INSTRUCTIONS:

Use this form for a parole suitability hearing (initial or subsequent), rescission hearing, or 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 section III(a) [parole suitability and subsequent reconsideration hearings only].
- If your attorney is requesting to waive your hearing on your behalf, they will fill out section III(b).
- If you want to postpone your hearing, fill out section IV(a).
- If your attorney is requesting to postpone your hearing on your behalf, they will fill out section IV(b).

Are you trying to change the Hearing Rights Form you already submitted for your hearing? Yes ☐ No ☐

I. ATTENDANCE AT HEARING (Check one box)

☐ I plan to attend my hearing ☐ I do not plan to attend my hearing

Incarcerated Person Signature (below): CDCR Number: Date:

II. ATTORNEY REPRESENTATION (Check one box)

By requesting a state-appointed attorney or indicating I have my own attorney, I agree that the Department of Corrections and Rehabilitation and the Board of Parole Hearings can release my non-confidential records to my attorney.

☐ **I request a state-appointed attorney.**

☐ **I hired my own attorney. My private attorney is:**

Attorney's Name:_____

Attorney's Address:_____

Attorney's Telephone Number:_____

I waive my right to have an attorney. I was informed on_____ (date) I have been scheduled for a parole hearing before the Board of Parole Hearings. I was also informed of my right to be represented by an attorney at the hearing. I know 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 I **DO NOT** want an attorney to represent me at my hearing.

Incarcerated Person Signature (below): CDCR Number: Date:

III(a). REQUEST TO WAIVE HEARING (DOES NOT APPLY TO RESCISSION OR INITIAL RECONSIDERATION HEARINGS)
(Subsequent reconsideration hearings can only request a one-year waiver.)

To be completed by the incarcerated person:

☐ I choose to waive my parole hearing for the reasons stated below. I ask the Board to approve my request. I understand that an approved waiver cannot be rescinded, and I cannot submit a Petition to Advance my next hearing date.
I request to waive my hearing for:

☐ one year ☐ two years ☐ three years ☐ four years ☐ five years **(choose one)**

Reason(s) for Request:

Incarcerated Person Signature (below): CDCR Number: Date:

III(b). REQUEST TO WAIVE HEARING (DOES NOT APPLY TO RESCISSION OR INITIAL RECONSIDERATION HEARINGS)

To be completed by the incarcerated person's attorney:

☐ I consulted with my client and achieved effective communication. Following our consultation, my client requests a knowing, voluntary, and intelligent waiver of their hearing for:

☐ one year ☐ two years ☐ three years ☐ four years ☐ five years **(choose one)**

☐ I informed my client that an approved waiver cannot be rescinded and a Petition to Advance their next hearing date cannot be submitted.

Reason(s) for Request:

☐ I consulted with my client, but my client was not capable of making a knowing, voluntary, and intelligent waiver of their right to a hearing. I understand this is a mandatory attorney case, as defined in the *Armstrong Remedial Plan II*. I understand an approved waiver cannot be rescinded and a Petition to Advance their next hearing date cannot be submitted. I believe the waiver is in the best interest of my client and request a waiver for:

☐ one year ☐ two years ☐ three years ☐ four years ☐ five years **(choose one)**

Reason(s) for Request:

Attorney Signature (below): CDCR Number: Date:

IV(a). REQUEST TO POSTPONE HEARING

To be completed by the incarcerated person:

☐ I request to postpone my hearing for __ months (no more than 11 months). I understand that an approved postponement cannot be rescinded, and I cannot submit a Petition to Advance my next hearing date.

Reason(s) for Request:

Incarcerated Person Signature (below): CDCR Number: Date:

IV(b). REQUEST TO POSTPONE HEARING

To be completed by the incarcerated person's attorney:

☐ I consulted with my client and achieved effective communication. Following our consultation, my client requests to postpone their hearing for __ months (no more than 11 months).

☐ I informed my client that an approved postponement cannot be rescinded and a Petition to Advance their next hearing date cannot be submitted.

Reason(s) for Request:_____

_____

☐ I request a postponement of ___ months (no more than 11 months) due to my inability to meet or meaningfully consult with my client, as explained below. I understand that an approved postponement cannot be rescinded. I believe the postponement is in the best interest of my client.

a. Reason(s) for Inability to Consult:_____

_____

b. Reason(s) for Postponement Request:_____

_____

Attorney Signature (below): CDCR Number: Date: