



**STATE OF MONTANA
BOARD OF PARDONS AND PAROLE
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



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Pursuant to administrative rule 20.25.305: "An offender in a community-based program appears before the board, the offender must have at least 90 days free of severe (Class 100) or major (Class 200) disciplinary violations. An offender in a secure facility must have 120 days free of major disciplinary violations."

Name: _____ DOC No: _____
Last First MI

SOCIAL HISTORY

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

Child Support Ordered: Yes No

Ethnicity: White/Caucasian Native American African American Asian other _____

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

Alcohol Problem: Yes No **Drug Problem:** Yes No **Gambling Problem:** Yes No

History of Mental Health Problems: Yes No **Current Medication:** Yes No (type) _____

Financial Problems: Yes No (explain) _____

List prior community corrections/treatment placements:

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

Dates	Location	Program	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education / Employment: (circle last grade of formal education completed) 1 2 3 4 5 6 7 8 9 10 11 12

GED: Yes No College Degree: Yes No Ass. 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 2 3 4 5 years) (more than 5 years)

PAROLE RELEASE PLAN

Job/School/Training – Where are you going to work? (name, address, location) _____

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

List Treatment – Where are you going to attend treatment and from whom?: _____

CURRENT INSTITUTIONAL ADJUSTMENT

Self Help Programs (on waiting list for, attending or completed **during this incarceration**): _____

Education Courses: _____

Work Record: _____

Severe or Major Rule Infraction(s): _____

Pending Severe or Major Rule Infractions: Yes No

The Board's administrative rules require 120 days of clear conduct to appear from secure facilities and 90 days clear conduct from community placements

CRIMINAL HISTORY

AGE AT FIRST ARREST: _

Current Offense:

Date	Crime	Sentence
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Brief Description of Circumstances:

Prior Felony Convictions:

Date	Location	Crime	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CRIMINAL HISTORY (CONTINUED)

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

Since parole is granted as a matter of grace, the Board may offer such grace under and subject to such conditions as it considers most conducive to accomplish the desired purpose. The following is the criteria the Board considers when granting or denying a parole application:

1. **In the Board's opinion**, is there reasonable probability that the applicant is presently able and willing to fulfill the obligations of a law-abiding citizen. The conclusions are based on the following:
 - a. Institutional conduct
 - b. Institutional custody level
 - c. Housing unit evaluation
 - d. Adequacy of parole plan
 - e. Work evaluations
 - f. Attitude and motivation to successfully complete a parole
 - g. Risk Scores/Deficits on MORRA/WRNA

2. **In the Board's opinion**, is there a reasonable probability that release at this time would not be a detriment to the applicant or community. The conclusions are based on the following:
 - a. Nature/severity of offense(s)
 - b. Previous criminal history

PAROLE CRITERIA (CONTINUED)

- c. Pattern of similar offenses
- d. Previous escape(s) from custody
- e. Multiple offenses
- f. History under parole/probation supervision
- g. Repeat sex offenses
- h. Criminal justice authorities, victim/citizenry input

3. **In the Board's opinion**, is there a need for education, job training, treatment, or continued treatment to enhance success on parole and further insure that the applicant is willing and able to fulfill the obligations of a law-abiding citizen. Relevant needs include:

- a. G.E.D.
- b. Basic education
- c. Job or vocational training
- d. Sex offender treatment
- e. Mental health treatment
- f. Anger management
- g. Chemical dependency treatment
- h. Pre-release program

4. Any other factors the Board determines to be relevant.

You are scheduled for parole consideration by the Montana Board of Pardons and Parole on _____, 20___. I have read and understand the paroling criteria. I have been advised and fully understand that I am 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 Department of Corrections "Conditions of Parole" document. I 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 working days 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.**

Applicant's Signature

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

Witness Signature

Date

Printed Name _____