

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

State of Wisconsin
-vs-

**Verification of Date of Release
to Extended Supervision
§302.113(7m)**

_____, Defendant
Name

Case No. _____

Date of Birth

The date of the sentenced person's release to extended supervision is/was _____.

This information is accurate as of the date of signing.

Signature of Department of Corrections Representative

Name Typed or Printed

Date

Distribution:

- 1. Court – Original