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KATHI BAKER, *Executive Secretary*

**NEVADA BOARD OF PAROLE COMMISSIONERS**

**APPEAL OF LIFETIME SUPERVISION CONDITIONS**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

NDOC #, if any: \_\_\_\_\_

Mailing/Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Are you on lifetime supervision for a sex offense?

Yes  No

2. Have you received a copy of your lifetime supervision conditions imposed by the Board of Parole Commissioners?

Yes  No

3. Are you appealing any of the lifetime supervision conditions imposed by the Board?

Yes  No

If you've answered "Yes" to **all** of the above questions, please indicate the specific conditions you are appealing. Include a clear explanation detailing the reasons for **each** condition you are appealing (if you need more space please attach an additional page):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

