

NOTICE AND REQUEST FOR ASSISTANCE AT A PAROLE PROCEEDING

BPH 1073

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

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

Staff Name and Title(please print)	Sign Name	Date
Mental Health Concerns		
Identified Disabilities		
Other Potential Assistance Needs		
Reading Level:	Total GPL:	
Speaks English: <input type="checkbox"/> Yes	<input type="checkbox"/> No	
Languages Spoken:		

II. INCARCERATED PERSON(S) RIGHTS & 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.

Check all that apply:

<input type="checkbox"/> I need help reading my documents	<input type="checkbox"/> I need the following help to hear
<input type="checkbox"/> I need help understanding the procedures and forms	<input type="checkbox"/> I need the following help to see
<input type="checkbox"/> I need a sign language interpreter	<input type="checkbox"/> I need to communicate in writing.
<input type="checkbox"/> I need a wheelchair and I <input type="checkbox"/> do have one. <input type="checkbox"/> do not have one.	
<input type="checkbox"/> I need a Durable Medical Equipment (example: eyeglasses or hearing aids) to get around:	
Have Durable Medical Equipment: _____	
Do not have Durable Medical Equipment: _____	
<input type="checkbox"/> I do not speak English and need an interpreter in the language of: _____	
<input type="checkbox"/> I need a housing accommodation: _____	
<input type="checkbox"/> I have a health problem, I need <input type="checkbox"/> A medical evaluation <input type="checkbox"/> A mental health evaluation <input type="checkbox"/> Medication	
<input type="checkbox"/> Other	
<input type="checkbox"/> I do not need any help for my parole hearing	

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III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)

I have informed the incarcerated person(s) 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(please print)

Staff Signature

Date

IV. ACCOMMODATIONS PLANNED

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

Summary:

Comment:

Staff Name and Title(please print)

Staff Signature

Date

V. SUMMARY OF ACCOMMODATIONS

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

Private Durable Medical Equipment(Incarcerated Person(s)):

Staff Name and Title(please print)

Staff Signature

Date