19438

SOS APA Form 001

Mississippi Secretary of State
700 North StreetP. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
Mississippi Parole Board	Stephanie Skipper /Alma Heard	601-576-3520	
ADDRESS	**CITY**	**STATE**	**ZIP**
660 North Street, Ste 100A	Jackson	MS	39202
EMAIL / **SUBMIT DATE**	Name or number of rule(s):		
sskipper@mdoc.state.ms.us or almaheard@mdoc.state.ms.us / 3/28/13	Compilation – Parts 201 and 202		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Compilation of rules in accordance with SOS APA Rule 3.2

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Section 47-7-23

List all rules repealed, amended, or suspended by the proposed rule: None

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
___ Original filing	**Action proposed:**	**Date Proposed Rule Filed: 3/1/13**
_____ Renewal of effectiveness	___ New rule(s)	**Action taken:**
To be in effect in ___ days	_____Amendment to existing rule(s)	X Adopted with no changes in text
Effective date:	_____Repeal of existing rule(s)	_____Adopted with changes
___ Immediately upon filing	_____Adoption by reference	_____Adopted by reference
_____ Other (specify):_____	**Proposed finaleffective date:**	_____Withdrawn
	____30 days after filing	_____ Repeal adopted as proposed
	_____Other (specify):_____	**Effective date:**
		X 30 days after filing
		_____Other (specify): _____

Printed name and Title of person authorized to file rules: Malcolm E. McMillin, Chairman

Signature of person authorized to file rules: Malcolm E. McMillin

OFFICIAL FILING STAMP	DO NOT WRITEBELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		FILED MAR 28 2013 MISSISSIPPI SECRETARY OF STATE
Accepted for filing by	Accepted for filing by	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.