

## Parole Consideration, Rescission, and Reconsideration Hearings

**INSTRUCTIONS:**

- Use this form for a parole consideration hearing, a rescission hearing, or a reconsideration hearing
- If you want your hearing to occur as scheduled, fill out sections I and II.
- If you want to waive your hearing, fill out sections I, II, and III [parole consideration hearings only]
- If you want to postpone your hearing, fill out sections I, II, and IV.

Are you trying to change a Hearing Rights Form you already submitted for your hearing?

No

Yes

**I. ATTENDANCE AT HEARING (check one box)** I plan to attend my hearing I do not plan to attend my hearing

Inmate Signature

CDCR Number

Date

**II. ATTORNEY REPRESENTATION (check one box)** I request a state appointed attorney I have hired my own attorney

Attorney's Name

Attorney's Address

Attorney's Telephone Number

 I waive my right to have an attorney

I was informed on \_\_\_\_\_ (date) that I have been scheduled to appear before the Board of Parole Hearings. I was also informed of my right to be represented by an attorney at the hearing. I know that if I do not wish to retain my own attorney, the state will appoint an attorney to represent me at state expense. Knowing this, I have decided that I **DO NOT** want an attorney to represent me at my hearing.

By requesting a state appointed attorney or indicating that I have hired my own attorney, I agree the Department of Corrections and Rehabilitation and the Board of Parole Hearings can release my non-confidential records to my attorney.

Inmate Signature

CDCR Number

Date

**III. REQUEST FOR WAIVER OF HEARING (DOES NOT APPLY TO RESCISSION HEARING)** I choose to waive my parole consideration hearing for the reasons stated below. I ask the board to approve my request.

I request to waive my hearing for: [ ] one year [ ] two years [ ] three years [ ] four years [ ] five years (choose one)

Reason(s):

Inmate Signature

CDCR Number

Date

Attorney Signature

Date

**IV. REQUEST TO POSTPONE HEARING** I request that my hearing be postponed for \_\_\_\_\_ months, for the following reasons

Reason(s):

Inmate Signature

CDCR Number

Date

Attorney Signature

Date





# Form to contest disqualification by BPH as a "youth offender" under California Penal Code section 3051.

TO CONTEST A PC § 3051 YOUTH OFFENDER DISQUALIFICATION, PLEASE COMPLETE THE FORM BELOW AND MAIL IT TO: **BOARD OF PAROLE HEARINGS, P.O. BOX 4036, SACRAMENTO, CA 95812**

**PART ONE:** What is the inmate's date of birth? \_\_\_\_\_

**PART TWO:**

1. For what **crime** did the inmate receive the longest single sentence (not including any enhancements)? \_\_\_\_\_  
What was the length of the sentence for only that **crime**? \_\_\_\_\_
  
2. For what **single enhancement** did the inmate receive the longest single sentence? \_\_\_\_\_  
What was the length of the sentence for only that **enhancement**? \_\_\_\_\_

**If the sentence length in #1 is longer, then the CRIME listed in #1 is the "controlling offense."  
If the sentence length in #2 is longer, then the ENHANCEMENT listed in #2 is the "controlling offense."**

**PART THREE:**

**CIRCLE YOUR ANSWER:**

Did the inmate commit the "controlling offense" <u>after</u> turning 23 years old?	<b>NO</b> <small>(If <b>NO</b>, continue to Part Four)</small>	<b>YES</b> <small>(NOTE: if you circled "YES," the inmate <u>does not</u> qualify as a "youth offender")</small>
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**PART FOUR:**

**CIRCLE YOUR ANSWER:**

Was the inmate sentenced for the "controlling offense" under three strikes?	<b>NO</b> <small>(If <b>NO</b>, continue to Part Five)</small>	<b>YES</b> <small>(NOTE: if you circled "YES," the inmate <u>does not</u> qualify as a "youth offender")</small>
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**PART FIVE:**

**CIRCLE YOUR ANSWER:**

Did the inmate commit any crimes after turning 23 for which a court sentenced him/her to a life term?	<b>NO</b> <small>(If <b>NO</b>, continue to Part Six)</small>	<b>YES</b> <small>(NOTE: if you circled "YES," the inmate <u>does not</u> qualify as a "youth offender")</small>
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**PART SIX:**

**CIRCLE YOUR ANSWER:**

Did the inmate commit any of the crimes after turning 23 for which "malice aforethought" is a necessary element of the crime, as defined in the penal code?	<b>NO</b> <small>(If <b>NO</b>, please submit this completed form to the Board of Parole Hearings for reconsideration, which may or may not result in a different determination.)</small>	<b>YES</b> <small>(NOTE: if you circled "YES," the inmate <u>does not</u> qualify as a "youth offender")</small>
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**INMATE'S NAME:** \_\_\_\_\_ **CDCR #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PERSON COMPLETING FORM:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_  
(Print name of Inmate or Legal Representative)