

CENTRAL OFFICE

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CHRISTOPHER DERICCO, *Chairman*
SUSAN JACKSON, *Member*
MARY BAKER, *Member*
SCOTT WEISENTHAL, *Member*

KATIE FRAKER, *Executive Secretary*

STATE OF NEVADA
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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 775-687-6502.

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.