



VIRGINIA PAROLE BOARD

PB27

(CCOP/PBPM)

PETITION FOR GERIATRIC CONDITIONAL RELEASE

In accordance with Section 53.1-40.01 of the Code of Virginia, the Parole Board shall consider for conditional release from incarceration any geriatric prisoner who committed his or her felony offense, other than a Class 1 felony, and who is 65 years of age or older, and who has served a minimum of 5 years of his or her sentence, or is 60 years of age or older, and who has served a minimum of 10 years of his or her sentence.

[Empty input fields for offender name, institution, and VADOC ID number]

OFFENDER NAME (Last Name, First Name MI.) INSTITUTION (Prison Name) VADOC OFFENDER ID NUMBER (7 digits)

[Empty input fields for DOB, current age, sentence start date, PED, and GTRD]

DOB (MM/DD/YYYY) CURRENT AGE SENTENCE START DATE (MM/DD/YYYY) PED (MM/DD/YYYY) GTRD (MM/DD/YYYY)

OFFENSE	DATE COMMITTED
1. [Empty input field]	[Empty input field]
2. [Empty input field]	[Empty input field]
3. [Empty input field]	[Empty input field]

On a separate attachment please include this information as it applies to any additional offenses which meet the statutory requirements of Section 53.1-40.01 as defined above.

Please identify compelling reasons for release and also include residential and job plans, family/community support, any significant health issues and any other pertinent information. You may attach additional information as needed.

I request the Virginia Parole Board consider me for conditional release based on the following information:

[Dotted lines for providing information]

Names and contact phone numbers of support individuals or groups:

[Dotted lines for listing support individuals and phone numbers]

PETITION FOR GERIATRIC CONDITIONAL RELEASE

The Virginia Parole Board may review this information for accuracy and completeness. Please furnish all information requested. Your institutional counselor may assist you in gathering pertinent information and completing this petition.

YES NO

1. Are you a military veteran with an honorable discharge?
2. Do you have retirement or disability benefits available upon release?
3. Do you have other disability income?
4. Are you eligible for Social Security benefits?
5. Do you have any other sources of income?
6. Do you have family support for your residential needs?
7. Do you have family support financially?
8. Do you have other assets (such as property that you own)?
9. Do you have outstanding debt?
10. Are you eligible for Medicare and/or Medicaid?
11. Do you have any other medical insurance or benefits?
12. Do you have significant medical issues?

If yes, provide a description of all medical issues in space provided below:

.....

.....

.....

_____ X _____
 NO. OF ATTACHMENTS DATE (MM/DD/YYYY) SIGNATURE

DO NOT WRITE BELOW THIS LINE

Your petition has been reviewed and it is determined that:

- You meet the criteria for consideration of geriatric conditional release under Section 53.1-40.01.** Your petition and related information are being forwarded to the Parole Board for their further review and consideration. You will be notified in writing of any further decisions of the Virginia Parole Board.
- The Board will NOT review your petition at this time** because the Board reviewed and denied your petition less than one year ago. You may resubmit your petition on an annual basis for Parole Board review.
- You may submit a petition no earlier than 90 days prior the earliest potential conditional release date. **The Board will NOT review your petition at this time** because it was submitted prior to that time frame.
- You do NOT meet the criteria for consideration of conditional release under Section 53.1-40.01.**
- Other:**

_____ _____ _____
 DATE TITLE SIGNATURE