

**DEPARTMENT OF
COMMUNITY SUPERVISION
CERTIFICATE OF
SENTENCE COMPLETION**

Awarded to

Sentence Completion Date: _____ County(ies)/Docket Number(s): _____

**For completing supervision requirements with the
Georgia Department of Community Supervision**



Chief Community Supervision Officer

Date

This Certificate symbolizes the individual's achievement toward successful reentry into society and meets the provisions as outlined in O.C.G.A. 51- 1-54 for engaging in activity with the individual to whom this Certificate was issued.