BOARD OF PAROLE HEARINGS
DECISION PROCESSING AND SCHEDULING UNIT
P.O. BOX 4036
SACRAMENTO, CA 95812-4036

STATE OF CALIFORNIA

PETITION TO ADVANCE HEARING DATE

YOU CAN GET HELP FILLING OUT THIS FORM BY ASKING YOUR CORRECTIONAL COUNSELOR.

INMATE NAME: _____

CDCR NUMBER: _____ INSTITUTION: _____

Inmates sentenced to a life term can request to advance their next parole suitability hearing by filling out this form (called a petition) and mailing it to the Board of Parole Hearings at the address above. You may submit an initial petition any time after your first parole suitability hearing. After that, you may not submit a subsequent petition until a three (3) year period of time has elapsed since the decision by the board on your earlier petition. Nor may you submit a petition to advance a documentation hearing, initial suitability hearing, progress hearing or medical placement hearing. Also, if there are any registered victims or next of kin they will be notified of your petition and upon request, a copy will be given to them for their review and comments. Finally, your petition will be granted if it meets the requirements above and a change in circumstances or new information establishes a reasonable likelihood that consideration of the public safety does not require an additional period of incarceration. Please describe the change in circumstances or new information that you believe will support your petition in the space below and on the backside of this form. You may attach additional supporting documentation to this petition but only attach copies – not originals; your petition and supporting documentation will not be returned to you. However, once your petition is received you may not send additional information to include in your petition.

DO NOT STAPLE OR BIND YOUR PETITION AND SUPPORTING DOCUMENTATION.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____ **[YOU MAY CONTINUE ON THE BACK SIDE]**

INMATE SIGNATURE: _____ **DATE:** _____

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TO BE COMPLETED BY CDCR STAFF IF HELP WAS REQUESTED.

DECS Reviewed? YES [ ]NO [ ] Accommodation Given? YES [ ]NO [ ]

Describe any accommodation(s): _____

Describe any other assistance: _____

STAFF SIGNATURE: _____ **DATE:** _____

Name/Title of CDCR staff: _____