

Parole Interview Questionnaire

DOC # _____

(Name: First, Middle, Last)

You will be considered for parole on the _____ docket or *Parole in Absentia docket following receipt and processing of your application.* Please complete this questionnaire and your case manager will return it to the Parole Investigator or *you will mail it to the address listed below* if you are applying for a Parole in Absentia.*

If you do not wish to be considered for parole, please sign the attached “Waiver for Parole” form, in the presence of a staff member and return it to your case manager immediately.

If you are scheduled to be a personal appearance but wish to waive that right, please inform your case manager and you will be provided with a form to sign, requesting a jacket review only.

If you have Delegates that wish to attend the meeting on your behalf, they need to contact the Pardon and Parole Board Administrative office at (405) 521-6600, at least 10 days prior to the meeting. They will be provided with a confirmation number necessary to attend the meeting.

If you meet certain criteria your parole type can be changed to Re-Entry or SIR (Serious Incident Report). All these parole types will be a jacket review. Individuals on the SIR docket may only have Delegates appear on their behalf if they are passed to Stage II.

Individuals with current violent offenses (including CC cases), will have a two stage consideration process. Delegates for these individuals can appear at the second stage ONLY.

If you or your supporters wish to correspond with the Pardon and Parole Board members, your case manager can obtain the address at www.ppb.ok.gov.

If you still have questions regarding parole or this questionnaire, please fill out a Request to Staff and it will be returned to you as soon as time allows.

Thank you for your cooperation.

**Mail this completed form for Parole in Absentia to:*

*Oklahoma Pardon & Parole Board
2915 N. Classen Blvd., Suite 405
Oklahoma City, OK 73106-5436*

Version of Offense:

Please provide your version of the Instant Offense and CC Cases (if any). Include the case numbers if you have more than one active case for clarification. In your version please include the following: what happened at the time of the offense; how the police became involved; length of time it took for you to get arrested; and how a conclusion came to the case (for example: plea agreement, jury trial, etc). If you need more room, please use the back of the sheet.

Programs:

Please list the programs that you completed during this incarceration, along with completion dates, if known. Please provide the programs that you are currently participating in, with projected completion dates, if known; as well as programs that you are on the waiting list for.

Substance Usage and Treatment:

Please circle any substances that you have used in the past. Include age of which you first used, and age whenever usage stopped, if applicable. If you currently still use the substance, please indicate. Also, please indicate the level of usage with the numbered scale provided. 1 – Daily 2 – Frequently 3 – Occasionally 4 – Socially 5 – Experimentally 6 – Rarely 7 – Other (please specify if this option is used).

Alcohol:	Amphetamine/Methamphetamine:
Marijuana:	Barbiturates:
Cocaine:	Opiates:
Hallucinogens:	Other (specify):

Have you ever received any substance abuse treatment in the community or while incarcerated (for example RID)? If yes, please provide treatment type (inpatient or outpatient), name of program or facility, location, length of involvement, also date treatment began and completed.

Mental Health History:

Have you ever been diagnosed or suffered from a mental illness? IF so, please specify illness:

Have you ever received any mental health treatment previously? If so, please provide treatment type (inpatient or outpatient), name of program of facility, location, length of involvement, and date treatment was began and completed.

Personal Information:

Please circle the highest education level that you have COMPLETED.

High School Graduate GED Vocational/Technical Degree (please specify)
Associate Degree (please specify) Bachelor Degree or higher (please specify)

If none of the above, note the highest grade you completed: _____

Please list your primary job skill (please only list one):

Please circle the choice that best describes your employment history record:

None Sporadic Steady

Were you disabled prior to incarceration? Yes No

If so, for how long? _____

Were you employed at the time of your arrest (circle the appropriate answer)? Yes No
Are you affiliated with any Native American Tribes? If so, indicate what tribe and CDIB information. _____

Have you ever served in the Military? If so, indicate branch, dates of service, discharge status, and rank at the time of discharge: _____

Please indicate your marital status by circling one of the following:

Single Divorced Separated Widowed

Please indicate the number of dependent children you have: _____

Family Background: Was there anything from your childhood/home life that you believe might have contributed to/influenced you towards criminal behavior? If yes, please explain. If no, indicate by saying no connection.

Parole Plan (If you have a CS case, please indicate by writing N/A here): _____

If you were to make parole, where would you plan on living and with whom?

City: _____ State: _____

Relationship: _____

Do you have a current job offer? Yes No

Name of the employer/company and/or indicate type of work:

What are your expected earnings? _____

Do you plan on attending college or a vocational school after release?

No Yes (please specify name of school and area of study)

How will you finance your education? Circle all that apply:

Grants/loans Personal funds Family assistance

Other (please specify) _____

(Signature & DOC#)

(Date)