



STATE OF TENNESSEE
BOARD OF PAROLE
404 JAMES ROBERTSON PARKWAY SUITE 1300
NASHVILLE, TENNESSEE 37243-0850
Phone: (615) 741-1150 * Fax: (615) 741-5337

Offender Hearing Decision Notification

July 24, 2020

To: AUSTIN R. DRUMMOND, 00541332
WEST TENNESSEE STATE PENITENTIARY, 06A, 22

This is to serve as your official notification regarding your parole hearing on 7/23/2020 held at West Tennessee State Penitentiary. The Tennessee Board of Parole made a final decision on 7/23/2020 as follows, decline parole. The following information is related to their decision:

- The release from custody at this time would have a substantially adverse effect on institutional discipline: T.C.A. 40-35-503(b)(3)
- The release from custody at this time would depreciate the seriousness of the crime of which the offender stands convicted or promote disrespect of the law: T.C.A. 40-35-503(b)(2)
- There is substantial risk that the offender will not conform to the conditions of release: T.C.A. 40-35-503(b)(1)

The next review date is currently set for 07/2023.

Appeal Rights

Pursuant to Tennessee Code Annotated 40-28-105 offenders have appeal rights if their final parole decision is to decline, revoke or rescind parole. Appeals may be granted based on the following criteria:

1. Significant new evidence or information that was not available at the time of the hearing.
2. Allegations of misconduct by the hearings official and is substantiated by the record.
3. Significant procedural errors by the hearings official.

In order to be considered for an appellate review, a written request must be received within forty-five (45) days from the date this decision notice is signed. The request must be mailed to: Board of Parole, Attn: Appeals Unit, 404 James Robertson Parkway, Suite 1300 Nashville, TN 37243-0850.

I, Austin R. Drummond, received this notification on 7/28/20
Signature of Offender Date
Witness Name Y. L. Williams Witness Signature Y. L. Williams Date 7/28/20
Please Print

Officials Only (Jails, Prisons and all PPOs):

If the offender is not at this location please specify reason when you sign and date this document before returning.

Reason _____ Sign _____ Date _____
This document must be returned to the Board of Parole, Board Operations within three business days of date signed by the offender and witness.



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I, _____, received this notification on _____.
Signature of Offender Date

Witness Name _____ Witness Signature _____ Date _____
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