

Parole Plan Intake Information

Please answer all questions to the best of your ability.

Name _____ DIN: _____

Present Place Of Incarceration : _____

Address of Facility: _____

City _____ New York Zip Code _____

General Background Information

Date of Birth _____ Place of Birth: City _____
State _____

Father's Name: _____

Mother's Name: _____

Were both parents living in the home? (Circle One) Yes or No

Did you live with a relative ? (Circle One) Yes or No

(If yes, who was the relative ?) _____

How many brothers and sisters do you have ? _____

Please describe your family
life _____

Were there drug or alcohol abuse in the home? Yes or No

Details: _____

Were you the victim of physical or sexual abuse? Yes or No

Details _____

What kind of employment did your parents have? _____

What is their education level? _____

Did your family receive public assistance ? Yes or No _____

Education

What activities did you participate in as a child?

Sports, Church, Boy or Girl Scouts, Musical Instrument

Provide details: _____

Do you have a high school diploma ? (Circle One) Yes or No

(If you answered no, what grade did you complete ?) _____

If you dropped out of school provide the reason:

Do you have a college degree ? (Circle One) Yes or No

(If you answered yes, what year did you graduate ?) _____

Childhood / Young Adult Experiences

At what age did you leave your parents home ? _____

Did you abuse drugs and/or alcohol ? (Circle One) Yes or No

(If yes, how long did the abuse occur ?) _____

Did you participate in any programs or rehab prior to incarceration ? (Circle One) Yes or No

(If yes, list the names of the programs or facilities)

_____	_____
_____	_____
_____	_____

Describe any significant accomplishments or detriments regarding your substance abuse:

Arrests / Convictions / Jail / Incarceration Information

How many times have you been arrested ? _____

How many times have you been convicted ? _____

For what crime or crimes are you presently incarcerated ?

_____	_____
_____	_____
_____	_____

How many times have you gone to prison ? _____

Please list the dates and length of time for each stay:

Date: _____ Length of Time: Years: _____ Months: _____

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Have you received any disciplinary tickets
or been charged with any infractions ? (Circle One) Yes or No

List Dates & Nature of the Tickets / Infractions:

Date: _____ Ticket: _____

Date: _____ Ticket: _____

Date: _____ Ticket: _____

Parole Release Program

Where do you plan to reside ?

Address: _____

Apartment or Unit # _____

City: _____

State: _____ Zip Code: _____

Relative And/Or Partner That Will Be Living With You :

Name: _____

Relationship: _____

Will there be minor children in the residence ? (Circle One) Yes or No

(If yes, how many children ?) _____

Do you have a trade or skill
to assist you in obtaining employment ? (Circle One) Yes or No

What employment opportunities do you have or plan to pursue ?

Will family members be participating or be available to assist you in your release plans ? (Circle One) Yes or No

Do you have any church or religious affiliations ? (Circle One) Yes or No

Please describe your future goals:

Please attach the following documents:

1. Inmate Status Report
2. Sentencing Minutes
3. Previous Parole Denials
4. Previous Parole Transcripts

Also include the following:

1. Three (**3**) Copies Of Any Certificates You Have Received
2. Three (**3**) Copies Of Any Letters On Your Behalf

PLEASE NOTE: All documents *must* be received *before* any Parole Plan can be composed.