

OKLAHOMA PARDON AND PAROLE BOARD AGING PRISONERS APPLICATION AND INSTRUCTIONS

General Information and Eligibility

In 2018, the Legislature passed a criminal justice reform measure for aging prisoners (57 O.S. §332.21). An aging prisoner is defined as any person imprisoned by the Department of Corrections who is sixty (60) years of age or older. If the inmate must meet ALL eligibility criteria to be eligible for this parole consideration.

The four eligibility criteria are:

1. The applicant was NOT convicted for a violent crime as identified in in Section 13.1 of Title 21 or Section 571 of Title 57.
2. The applicant was NOT convicted of a crime in that would be subject to the registration requirements of the Sex Offender Registration Act.
3. The applicant is sixty (60) years of age or older.
4. The applicant has served, in actual custody, the shorter of:
 - Ten (10) years of the term or terms of actual imprisonment; OR
 - One-third (1/3) of the total term or terms of imprisonment.

Instructions

Prior to completing the application, the inmate should ensure that he/she meets the eligibility for Item 1 and Item 2 below on page 3 of the application:

If the answer to Questions 1 or 2 is yes, do not complete or submit the application as the inmate is NOT eligible for an Aging Prisoner's Parole consideration.

If the answer to both Questions 1 and 2 is no, and the applicant believes he/she qualifies for Items 3 and 4 above, the applicant should:

1. Complete the entire application.
2. Before submitting to the Pardon and Parole Board, send the application to the facility's records officer for verification and completion of Section A.
3. After Section A is completed by the Department of Corrections (see instructions below), the inmate can submit the completed application to the Pardon and Parole Board.

Department of Corrections and Section A: The facility's records officer will send the application to the Manager of Sentence Administration, Offender Records, and Registries who will complete and sign Section A which certifies that the inmate's date of birth and term of incarceration and makes them eligible for this parole consideration. The Manager will return the application to the facility's records officer who will return the application to the inmate.

Following submission of the application and confirmation that the inmate is eligible and the application is complete, a risk assessment will be completed by the Department of Corrections, if one is not already available. Then a Pardon and Parole Board investigator will conduct an investigation, including an interview or a questionnaire, as is typical with a parole. The inmate will then be placed on a docket and given an opportunity to speak on his/her behalf and have counsel present, if desired. The Board may grant parole if a preponderance of the evidence indicates that the inmate does not pose a substantial risk to public safety.

Completing the Application

1. Type or print the answers in ink. **Do not staple or bind the application in any way.**
2. If the application is illegible, it will be returned and will not be processed.
3. It is the applicant's responsibility to submit a completed application. Every item and blank must have a response. If the answers to a question are incomplete, unclear, or non-responsive, you will be notified. The application will not be processed until it is complete. Each question must be answered fully, truthfully, and accurately.
4. If the space provided for any answer is insufficient, the answer must be completed on the Optional Continuation Page. List the question number and include as many Optional Continuation pages as needed to complete the answer to the question and include the pages with the application. **The applicant must list only one question on each continuation page and only use the front page of the paper.**
5. Altered or retyped forms will be returned.
6. Application forms must be filled out completely, signed, dated, and notarized where required.
7. In completing the application, answering "see attached" and using attachments (newspaper articles, printouts, NCIC reports, or forms, etc.) is considered non-responsive. Only Continuation Page should be used. Applicants are expected to complete the question as indicated and include additional any information using the Continuation Page which is included in the application.
8. Do not include the instructions with the application (pages 1-2).
9. The submission of any false information is grounds for immediate denial of the application.

APPLICANTS SHOULD KEEP A COPY OF THE COMPLETE APPLICATION!

Submitting the Application

Send the completed application to: Oklahoma Pardon and Parole Board
4345 N. Lincoln Blvd., Suite 1082
Oklahoma City, Oklahoma 73105

OKLAHOMA PARDON AND PAROLE BOARD
AGING PRISONERS APPLICATION AND INSTRUCTIONS

Note:

Type or print the answers in ink. Each question must be answered fully, truthfully, and accurately. **Do not leave sections blank.** It is the applicant's responsibility to submit a complete application. If the space provided for any answer is insufficient, answers may be completed **ONLY** using the Optional Continuation Page. **Use only use one Optional Continuation Page per question.** List the question number and include these pages with the application.

GENERAL INFORMATION

Name: _____
 First Middle Last Suffix (i.e. Junior)

Facility: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Gender: _____ DOC#: _____

Applicant to Complete:

1. Was the inmate convicted of a violent crime as defined in Section 13.1 of Title 21 or Section 571 of Title 57? Yes No
2. Is the inmate subject to the registration requirements of the Sex Offender Registration Act? Yes No

If the answer to either Questions 1 or 2 is yes, STOP and do not complete or submit the application as the inmate is NOT eligible for an Aging Prisoner's Parole consideration.

If the answer is no to both Questions 1 and 2, the applicant will provide the completed application to the facility's records officer. The facility's records officer will send the application to the Manager of Sentence Administration, Offender Records and Registries to complete Section A (page 5) of the application. Once Section A is complete, the Manager will return the application to the facility records office who will return the application to the inmate.

SECTION A:

**DOC DETERMINATION OF ELIGIBILITY FOR AGING PRISONERS PAROLE
CONSIDERATION**

This section may only be completed by the Department of Corrections' Manager of Sentence Administration, Offender Records, and Registries before the inmate submits the application.

Date of Birth of Inmate Listed Above: _____

What is the inmate's current age? _____ years as of (enter current date) _____

Has the inmate served in actual imprisonment, the shorter of (a) ten (10) years of the term or terms of actual imprisonment OR one-third (1/3) of the total term or terms of imprisonment. **Yes** **No**

I certify that the information above is true and accurate.

Printed Name: _____ Title: _____

Signature: _____

SECTION B:

PPB DETERMINATION OF RISK ASSESSMENT

This section may only be completed by the Pardon and Parole Board AFTER submission of the application.

A risk assessment (check one) _____ is needed _____ is currently available.

Printed Name: _____ Title: _____

Signature: _____

ASSISTANCE WITH THE APPLICATION

Did someone else help you prepare the application? **Yes** **No**

Name of Person Assisting with the Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Area Code/Telephone Number: _____

Is the person an attorney? **Yes** **No** If yes, OK Bar #: _____

If no, what is the relationship between the applicant and the person assisting in the preparation?

OVERVIEW OF OFFENSES FOR AGING PRISONERS CONSIDERATION

1. List the case number(s), offense(s) or the crime(s) committed) the county, and the sentence length for every Oklahoma conviction, for which a consideration is being requested. If a case is a consecutive sentence (CS) or concurrent sentence (CC), list in the sentence length. The subsequent section entitled, *Detail of Offenses for Consideration*, will request more detailed information. *If additional space is needed, list the question number on the Optional Continuation Page.*

| CASE NUMBER, INCLUDING COUNTS | OFFENSE (Crime Committed as named on the Judgement and Sentence) | COUNTY | SENTENCE LENGTH (Including CS and CCs) |
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2. Were there victims in your crimes? **Yes** **No**
- A. If yes, how many? _____
- B. Did you know the victim(s)? **Yes** **No**
- C. If yes, what was the relationship? _____

- D. Were the victim(s) injured? **Yes** **No**
- E. Age(s) of the victim(s)? _____
3. Do you have a detainer(s)? **Yes** **No**
4. If yes, list the authority (ICE, County, City, State, etc.): _____

SUPPORT BENEFITS

6. Did you receive any form benefits before you were incarcerated?

Social Security Benefits **Yes** **No**

Medicare Benefits **Yes** **No**

Medicaid Benefits **Yes** **No**

Tribal Assistance Benefits **Yes** **No**

Private Health Insurance **Yes** **No**

Retirement Benefits **Yes** **No**

Other **Yes** **No (please list)** _____

If yes, please explain. Use the Optional Continuation Page, if needed.

7. Are you eligible for the reinstatement of Social Security benefits? **Yes** **No** **I don't know**

If yes, please explain. Use the Optional Continuation Page, if needed.

8. Do you have financial support from family or other sources of income? **Yes** **No**

If yes, please explain. Use the Optional Continuation Page, if needed.

MEDICAL ISSUES

9. Do you have any significant medical issues? **Yes** **No**

If yes, please explain. Use the Optional Continuation Page, if needed.

10. Do you have family support for your housing needs? **Yes** **No**

If yes, please explain. Use the Optional Continuation Page, if needed.

CERTIFICATION AND PERSONAL OATH

I certify that all answers to the above questions and all statements contained herein are true and correct to the best of my knowledge and information. I understand that any intentional misstatement of material facts contained in this application may cause adverse action on my application for consideration.

I understand that there is no appeal process upon denial.

I have read and understand the applications instructions. In making application for a parole from the Pardon and Parole Board, I do solemnly swear that I will be a law-abiding citizen and that I take this obligation freely and without any mental reservation whatsoever.

Name of Applicant: _____

Signature of Applicant: _____

Date: _____
(Month, Day, Year)

NOTARY

Subscribed and sworn before me this _____ day of _____, _____.
(Day) (Month) (Year)

Notary Public

My commission expires: _____

My commission number is: _____

RELEASE OF INFORMATION TO THE PARDON AND PAROLE BOARD

Carefully read this release information, then complete and sign in ink (blue or black).

I authorize any representative of the Oklahoma Pardon and Parole Board and/or the Oklahoma Department of Corrections to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, courts, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history, arrest, conviction, including the pre-sentence investigation report, if any, medical, behavioral health, mental health, psychiatric/psychological, treatment for alcohol and drug abuse, health care, financial, and credit information, and other protected health information.

I understand that, for financial or lending institutions and certain other sources of information, a separate specific release may be needed (pursuant to their request or as may be required by law), and I may be contacted for such a release at a later date.

I further authorize the Oklahoma Pardon and Parole Board and/or the Oklahoma Department of Corrections, or any other authorized state agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my suitability for an Aging Prisoner parole consideration.

I authorize custodians of records and sources of information pertaining to me to release such information upon request of any representative of the Oklahoma Pardon and Parole Board and/or the Oklahoma Department of Corrections or any state agency authorized above regardless of any previous agreement to the contrary. I understand that the information released by records custodians and sources of information is for official use by the State of Oklahoma only for the purposes of processing my application for a parole, and may be re-disclosed by the State of Oklahoma only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon conditions described above.

Full name (Typed or Printed)

Signature of Applicant

Date Signed

**RELEASE OF INFORMATION TO ATTORNEY
OR OTHER AUTHORIZED PERSON**

Only complete this page if you have an attorney representative.

I authorize the Pardon and Parole Board to release information, including but not limited to the investigative report and all contents therein without redaction. I understand this may include information relating to behavioral or mental health services, treatment for alcohol and drug abuse, and/or other protected health information.

This information may be released to:

Name or Title of Person or Organization: _____
Address (City, State and Zip): _____
Area Code/Phone: _____ Area Code/Fax: _____
Email: _____

The relationship to the individual listed above is: _____

This information is being released for the following purpose: _____

I understand that I can revoke this Authorization at any time, except to the extent that action has been taken in reliance on it, by providing written notice to the Oklahoma Pardon and Parole Board. In any event, this Authorization expires in one (1) year from the date of signing or upon the condition(s) described above.

I understand that my records are currently protected by Oklahoma State statutes including Title 63, O.S. Section 1-502.2, and federal privacy regulations including the Health Insurance Portability and Accountability Act (HIPPA), 45 C.F.R. Parts 160 and 164. I understand that my health information specified above will be disclosed pursuant to this authorization, and that the recipient of the information may redisclose the information and it may no longer be protected by the HIPPA privacy law. When applicable, the federal regulations governing the confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, prohibits redisclosure of such information without my specific written consent or when permitted by regulations.

This Authorization is made freely and I voluntarily give this consent.

You are hereby authorized to treat copies of this Authorization the same as originals thereof.

Full name (Typed or Printed)

Signature of Applicant

Date Signed

