



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

