center (IMCC) upon execution of this Voluntary Termination of Parole document.

Pursuant to Chapter 205-11.1(906) of the Iowa Administrative Code, I hereby voluntarily request that I be permitted to return to the Iowa Medical and Classification Center (IMCC) for further treatment and/or planning.

I further state that the above Voluntary Termination of Parole document has been read to me by my Parole Officer or Authorized Personnel, \_\_\_\_\_, and I fully understand the contents hereof.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parolee

**WITNESS TO PAROLEE'S SIGNATURE:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**For Public Information Only**