

UTAH BOARD OF PARDONS AND PAROLE

INMATE HEARING INFORMATION

INSTRUCTIONS

1. Each inmate must complete this form prior to any personal appearance hearing before the Board, except parole violation or rescission hearings.
2. Use only a pen (no pencils). This document will be sent to the Board.
3. The information provided may have a significant impact on your hearing and the Board's decision. Please be accurate, legible, and thorough. You may attach additional pages if needed. You may also attach copies of certificates, etc.

Name: _____ Offender #: _____

Most Recent Address: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Do you need an **INTERPRETER** at your hearing? YES _____ NO _____

If YES, what language? _____

Is there a **DETAINDER** filed against you? YES _____ NO _____ UNKNOWN _____

If YES, list the jurisdiction and charges: _____

CURRENT SENTENCES

List all convictions and sentences for which you are now in prison. **Also**, include any charges which remain pending in court and for which you have not been sentenced.

CRIME OF CONVICTION

SENTENCE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE USE ADDITIONAL PAGES IF NEEDED. DO NOT WRITE ON THE BACK OF THIS PAGE.

VICTIM IMPACT AND REPARATIONS

List all victims of your crimes and describe how your behavior has affected them.

Explain what you have done and will do to repair the damage you have caused to the people you have victimized, including how you will pay restitution.

ACCOUNTABILITY AND REHABILITATION

Explain why you engaged in criminal behavior. Explain your motivations, thinking patterns, and any risk factors that led you to engage in criminal conduct.

Explain what you have done since your arrest to address your criminal behavior and reduce your risk to society.

CASE ACTION PLAN (CAP)

List your CAP priorities and your *current* progress toward completing each priority.

	PRIORITY	START DATE	END DATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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If you have **refused** to comply with any of your CAP priorities, explain why.

PRISON DISCIPLINE

List all MAJOR disciplinary convictions during this incarceration **or** since the date you were last seen by the Board. List the type of infraction in words (example: Dirty UA, Fighting, etc.) rather than the DOC code. You may add comments or explanations.

<i>DISCIPLINARY CONVICTION</i>	<i>HEARING DATE</i>
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FAMILY BACKGROUND

Current Marital Status: MARRIED SINGLE SEPARATED DIVORCED WIDOWED

If MARRIED (including Common Law), list the **name and address** of your spouse.

If you have any living **CHILDREN**, complete the following:

<i>NAME</i>	<i>GENDER</i>	<i>AGE</i>	<i>ADDRESS</i>
<hr/>	<hr/>	<hr/>	<hr/>
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If you have court-ordered child support, indicate name of your dependent child and the amount owed each month.

Were you current on your child support before your incarceration? YES NO

If NO, how much arrearage do you owe?

Your Father's Name:

Address (if living):

PLEASE USE ADDITIONAL PAGES IF NEEDED. DO NOT WRITE ON THE BACK OF THIS PAGE.

Your Mother's Name: _____

Address (if living): _____

MEDICAL OR TREATMENT ISSUES

Do you have any current medical or health issues or concerns? ____ YES ____ NO

If yes, please explain. _____

Do you have any current mental health issues or concerns? YES ____ NO ____

If yes, please explain. _____

Please list any medications you are currently prescribed and the symptoms or diagnoses for which the medications have been prescribed. _____

RELEASE PLANS

Who will you live with and what is your **relationship** with them?

What is the **address** and **phone number** of your intended residence?

Has anyone living at this residence been convicted of a felony? YES ____ NO ____

If yes, who? _____

How will your living arrangement help you be a productive member of society?

Employment

List the employment skills, experience, or education that will help you find employment.

With whom do you have **employment** arranged? _____

(Name of Employer)

(Contact or Supervisor)

(Employer's Phone Number)

PLEASE USE ADDITIONAL PAGES IF NEEDED. DO NOT WRITE ON THE BACK OF THIS PAGE.

Treatment

With whom have you arranged **therapy** or treatment after release?

(Name of Treatment Provider)

(Phone Number)

If therapy or treatment has not been arranged, please explain why not?

REHABILITATIVE SUPPORT

List your primary support, including individuals and any religious, community, or civic groups or organizations upon whom you will rely for support, encouragement, or help.

PAROLE COMPLIANCE

What is your plan for being successful on parole?

FUTURE PLANS

What is your long-term plan for how you will be a productive member of society and remain crime free? Include educational, employment, and treatment goals.

READ CAREFULLY

Unless otherwise ordered by the Board, you are eligible for only one personal appearance during the course of your sentence. If this Hearing Information form is submitted in preparation for any hearing for which you have waived your appearance, or as part of an application for a Redetermination Hearing, you should understand that the Board may modify its prior decisions and determinations concerning your sentence based upon the information you submit.

AUTHORIZATION FOR DISCLOSURE OF INFORMATION RELEASE, WAIVER, AND CERTIFICATION OF ACCURACY

By my signature below, I voluntarily authorize all persons or entities who may have information regarding me, including health, medical, mental health, or other treatment information, to release and disclose all information to the Utah Board of Pardons and Parole (BOPP).

I hereby waive the right to bring legal action against such persons and entities for releasing information regarding me to BOPP. I further agree that this Release and Waiver of Liability is intended to, and shall, bind the members of my family and heirs.

This authorization may be revoked at any time, in writing, if the writing is signed by me and delivered to BOPP. This authorization shall expire upon termination or expiration of my sentences or BOPP's jurisdiction over me.

I certify that I have read and understand the conditions set forth in this agreement and waiver.

I certify the information I have provided in this hearing application is true and accurate.

Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(DOC Staff or Personnel Name - PRINTED)

Witness Signature: _____

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