

## 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