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: 

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