

I. PRE-INTERVIEW FILE/DEC REVIEW (STAFF ONLY)

I acknowledge that I have reviewed all relevant and reasonably available central file and/or field file and Disability and Effective Communication System (DECS) information prior to first contact with the inmate/parolee involved in this parole proceeding.

Print Name:

Sign Name:

Date:

Mental Health Concerns:

Source

Dated

Identified Concerns:

Note:

Source

Dated

Other Potential Assistance Needs

Reading Level:

Total GPL:

Speaks English: ☐ Yes ☐ No

Languages Spoken:

Name:

CDCR Number:

Location:

Proceeding:

Type of Hearing:

II. INMATE/PAROLEE RIGHT AND SELF IDENTIFICATION

You have a right to receive help for your hearing. If you need help talking, reading, hearing, seeing, understanding, or getting to your hearing, you have a right to that help. You have a right to receive help in meeting with your attorney. If you do not speak English, you have a right to an interpreter. If you are deaf and use sign language, you have a right to a sign language interpreter. If you cannot read, the BPH or CDCR must provide you with help to read the forms and papers. If you need special transportation, the BPH or CDCR must provide it for you. If you do not get help, or you do not think you got the kind of help you need, ask for a BPH 1074 Grievance Form.

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Name:

CDCR Number:

Location:

Proceeding:

Type of Hearing:

II. INMATE/PAROLEE RIGHT AND SELF IDENTIFICATION (Cont.)

Check all that apply:

- ☐ I need help reading my documents.
- ☐ I need help understanding the procedures and forms.
- ☐ I need a sign language interpreter.
- ☐ I need a wheelchair and I ☐ do have one ☐ do not have one.
- ☐ I need a Durable Medical Equipment to get around:

Have Durable Medical Equipment: _____

Do not have Durable Medical Equipment: _____

- ☐ I do not speak English and need an Interpreter in: _____
- ☐ I need the following help to hear.
- ☐ I need the following help to see.
- ☐ I need to communicate in writing.
- ☐ I need a housing accommodation:
- ☐ I have a health problem, I need:
- ☐ A medical evaluation ☐ A mental health evaluation
- ☐ Medication ☐ Other
- ☐ I do not need any help for my parole hearing.

Name:

CDCR Number:

Location:

Proceeding:

Type of Hearing:

III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)

I have informed inmate/parolee of his/her rights and charges, if any, and have determined that he/she:

- ☐ Appears to understand
- ☐ Appears to have difficulty understanding

Effective Communication Method Used:

Staff Name and Title (print)

Staff Signature

Date

Name:

CDCR Number:

Location:

Proceeding:

Type of Hearing:

IV. ACCOMMODATIONS PLANNED

Accommodation(s)/Assistance to be provided at hearing(s):

Summary:

Comment:

Staff Name and Title (print)

Staff Signature

Date

Name:

CDCR Number:

Location:

Proceeding:

Type of Hearing:

V. SUMMARY OF ACCOMODATIONS

Accommodation(s)/Assistance to provided at hearing(s):

Private Durable Medical Equipment (Inmate/Parolee Provided):

Comment:

Staff Name and Title (print)

Staff Signature

Date

Name:

CDCR Number:

Location:

Proceeding:

Type of Hearing: