



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

**DISCHARGED PAROLEE
DRUG CONVICTION EXCEPTION VERIFICATION**



For individuals who have completed parole

Instructions for FSD:

1. Enter name, DCN, Social Security Number, and Date of Birth of participant.
2. Enter the date the form will be submitted.
3. Click the Submit to DOC button to send form for completion to the Department of Corrections, Board of Parole, email address: Probation.Parole@doc.mo.gov.

Participant Information:

Name (First, Middle, Last):			DCN:
Social Security Number:	Date of Birth:	Date Form Submitted:	

Missouri Parole Board to complete the following:

Instructions for Missouri Parole Board:

- Please mark yes, no, or not applicable (N/A) where indicated regarding the following person's parole compliance as related to their felony drug conviction.
- If they have been discharged, please fill in the completion date of the individual's parole.
- Click the Return to FSD button to return the form to ColeFSPolicy@dss.mo.gov upon completion.

If the individual was on parole:

The Missouri Parole Board has discharged this individual from parole: Yes No N/A

Completion Date: _____

Name of person completing the form:

Title:	Date Form Completed:	
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