

CENTRAL OFFICE

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SUSAN JACKSON, *Member*  
MARY BAKER, *Member*  
SCOTT WEISENTHAL, *Member*

KATIE FRAKER, *Executive Secretary*

STATE OF NEVADA  
JOE LOMBARDO  
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CHRISTOPHER DERICCO, *Chairman*  
ERIC CHRISTIANSEN, *Member*  
DONNA VERCHIO, *Member*  
LAMICIA BAILEY, *Member*

## APPLICATION FOR CONSIDERATION OF GERIATRIC PAROLE

DATE: \_\_\_\_\_ PRISONER'S NAME: \_\_\_\_\_

NDOC #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

OFFENSE(S)/CASE NUMBERS(S) FOR WHICH YOU ARE REQUESTING THE CONSIDERATION OF GERIATRIC PAROLE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACH THE FOLLOWING SUPPORTING DOCUMENTS TO THIS APPLICATION:**

**(Do not send originals)**

- 1) Relevant medical records
- 2) Plans for parole
- 3) Program participation records
- 4) Institutional records
- 5) Documents concerning eligibility for Medicaid or Medicare
- 6) Any other relevant documents

**YOUR RELATIONSHIP TO PRISONER: (Check one):**

- Prison official or employee       Prisoner       Attorney or representative of the prisoner  
 Family member       Medical or mental health professional

**PERSON SUBMITTING APPLICATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

For questions please contact the Geriatric Parole Coordinator at 775-687-6503.

**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.