PAROLEE SERVICE NETWORK
Voluntary Relinquishment of Funds
Fiscal Year 2013-2014

_____
County

This county is voluntarily relinquishing the amount of funds indicated in the box below.

_____	_____	_____
Lead Agency Designee Signature	Amount Voluntarily Relinquished	Date
_____	_____	_____
Print name	Title	Phone number

Parolee Service Network
Substance Use Disorder Compliance Division
P.O. Box 997413, MS 2600
Sacramento, CA 95899-7413
www.dhcs.ca.gov