

CENTRAL OFFICE

1677 Old Hot Springs Rd., Ste. A
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CHRISTOPHER DERICCO, *Chairman*
TONY CORDA, *Member*
SUSAN JACKSON, *Member*
MARY BAKER, *Member*

DARLA FOLEY, *Executive Secretary*

STATE OF NEVADA
STEVE SISOLAK
Governor



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CHRISTOPHER DERICCO, *Chairman*
MICHAEL KEELER, *Member*
ERIC CHRISTIANSEN, *Member*
DONNA VERCHIO, *Member*

APPLICATION FOR CONSIDERATION OF GERIATRIC PAROLE

INMATE'S NAME: _____ DATE: _____

CASE #: _____ NDOC #: _____ DATE OF BIRTH: _____

OFFENSE: _____

WRITE YOUR REASON FOR REQUESTING GERIATRIC PAROLE ON A SEPARATE SHEET OF PAPER.

ATTACH THE FOLLOWING SUPPORTING DOCUMENTS TO THIS APPLICATION:

(Do not send originals)

- 1) Medical or mental health referrals (any relevant medical information)
- 2) Plans for parole
- 3) Program participation records
- 4) Documents concerning eligibility for Medicaid or Medicare
- 5) Any other relevant documents

PERSON SUBMITTING APPLICATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO INMATE: (Check one):

Inmate (self) Attorney or representative of the inmate Family member

Medical or mental health professional Prison official or employee

For questions please contact the Geriatric Parole Coordinator at 775-687-6502.

Submit completed application to:

Geriatric Parole Coordinator
1677 Old Hot Springs Rd., Ste A,
Carson City, NV 89706

This document may be revised from time to time without notice.