

PB27 (CCOP/PBPM)	PETITION FOR GERIATRIC CONDITIONAL RELEASE In accordance with Section 53.1-40.01 of the Code of Virginia, the Parole Board shall consider for conditional release from incarceration any geriatric prisoner who committed his or her felony offense, other than a Class 1 felony, and who is 65 years of age or older, and who has served a minimum of 5 years of his or her sentence, or is 60 years of age or older, and who has served a minimum of 10 years of his or her sentence.					
INMATE NAME (Last Name, First Name MI.)		INSTITUTION (Prison Name)	VADOC INMATE ID NUMI	VADOC INMATE ID NUMBER (7 digits)		
DOB (MM/DD/YYYY)	CURRENT AGE	SENTENCE START DATE (MM/DD/YYYY)	PED (MM/DD/YYYY)	GTRD (MM/DD/YYYY)		
OFFENSE				DATE COMMITTED		
1.       2.				_		
3.				_		
		s information as it applies to any additional	offenses which meet the st	atutory requirements		
Please identify compelling reasons for release and also include residential and job plans, family/community support, any significant health issues and any other pertinent information. You may attach additional information as needed.  I request the Virginia Parole Board consider me for conditional release based on the following information:						
Names and cont	act phone number	rs of support individuals or groups	:			

## PETITION FOR GERIATRIC CONDITIONAL RELEASE

The Virginia Parole Board may review this information for accuracy and completeness. Please furnish all information requested. Your institutional counselor may assist you in gathering pertinent information and completing this petition.

YES NO

- 1. Are you a military veteran with an honorable discharge?
- 2. Do you have retirement or disability benefits available upon release?
- 3. Do you have other disability income?
- 4. Are you eligible for Social Security benefits?
- 5. Do you have any other sources of income?
- 6. Do you have family support for your residential needs?
- 7. Do you have family support financially?
- 8. Do you have other assets (such as property that you own)?
- 9. Do you have outstanding debt?
- 10. Are you eligible for Medicare and/or Medicaid?
- 11. Do you have any other medical insurance or benefits?
- 12. Do you have significant medical issues?

If yes, provide a description of all medical issues in space provided below:						
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NO. OF	ATTACHMENTS	DATE (MM/DD/YYYY)	SIGNATURE			
			— DO NOT WRITE BELOW THIS LINE —			
O	You meet the information a ing of any ful The Board wi ago. You may	e criteria for considerate being forwarded to the ther decisions of the vill NOT review your per resubmit your petition	<b>tition at this time</b> because the Board reviewe n on an annual basis for Parole Board review	d consideration. You will be notified in writder and denied your petition less than one year		
	You may submit a petition no earlier than 90 days prior the earliest potential conditional release date. <b>The Board will NOT</b> review your petition at this time because it was submitted prior to that time frame.					
$\bigcirc$	You do NOT r	meet the criteria for co	nsideration of conditional release under Sec	tion 53.1-40.01.		
0	Other:					
DATE			TITLE	SIGNATURE		