



State of Oklahoma
PARDON AND PAROLE BOARD

PAROLE IN-ABSENTIA INTERVIEW QUESTIONNAIRE

(Name of Inmate)

(DOC Number)

You will need to complete this questionnaire and return it to the Pardon and Parole Board's Administrative Office through facility mail. The form needs to be filled out completely and accurately. If the form is not filled out completely it could delay your Parole in Absentia completion.

- If you meet certain criteria, your docket type may be changed to Re-Entry or SIR (Serious Incident Report). All offenders on these types of dockets will have a jacket review only. Individuals on the SIR docket may only have delegates appear on their behalf at Stage II.
- If you have delegates that wish to attend the meeting on your behalf, they must contact the Pardon and Parole Board administrative office at 405/521-6600 at least ten (10) days prior to the meeting to obtain a confirmation number. A confirmation number is required to attend. If you or your delegates wish to submit letters of support to the Pardon and Parole Board members, you can do so at:

*Oklahoma Pardon and Parole Board
4345 N. Lincoln Blvd., Suite 1082
Oklahoma City, OK 73105*

- Individuals with current violent offenses (including CC cases) will have a two-stage consideration process. Delegates can only appear before the Pardon and Parole Board at the second stage.

Thank you for your cooperation.



RELEASE OF INFORMATION TO ATTORNEY OR OTHER AUTHORIZED PERSON

I, _____, DOC Number _____ authorize the Oklahoma Pardon and Parole Board Executive Director and/or his designee to release my Oklahoma Pardon and Parole Board information including, but not limited to, any Parole Investigative Report(s) and all the contents therein, *without redaction*, to:

AUTHORIZED PARTY INFORMATION	
Authorized Party Name:	Law Firm or Organization (if applicable):
Phone Number:	Address:
Email Address:	
Relationship to Authorized Party:	
Purpose of Release:	

- I understand the information in my Oklahoma Pardon and Parole Board record may include information relating to behavioral or mental health services, treatment for alcohol and drug abuse, and/or other protected health information.
- 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.
- 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. Unless revoked, this Authorization expires upon the later of: 1) the end of any underlying representation by legal counsel (if applicable), OR one (1) year from the date of signing.

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.

Date

Signature

Printed Name

Substance Abuse History/Usage and Treatment History

List any substances that you have used in the past. **Include the age of which you first used, and the age when usage stopped. Also, indicate the level of usage with the numbered scale provided.** If you currently still use the substance, please indicate. Not leaving a stop age will look as though the substance is still being used.

1 – *Seldom* / 2 – *Monthly* / 3 – *Weekly* / 4 – *Daily* / 5 – *Other* (explain if this option is used)

Substance	Use? (Yes or No)	Frequency	Age (First Used)	Age (Stopped)
Alcohol				
Marijuana				
Cocaine				
Hallucinogens				
Amphetamine/Methamphetamine				
Barbiturates				
Opiates				
Other (specify):				

Have you ever received any substance abuse treatment in the community prior to incarceration? 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 with or suffered from a mental illness? If so, please specify:

Have you ever received any mental health treatment in the community, prior to incarceration? If yes, please provide treatment type (inpatient or outpatient), name of program or facility, location, length of involvement, also date treatment began and completed.

Programs

List any programs completed during your most recent incarceration. Also, list those in which you are currently participating, with projected completion dates if known.

Parole Plan (If you have a CS case or Detainer, indicate by writing N/A)

If you were to make parole, where would you live and with whom?

City _____ State _____

Relationship to the person with whom you will be living: _____

Do you have a current job offer? (Circle One) Yes / No

If yes, give the name of the employer/company, location, type of work and expected wages/earnings:

Do you plan on attending college or a vocational/technical school after release? (Circle One) Yes / No
(If yes give the name of the school and field of study.)

How will you finance your education? (Circle all that apply)

Grants Loans Personal Funds Family Assistance

Other (please specify)

Personal Information

Place an "X" by the highest education that you have COMPLETED.

- Middle School (Specify Grade) _____
- High School (Specify Grade) _____
- General Education Degree (GED) _____
- Some College _____

- Vocational/Technical Degree (Specify Degree) _____
- Associate Degree (Specify Degree) _____
- Bachelor Degree (Specify Degree) _____
- Master Degree (Specify Degree) _____

What type of work did you have the MOST experience with before your incarceration? How many years of experience do you have in this field?

Place an "X" by the choice that best describes your employment history record:

None _____ Sporadic Employment _____ Steady Employment _____

Were you employed at the time of your arrest? (Circle One) Yes / No

Were you disabled prior to incarceration? (Circle One) Yes / No

If so, how long?

Indicate your marital status at the time of incarceration by circling one of the following:

Single Married Divorced Widowed

Indicate the number of dependent children you have (under the age of 18): _____

Military Service

Please provide branch, rank, length, awards, and discharge type.

Are you aware of the Battle Buddies Program? (Circle One) Yes / No

Are you involved in the Battle Buddies Program? (Circle One) Yes / No

Family Background

Was there anything in your family background that contributed to/influenced your criminal activity? Explain.

Tribal Information

Are you affiliated with any Native American Tribes? If so, indicate which one and provide CDIB information.

(Signature of Inmate)

(Printed Name and DOC # of Inmate)

(Date)

I understand that the information that I have provided in this application will be verified and can and will be used to determine my eligibility for parole consideration. Knowingly providing false information by me will void my application and impact my chances for further consideration for parole. I further understand that by the submission of this application does not entitle me to parole consideration or parole.

Signature of Offender

Date

THE INFORMATION BELOW MUST BE PROVIDED BY A CORRECTIONAL COUNSELOR, CASE MANAGER, RECORDS OFFICER OR OTHER FACILITY OFFICIAL WHO WILL BE CONTACTED FOR FURTHER INFORMATION.

FELONY CONVICTIONS (OTHER THAN OKLAHOMA CASES) THAT ARE CURRENTLY BEING SERVED IN YOUR FACILITY AND THEIR ORGINATING JURISDICTIONS:

<u>Offense</u>	<u>Jurisdiction</u>	<u>Sentence</u>	<u>Case #</u>

Date received into Custody: _____

Date of Projected Release or Scheduled Release: _____

Days of Jail Time credited on current Sentence: _____

Days of Oklahoma Jail time, if known: _____

Detainers from other States or Jurisdictions:

<u>Date filed</u>	<u>State</u>	<u>Offense</u>

Please enclose a Copy of the FBI Rap Sheet, if available.

Name of Contact Person: _____

Title: _____ **Phone Number:** _____

Mailing address: _____

City: _____ **State:** _____ **Zip code:** _____