

SBTW Assigned Sponsees

Area: _____ Date: _____

Sponsor / Alias _____

Inmate Name/Location/ID# (CDC#)/Parole Date

1. _____
2. _____
3. _____

Sponsor / Alias _____

Inmate Name/Location/ID# (CDC#)/Parole Date

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2. _____
3. _____

Sponsor / Alias _____

Inmate Name/Location/ID# (CDC#)/Parole Date

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