

TO: County Clerk

FROM: Office name: _____
Office address: _____
Office Phone: _____
Direct Phone: _____
Email: _____

SUBJECT: **Proof of Discharge from Parole/Probation, Satisfaction of Terms of Imprisonment, and payment of financial obligations.**

Offender: Mr./Ms. _____

Date of Birth: _____

Case No/Offender #: _____

The above named person been:

- Discharged from probation or parole, has satisfied all terms of imprisonment; and/or
- Paid all financial obligations relating to the offense imposed on him or her by the State of Arkansas.

Name

Title

Signature

Date

When this memorandum is signed by the applicable Court official, Probation or Probation Officer, the prior offender may use this to request restoration of voting privileges pursuant to the Arkansas Constitution Amendment 51, Section 11.