

PAROLE APPLICATION

Any information provided on this form that is not relevant to parole will not be considered or acted upon

Inmate/Applicant Name

[If incarcerated, list name offender/applicant is incarcerated under, as well as any also known as (a.k.a) identities.]

Parole Number	Inmate Number
[The number the Parole Board assigned to the inmate/applicant]	[Inmate/Applicant's Department of Corrections inmate number (e.g. ZZ- 1234) county prison number (e.g. 9999912), and/or federal registration number (00000-012).]

Place of Incarceration:

[Name of the institution or prison where the inmate/applicant is currently located, if any.]

Date:

[The date of last decision, concerning inmate/applicant]

Reasons for Requesting Parole: [Please describe, as briefly as possible, the criminal sentence from which the inmate/applicant is seeking parole and why the inmate/applicant is seeking parole].

The foregoing statements are made under the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities).

Signature:

Date:

Printed Name:

[Only an inmate or his/her attorney may file an application for parole. Please print your name in the space provided. The date that you sign the form must also be included.

Parole Information:

- Parole is a privilege, not a right; it is not automatic or guaranteed, and may be revoked for violations of the conditions of parole.
- Inmates granted parole may not be released before the expiration of the minimum term.
- The PA Parole Board (Board) is not required to consider an application that is submitted: (1) six months prior to the inmate's minimum sentence date; or (2) within one year of a Board decision entered which was the result of an interview or hearing.
- The Board has six (6) months to act upon your application from the date it is received by the: PA Parole Board, Office of Board Secretary, 1101 South Front Street, Suite 5300, Harrisburg, PA 17104.