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**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.

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| 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