## UNITED STATES DISTRICT COURT

MIDDLE DISTRICT OF GEORGIA PROBATION OFFICE

ELLEN S. MOORE CHIEF U.S. PROBATION OFFICER

433 WALNUT STREET MACON, GEORGIA 31201

U.S. Probation Officer

REPLY TO:

P.O. BOX 1736 MACON, GEORGIA 31202-1736

> PHONE: (478) 752-8106 FAX: (478) 752-8165

TO:	DATE:
CASE:	
revocatio	pose of this letter is to provide you with written notification of conduct that requires mandatory on of probation (18 U.S.C. § 3565 (b)) or supervised release (18 U.S.C. § 3583 (g)) for persons d of a felony offense. These relevant statutes require <b>mandatory revocation</b> for any defendant who:
1	) Possesses a controlled substance in violation of the conditions of supervision. or,
t a r F	Possesses a firearm in violation of Federal law or in violation of a condition of your supervision. In addition or revocation of your term of supervision, Possession of a Firearm by a Convicted Felon may subject you to an additional term of imprisonment of up to ten (10) years should you be formally charged and convicted. The right to possess a firearm does not return to you when your supervision ends. Unless you receive a Presidential Pardon, you are prohibited from possessing a firearm for the remainder of your life. Upon completion of your erm of supervision, you may inquire from this office about how to apply for a Presidential Pardon. or,
3	Refuses to comply with drug testing imposed as a condition of your supervision. or,
C	A) As a part of drug testing, tests positive for illegal controlled substances more than three times over the course of one year of supervision (not calendar year). However, the Court is not required to wait for a fourth positive lrug test before revoking or modifying the conditions of supervision.
possible	the goal of this office that your supervision be revoked. Our office will assist you in any way to help you succeed during the course of and well beyond the period of your supervision. Your ence and your cooperation dictate your continued success.
	ACKNOWLEDGMENT
	cknowledge that I have read or have had read to me the above information regarding Possession of a Firearm atory Revocation requirements. I further acknowledge that I have been provided with a copy of this document.
Defendant	Date

Date