STATE OF MONTANA
BOARD OF PARDONS AND PAROLE APPLICATION

OBJECTIVES

Administrative Rule 20.25.201

1) The principal objective of the board is to affect the release from confinement of appropriate eligible offenders before the completion of the full term of commitment while still fully protecting society. A hearing panel may only grant a release when, in the panel's opinion, there is a reasonable probability it can release the offender without detriment to the offender or the community. When a hearing panel grants a release the offender is subject to the conditions imposed by the panel and the supervision authorized by governing statutes, rules, and policies of the department. The board will conduct business fairly and consistently and the board's hearing panels will base decisions on public safety concerns, successful offender reentry, and sensible use of state resources.
2) An offender must serve the statutorily or court-imposed amount of time before the board may consider the offender for release. Release before the offender serves the entire sentence is a privilege, not a right. A hearing panel may only grant a release for the best interest of society and when the panel believes the offender is able and willing to fulfill the obligations of a law-abiding citizen and not as an award of clemency or a reduction of sentence or pardon.
3) The board's primary responsibility in making decisions about parole is public safety. The board applies Montana law in affording offenders with impartial hearings, respecting offender rights, and considering the safety of victims and the public.
4) Board members and designated staff will participate in federal, state, and regional criminal justice planning efforts and meet periodically with relevant criminal justice personnel

STATE OF MONTANA

BOARD OF PARDONS AND PAROLE

PAROLE APPLICATION

Name: _____ **DOC No:** _____

Last First MI

Orientation manual reviewed ☐ Yes ☐ No

Social History

Age: _____ **Marital Status:** _____ **No. Previous Marriages:** _____ **No. Children:**_____

Child Support Ordered: ☐ Yes ☐ No

Military Veteran: ☐ Yes ☐ No **Branch/Dates/Type of Discharge:** _____

Alcohol Abuse: ☐ Yes ☐ No **Drug Abuse:** ☐ Yes ☐ No **Gambling Abuse:** ☐ Yes ☐ No

History of Mental Health Issues: ☐ Yes ☐ No **Current Diagnosis:** _____

Current Medication: ☐ Yes ☐ No If yes, type: _____

Financial Problems: ☐ Yes ☐ No If yes, explain: _____

List prior community corrections/treatment placements:

(pre-release, START, NEXUS, Elkhorn, etc.)

Dates	Location	Program	Outcome

Education

High School Diploma: ☐ Yes ☐ No

HiSet: ☐ Yes ☐ No **College Degree:** ☐ Yes ☐ No **Major:** _____

Vocational Training: ☐ Yes ☐ No **Type of Certification:** _____

Major Occupation/Work Skills:

Longest Period of Continued Employment:

☐ less than a year 1-5 years ☐ ☐more than 5 years

List last employer and reason for leaving or termination:

Parole Release Plan

Employment/Schooling/Training – Where are you going to work or attend schooling? (name, address, location)

Residence – Where are you going to live, who are you going to live with, and what is your relationship to them?

Proposed treatment programming in community (where and name of therapist program)

Community Support (pro-social activities, sponsors, friends, church, etc.)

Correctional Programming and Adjustment

Programs completed while incarcerated (attach certificates if available / also list any program in which you are on the waiting list):

Education Courses:

Employment record while incarcerated:

Severe or Major Rule Infractions(s):

Pending Severe or Major Rule Infractions: ☐ Yes ☐ No

**Administrative Rule (ARM) 20.25.305 (5) require 120 days of clear conduct to appear from secure facilities and 90 days clear conduct from community placements.

Criminal History

Current offense(s) being reviewed for parole consideration:

Date	Crime	Sentence

Brief description of circumstances:

Prior criminal convictions:

Date	Location	Crime	Sentence

Parole Violations: (Parole Board) **Total Number: _____**

Date	Location	Violations	Disposition

Probation Violations: (Court) **Total Number: _____**

Date	Location	Violations	Disposition

Conditional Release Violations: (DOC) **Total Number: _____**

Date	Location	Violations	Disposition

Pending – Charges – Supervision Violations – Outstanding Warrants/Detainers:

Date	Location	Crime	Disposition

Parole Criteria

Based on the Montana Code Annotated §46-23-208 outlines the criteria for nonmedical parole, allowing the Board of Pardons and Parole to release an eligible prisoner only if there is reasonable probability they can live without detriment to themselves or the community, and if release is in the best interests of society.

Key Parole Criteria (§46-23-208):

- **Safety and Welfare:** The offender must be able to live as a law-abiding citizen and not need further, unavailable correctional treatment.
- **Information Considered:** The board evaluates 18+ factors, including case-specific information, parole guidelines scores, and risk assessments.
- **Victim Input:** The panel considers written or oral statements from victims or their representatives regarding the impact of the crime.
- **Comprehensive Review:** The board may consider any other relevant factors (46-23-208(4)(r))

You are scheduled for parole consideration by the Montana Board of Pardons and Parole.

By signing, you are acknowledging you have read and understand the paroling criteria/ orientation manual. You fully understand that you are subject to "official detention" until the Board determines that: all Board imposed conditions, changes, and/or special conditions have been satisfied; my parole plan has been investigated and approved by Probation and Parole authorities and I have been given reporting instructions; the Board Chairman issues a parole certificate authorizing my release from confinement; and I have signed the "Conditions of Parole" document. You also understand that If I wish to have witnesses and/or a representative present at the time of my hearing, I must provide at least 10 business day notice to the Board of Pardons and Parole. The information presented in this application is true and correct to the best of my knowledge. **By my signature I authorize the release of medical/treatment records to the Board of Pardons and Parole.**

Inmate Signature	DOC No.	Date

I AM NOT INTERESTED IN PAROLE RELEASE, DO NOT WISH TO APPEAR OR PRESENT TESTIMONY, AND RECOGNIZE THE BOARD WILL CONDUCT A HEARING AND RENDER A DECISION WITHOUT MY PARTICIPATION.

Inmate Signature	DOC No.	Witness Signature	Date

Printed Name: _____

Parole Application Forms 9-2026

Letter to Parole Board
(attach additional pages as needed)