

PAROLE REVIEW SUMMARY

Facility/Center: _____ Date Submitted: ___/___/___

I. Inmate: Name: _____ Number: ___|___|___|___

II. Type case: Parole ___ Max Out ___ Life Sent. ___ Type Report: Initial: ___ Update: ___
Review date: TPM ___ PCD ___ Mo ___ Yr ___ Rpt. period: From ___/___/___ To ___/___/___
(TPM Tentative Parole Month PCD Parole Consideration Date)

III. Disciplinary Reports and Dispositions: This report period only:

IV. Proposed Plan for Residence and Employment Upon Release:

V. Case Management Summary:
a. Current status Mental Health/Mental Retardation Program: Active() Non active()
b. Comment upon institutional adjustment, staff/peer relationships, and overall performance. It is imperative to include a statement regarding the response to treatment of any inmate currently active in the Mental Health/Mental Retardation Program.
c. Highest TABE reading level attained |___|___|___| Date of Test: Mo ___ Yr ___ Academic program participation: L/R () ABE () GED () SpecEd ()

VI. Summary Rating: Overall Institutional Behavior Above Average () Average () Below average ()

VII. Recommendations: (Please place an X in each appropriate space).
a. Release in advance of TPM _____ or Max out Date _____ No _____ Yes _____
b. All TPM Extension _____ days accumulated to date.
c. Reduction of Disciplinary TPM Extension No () Yes, by _____ days

Signature Date

VIII. Warden's/Superintendent's Statement:

Summary Rating: Overall Institutional Behavior: Above average () Average () Below average ()

Signature Date

IX. Final GDC Recommendation to Parole Board (Central Office Use Only) Please consider this inmate:
Above average () Average () Below average ()
TPM Extention of _____ days.

Signature Date