

HEARING RIGHTS FORM

Parole Consideration, Rescission, Reconsideration Hearings

INSTRUCTIONS:

- Use this form for a parole consideration hearing, a rescission hearing, or a 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 sections I, II, and III [parole consideration hearings only].
- If you want to postpone your hearing, fill out sections I, II, and IV.

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

I. ATTENDANCE AT HEARING (check one box)

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

Inmate Signature: _____ CDCR Number: _____ Date: _____

II. ATTORNEY REPRESENTATION (check one box)

I request a state appointed attorney.

I have hired my own attorney.

Attorney's Name: _____

Attorney's Address: _____

Attorney's Telephone Number: _____

I waive my right to have an attorney.

I was informed on _____ (date) that I have been scheduled to appear before the Board of Parole Hearings. I was also informed of my right to be represented by an attorney at the hearing. I know that 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 that I **DO NOT** want an attorney to represent me at my hearing.

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

Inmate Signature: _____ CDCR Number: _____ Date: _____

III. REQUEST FOR WAIVER OF HEARING (DOES NOT APPLY TO RESCISSION HEARING)

I choose to waive my parole consideration hearing for the reasons stated below. I ask the Board to approve my request.

I request to waive my hearing for: [] one year [] two years [] three years [] four years [] five years (choose one)

Reason or Reasons: _____

Inmate Signature: _____ CDCR Number: _____ Date: _____

Attorney Signature: _____ Date: _____

IV. REQUEST TO POSTPONE HEARING

I request that my hearing be postponed for _____ months, for the following

Reason or Reasons: _____

Inmate Signature: _____ CDCR Number: _____ Date: _____

Attorney Signature: _____ Date: _____