

Department of Corrections Special Parole Review Recommendation Form:

Offender's Name: _____

GDC ID Number: _____

(Signature/ Printed Name/ Title) of Classification Committee Member Making Recommendation:

_____/_____/_____

Date: _____

**Preliminary Consideration Data:
(Check Yes or No for Questions 1 thru 7)**

1. Yes__ No__ Is the above-named offender serving a sentence of Life without possibility of Parole?
2. Yes__ No__ Was the above-named offender convicted under SB 441?

Note: If the answer (Yes) has been given for questions 1 or 2, this recommendation should be terminated.

3. Yes__ No__ If the offender is serving a Life sentence, he/she must have served the majority of his/her set off period, i.e. 5 of 8 years, 4 of 6 years, etc. Has the offender met this requirement?
4. Yes__ No__ Has the offender served 24 months since their last parole consideration?
5. Yes__ No__ Has the offender been at his/her present (recommending) facility for a minimum of 24 months, of which time he/she has not received a disciplinary report?
6. Yes__ No__ Does the offender have documented in his/her file, exemplary conduct via staff completing Work Activity Performance Reports (WAPR's)?

Note: If the answer (No) has been given for any one of questions 3 thru 7, this recommendation should be terminated.

Summary of Exemplary Conduct of Offender:

**Note: Attach copies of all supporting documents
(Work Activity Report(s), etc.)**

Date submitted to Warden: _____

I. Wardens Recommendation:

(Circle One) Approve / Disapprove

Reason for Disapproval: _____

Warden's Signature/ Date:

Date forwarded to Regional Office: _____

II. Regional Director's Recommendation:

(Circle One) Approve / Disapprove

Reason for Disapproval: _____

Regional Director's Signature/Date

Date forwarded to Facilities Operations Office: _____

III. Recommendations of Director, Facilities Operations:

(Circle One) Approve / Disapprove

Reason for Disapproval: _____

Director, Facilities Operations/Designee's Signature/Date