

CASE RECEIPT/RETURN NOTIFICATION

DISTRICT: _____

OFFICE: _____

Date Sent: ____ / ____ / ____

Contact Person: _____

Fax Number : (____) _____

Phone Number: (____) _____

TOTAL NUMBER OF CASES: _____

Defendant Name	Docket Number	PSR		J&C		SOR		Plea		Indictment		Violation/Revocation	
		USSC Use Only	USSC Use Only	USSC Use Only	USSC Use Only	USSC Use Only	USSC Use Only	USSC Use Only	USSC Use Only	USSC Use Only	USSC Use Only		
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

USSC Use Only

RECEIVED = X NOT RECEIVED = N

RECEIPT DATE: ____ / ____ / ____

RECEIVED BY: _____

RETURN NOTIFICATION FAXED: _____

COMMENTS: _____

