Information to the Kentucky Parole Board

Please provide the following information to assist the Kentucky Parole Board in understanding your plans for a successful reintegration into the community, if granted Parole.

Offender Name: ___________________________ DOC #: ___________________________

Jail or Institution: ___________________________ Date form completed: ___________________________

Home Placement Plan (with whom and where):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Plans for employment (or financial support):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you completed programs while in custody? Did you work while in custody?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you have family (or other) support? If so, explain:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Other information you would like the Parole Board to know:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Mail form to DOC, Division of Local Facilities, P.O. Box 2400, Frankfort, KY 40602
This completed form can be emailed to Jail.OffenderForm@ky.gov
MEMORANDUM

TO: KENTUCKY STATE PAROLE BOARD

OFFENDER: ____________________ # ____________

DATE: __________

RE: INMATE'S REQUEST DECLINING PAROLE

( ) I decline TO APPEAR before the Kentucky State Parole Board regarding my parole status this the ___ day of ______.

( ) I decline to appear before the Kentucky State Parole Board regarding my parole status this the ___ day of ______, and request a SERVE OUT.

(X) I request to SERVE OUT rather than to be released on parole.

( ) I refuse to sign my Parole Certificate as I will be leaving on Serve-out, Home Incarceration or Mandatory Reentry Supervision.

I understand my parole options and affix my signature.

Inmate Number Witness/ title

Date