

Short Term Parole Checklist

Name:

Parole Number:

Inmate Number:

Institution:

RRRI: YES NO

MIN Date: **MAX Date:**

Total Sentence:

This form is to be completed by the Department of Corrections parole office staff. Upon completion, the Pennsylvania Parole Board will process the form in accordance with 61 Pa. C.S. § 6137.1.

- An Identifiable Threat Exists to Public Safety** - Check all applicable factors that were identified within five (5) years from date of reception.
- Any conviction for a 5 vote, Board designated crime of violence (as identified by the violent crimes chart).
 - 4 or more DUI Convictions
 - 2 or more Firearms Convictions
 - 3 or more occurrences of being held in Indirect Criminal Contempt for violating a PFA (protection from abuse) order.
 - Any misconducts for possession of a controlled substance or drug related misconducts for the current period of commitment.
- Inclusion Substantially Jeopardizes the Rehabilitative Needs of the Person** – Check all applicable items.
- Non-Compliance with recommended clinical program(s).
 - Refusal of recommended clinical program(s).
- None of the above exclusions apply**

DATE: