

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**Source****Dated****Identified Disabilities****Note:****Source****Dated****Other Potential Assistance Needs****Reading Level:****Total GPL:****Speaks English:** ☐Yes☐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:

☐I need help reading my documents☐I need the following help to hear☐I need help understanding the procedures and forms☐I need the following help to see☐I need a sign language interpreter☐I need to communicate in writing.☐I need a wheelchair and I ☐do have one. ☐do not have one.☐I need a Durable Medical Equipment (example: eyeglasses or hearing aids) to get around:

Have Durable Medical Equipment: _____

Do not have Durable Medical Equipment: _____

☐I do not speak English and need an interpreter in the language of: _____☐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

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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:		
<input type="checkbox"/> Appears to understand <input type="checkbox"/> 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