

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*

MINERVIA DE LA TORRE, *Member*

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*

**STATE OF NEVADA**

STEVE SISOLAK

Governor

**NEVADA BOARD OF PAROLE COMMISSIONERS**

REQUEST FOR THE VERIFICATION FOR GERIATRIC PAROLE

**Date:** 4/30/2020

**To:** Dillyn Keith, CCSIII, Nevada Department of Corrections

**From:** Debra Hausman, Management Analyst I

 Nevada Parole Board

**Re:** Geriatric Parole Eligibility

An application for Geriatric Parole has been received for the following inmate:

INMATE’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_NDOC #: \_\_\_\_\_\_\_\_\_\_\_\_

***Please verify the following items regarding the inmate’s eligibility for Geriatric parole:***

Has the inmate been convicted of the following (check yes or no to each)?

 A crime of violence. [ ] YES [ ] NO

 A crime against a child as defined by NRS 179D.0357. [ ] YES [ ] NO

 A sexual offense as defined by NRS 179D.097. [ ] YES [ ] NO

 Vehicular homicide while under the influence of alcohol or a controlled substance NRS 484C.130.

 [ ] YES [ ] NO

 A violation of a Category B Felony for a Vehicular Homicide while under the influence of alcohol or a controlled substance NRS 484C.430. [ ] YES [ ] NO

Has the inmate been convicted as a habitual criminal pursuant to NRS 207.010? [ ] YES [ ] NO

Is the inmate serving a sentence of life imprisonment without the possibility of parole and has not been sentenced to death? [ ] YES [ ] NO

Does the inmate pose a significant and articulable risk to public safety? [ ] YES [ ] NO

Is the inmate 65 years of age or older? [ ] YES [ ] NO Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the length of the inmate’s sentence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the length of time the inmate has been in custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the inmate’s expiration date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the inmate has met the criteria of Geriatric Parole pursuant to NRS 213.1215? [ ] YES [ ] NO

If NO, please specify the reasons why the inmate does not meet the criteria of Geriatric Parole.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name and Title | Signature |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date |  |

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

Please return this verification form within 30 days of receipt to:

GERIATRIC PAROLE COORDINATOR

1677 OLD HOT SPRINGS RD., STE. A

CARSON CITY, NV 89706