



**State of Oklahoma**  
**Pardon and Parole Board**  
**Parole Interview Questionnaire**

\_\_\_\_\_  
(Name of Inmate)

\_\_\_\_\_  
(DOC Number)

**PAGE ONE REMAINS WITH OFFENDER FOR REFERENCE**

You will be considered for parole on the \_\_\_\_\_ docket. Please complete this questionnaire and return it to the Parole Investigator through your case manager, unit supervisor, facility mail, or the parole investigator's mailbox. **Do not mail the questionnaire to the Pardon and Parole Board administrative office.** For your information to be included in the report to the Board, return no later than\_\_\_\_\_.

- If you choose to not be considered for parole, notify your case manager or a member of your unit team and a prepared Waiver of Parole form will be provided by the Parole Investigator. Sign the form and return it to the Parole Investigator immediately.
- If you are scheduled for personal appearance, but wish to waive the personal appearance, inform your case manager or a member of your unit team and you will be provided with a Waiver of Personal Appearance form.
- If you meet certain criteria, your docket type may be changed to Re-Entry or SIR (Serious Incident Report). All offenders on these dockets will have a jacket review only. Individuals on the SIR docket may only have delegates at Stage II.
- Violent offenders are considered in two stages. If passed to Stage II, the personal appearance will occur approximately two months after the Stage I jacket review. Delegates can appear ONLY at Stage II.
- If delegates 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 speak on your behalf. If you or your delegates wish to correspond with 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*





**Tribal Information**

Are you affiliated with any Native American Tribes?

**Substance Abuse History/Usage and Treatment History**

Please mark which substances you have used, frequency of use, and ages that use began and ended. If you are still using while incarcerated, please indicate.

**Frequency use defined:**

Rare - 1-5 times a year, Seldom - 5-9 times a year, Monthly - 1-2 times a month, Weekly - 1-3 times a week, Daily - 4-7 days a week

Substance	Used (Yes/No)	Frequency	Age Started	Age Stopped
Alcohol				
Marijuana				
Synthetic Marijuana				
Cocaine				
Hallucinogens				
Amphetamine				
Methamphetamine				
Opiates				
Heroin				
Other (Specify)				

Have you received substance abuse treatment in the community prior to incarceration?  
Do not include programs completed during incarceration.

Name of Facility/Program: \_\_\_\_\_

Inpatient/Outpatient: \_\_\_\_\_

Location: \_\_\_\_\_ Length of time: \_\_\_\_\_

Dates Began/Completed: \_\_\_\_\_

Name of Facility/Program: \_\_\_\_\_



**Inpatient/Outpatient:**  
**Location:** \_\_\_\_\_ **Length of time:** \_\_\_\_\_

**Dates Began/Completed:** \_\_\_\_\_

**Mental Health History**

Have you been diagnosed by a **doctor** with a mental illness?

**Specify:** \_\_\_\_\_

Do you feel you suffer from an undiagnosed mental illness?

**Specify:** \_\_\_\_\_

Are you currently taking mental health medications? (Yes/No) \_\_\_\_\_

Have you received mental health treatment in the community?

**Name of Facility/Program:** \_\_\_\_\_

**Inpatient/Outpatient:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Length of time:** \_\_\_\_\_

**Dates Began/Completed:** \_\_\_\_\_

**Name of Facility/Program:** \_\_\_\_\_

**Inpatient/Outpatient:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Length of time:** \_\_\_\_\_

**Dates Began/Completed:** \_\_\_\_\_

**Gang Affiliation**

Are you affiliated with a gang?

**Programs**

List all programs completed during your **current** incarceration. List those in which you are currently participating, with projected completion dates if known.

**Participating in:** \_\_\_\_\_ **Expected completion:** \_\_\_\_\_

**Completed:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Completed: \_\_\_\_\_ Date: \_\_\_\_\_

**Parole Plan (if you have a CS case or Detainer, enter N/A.)**

**If you are granted parole, where would you live and with whom?**

Relationship to the person with whom you will be living: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

1. **Upon your parole, what is your #1 goal? What do you want to accomplish upon release?** Please describe it in as much detail as possible. (e.g., could focus question on specific domain such as employment, connecting with family, housing, avoiding situations that might affect parole status?)
  
2. **Why do you want to achieve this goal?** That is, describe what is motivating you to want to parole.
  
3. **Who can you count on for support in pursuing your goal?**
  
4. **Who can help you identify the resources you need to achieve your goal?**
  
5. **Who can you turn to for help or support if you run into barriers? Or how have you overcome barriers in the past?**

**Do you have a current job offer?** Yes or no

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

Name: \_\_\_\_\_ Location: \_\_\_\_\_

Type of Work: \_\_\_\_\_ Earnings: \_\_\_\_\_



Do you plan to attend college or a vocational/technical school after release? Yes or No

If yes: Provide 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**

Indicate your marital status by circling one of the following:

Single                                  Married                                  Divorced                                  Widowed

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

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

Middle School (Specify Grade) \_\_\_\_

High School (Specify Grade) \_\_\_\_

General Education Degree (GED) \_\_\_\_

Some College \_\_\_\_    How many credit hours? \_\_\_\_\_

If you have a degree, please list type and field of study.

Vocational: \_\_\_\_\_

Associate: \_\_\_\_\_

Bachelors: \_\_\_\_\_

Masters: \_\_\_\_\_

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?

\_\_\_\_\_



**Job:** \_\_\_\_\_ **Years:** \_\_\_\_\_  
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 or No

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

If so, how long? \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ Highest Rank: \_\_\_\_\_ Service dates: \_\_\_\_\_

Discharge Type \_\_\_\_\_ Individual Awards:

**Family Background**

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

Example: Physical or sexual abuse, substance abuse use in the home, divorce, absent parent(s), criminal history in family.

\_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Printed Name and DOC #)

\_\_\_\_\_

(Date)