

PAROLE CERTIFICATE



STATE BOARD OF PARDONS AND PAROLES ATLANTA, GEORGIA

KNOW ALL MEN BY THESE PRESENTS:

It having been made to appear to the Georgia State Board of Pardons and Paroles that there is reasonable probability that the inmate named below WILL REMAIN AT LIBERTY WITHOUT VIOLATING THE LAWS, and it being the opinion of said Board that the release of this inmate is not incompatible with the welfare of society, and it appearing further that the Board is satisfied that this inmate will be suitably employed in self-sustaining employment or will not become a public charge on release.

Under the authority vested in the State Board of Pardons and Paroles by the laws of Georgia, it is hereby ORDERED that the inmate named below be paroled, pending good behavior under supervision, subject to the conditions of parole listed here and on the reverse side of the Order until the expiration of the confinement sentence(s).

BE IT FURTHER KNOWN that this parole will become effective only after the conditions of parole are agreed to by the inmate. The Board reserves the right to withdraw the grant of all forms of relief prior to the effective date it, in its discretion, it believes it to be in the public interest to do so. Noncompliance with any condition may result in revocation of parole in accordance with Georgia Law.

NOT VALID WITHOUT BOARD SEAL



In witness whereof this Certificate bearing the Seal of the State Board of Pardons and Paroles is issued.

STATE BOARD OF PARDONS AND PAROLES

FOR THE BOARD

ORDER NUMBER: 1196351
INMATE: KETWAIN EMMANUEL BRISBON, ZX 934441
INDICTMENT NUMBER COURT OF CONVICTION OFFENSE COUNT
2024CR0454 COLUMBIA THEFT SHPLFT 1
EFFECTIVE PAROLE DATE: 06/18/2025
EXPIRATION DATE: 04/07/2026
ISSUE DATE: 06/10/2025
RELEASE INSTRUCTIONS:

Report by phone immediately upon arrival to AAIC Sal Lugos by calling PH: 803-602-8012.

COMMUNITY SUPERVISION OFFICER:

District	Name	Phone Number	Address	City	State	Zip Code
	INTERSTATE COMPACT CIRCUIT Interstate Compact					

PAROLE PLAN:

Type of Address: PAROLE PLAN RESIDENCE

Name:	Antwain Brisbon	Relationship:	Father	Phone:	8392485129
Address1:	443 Finch Lane	Address2:		City:	Lexington
State:	SC	Zip Code:	29073	County:	OUT OF STATE

SPECIAL CONDITIONS:

* While on parole, I will not return to the Columbia Judicial Circuit (Columbia County)

STANDARD CONDITIONS UNDER WHICH THIS PAROLE IS GRANTED

THIS CERTIFICATE OF PAROLE WILL BECOME EFFECTIVE ONLY ON THE EFFECTIVE DATE STATED ON THE FRONT AFTER THE FOLLOWING STANDARD CONDITIONS AND ANY SPECIAL CONDITIONS ON THE FRONT ARE AGREED TO BY THE INMATE. VIOLATION OF ANY CONDITION MAY RESULT IN IMMEDIATE ARREST FOLLOWED BY PAROLE REVOCATION.

- 1. Intervention Plan/Instructions:** I will participate in the development of and comply with a rehabilitation plan designed by my community supervision officer. This plan will require me to work, to be drug tested, and may require me to attend and to pay a reasonable fee for counseling or classes. I will truthfully answer all questions and follow all written and verbal instructions from my community supervision officer or any other community supervision officer or any employee of the Department of Community Supervision or the **State Board of Pardons and Paroles**.
- 2. Law/ Immediate Notification/Searches:** I will not violate the law of any governmental unit. I will immediately notify my community supervision officer if I am arrested for any offense, including a traffic offense. My community supervision officer or any other community supervision officer may, at any time, conduct a warrantless search of my person, papers, and place of residence, automobile, or any other property under my control.
- 3. Weapon:** I will not receive, possess, transport, have under my control, attempt to purchase, or obtain transfer of any firearm, ammunition, explosives or other deadly weapons.
- 4. Leaving State and Absconding:** I will not leave my state of residence, even briefly, or change my residence without first getting permission from my community supervision officer. I will not abscond from parole supervision.
- 5. Child Support, Restitution, and Fees:** I will support all my children as required by Georgia law, make payments on any restitution, pay a monthly parole supervision fee as established by Parole Board rule, and pay a reasonable fee for electronic monitoring.
- 6. Education:** If I do not have a high school diploma or its equivalent and am unable to maintain reliable, regular employment, I will attend school to pursue a general education diploma (GED), a high school diploma, or a trade at a vocational/technical school.
- 7. Terms of Probation:** If serving a split sentence, I will abide by all terms of probation imposed by the sentencing court(s).

ACKNOWLEDGMENT AND CERTIFICATION

I have read or have had read to me the above standard Parole conditions and any special conditions on the front side of this certificate, and fully understand them and agree to comply with them. I hereby waive all extradition rights and process and agree to return to Georgia from any State or Territory of the United States or from the District of Columbia. If it becomes necessary to communicate with my community supervision officer when the officer is not available, I will contact another community supervision officer in the same office or will contact the Department of Community Supervision's Headquarters Office at Eighth Floor, East Tower, Floyd Veterans Memorial Building, 2 Martin Luther King, Jr., Drive, S.E., Suite 866 E, Atlanta, Georgia 30334. Telephone number (678) 783-4337.

WITHIN 24 HOURS OF MY RELEASE I WILL REPORT TO MY COMMUNITY SUPERVISION OFFICER, EITHER BY PERSONAL VISIT OR BY TELEPHONE.

PAROLEE KETWAIN EMMANUEL BRISBON, ZX
934441

DATE

I hereby certify that this Statement of Conditions has been read and explained to the Parolee and he/she has agreed to them.

INSTITUTIONAL OFFICIAL

DATE