

VICTIM NOTIFICATION OF OFFENDER RELEASE

Name of Inmate: ROBERT ARMSTRONG

Date Released: _____ Time Released: _____ (Select AM/PM) PM

(Check Applicable Item)

☐ Sentence Expired ☐ Work Release ☐ Court Ordered Therapy ☐ Bond

Bond Amount: _____ Bond Type: ☐ Cash ☐ Surety ☐ P.R.

Bond Conditions:

Bondsman: _____ Bond Agency: _____

(Bond violations will be pursued based on this information)

NOTE: THE FOLLOWING INFORMATION IS STRICTLY CONFIDENTIAL. RELEASING THESE DETAILS TO THE OFFENDER OR OTHER UNAUTHORIZED PARTIES IS A VIOLATION OF THE VICTIMS CONSTITUTIONAL RIGHTS.

Victim (s): MATTHEW PAUL WALKER

Contact Number (s): 214-592-7446

Alternate Contact: _____

Agency to be Notified: TCSO (Select from Drop Down List)

Deputies/Officers Involved: J. PEPPLEY

V.A. Assigned: _____ Contact at: _____

Notes to Booking Deputy:

Jail Personnel's Verification Log-Maintain with Inmate's Records.

Notice Provided to: _____ Agency: TCSO By Phone: _____

By: _____ David #: _____ Date: _____ Time: _____ PM