**ays of receipt.**

LAS VEGAS OFFICE

4000 S. Eastern Ave., Ste.130

Las Vegas, Nevada 89119

http://parole.nv.gov

 (702) 486-4370

Fax (702) 486-4376

CHRISTOPHER DERICCO, *Chairman*

MICHAEL KEELER, *Member*

ERIC CHRISTIANSEN, *Member*

MINERVA DE LA TORRE, *Member*

**STATE OF NEVADA**

STEVE SISOLAK

Governor

CENTRAL OFFICE

1677 Old Hot Springs Rd., Ste. A

Carson City, Nevada 89706

<http://parole.nv.gov>

(775) 687-5049

Fax (775) 687-6736

CHRISTOPHER DERICCO, *Chairman*

TONY CORDA, *Member*

SUSAN JACKSON*, Member*

MARY BAKER, *Member*

DARLA FOLEY, *Executive Secretary*

APPLICATION for consideration of GERIATRIC PAROLE

INMATE’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

OFFENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***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