

Medical Parole Questionnaire

Your information:

First Name: _____ Last Name: _____

DOC ID Number: _____ Date of Birth: _____

Current prison: _____

Current sentence : ☐ Natural life ☐ Life with parole ☐ Term of years ____ to ____.

Parole Eligible Date _____ Wrap date _____

What race do you consider yourself:

☐ Asian ☐ Black/African American ☐ Hawaiian/Pacific Islander

☐ Hispanic/Latinx ☐ Middle Eastern ☐ Native American ☐ White

What gender do you consider yourself:

☐ Male ☐ Female ☐ _____

What is your hometown? _____

Family/ friend contact info (if applicable):

First Name: _____ Last Name: _____

Phone number: _____ Email address: _____

Mailing address: _____

Please answer the following questions in detail to the best of your ability and return this form, along with any relevant documents, to Prisoners' Legal Services. If you cannot answer a question, please leave it blank and go on to the next question.

When you mail back this form, please also send *what you have* of the following:

- Copy of petition filed and decision (if you've filed before)
- Copy of petition draft if you are writing one already
- Medical records indicating your diagnosis and prognosis

- 1) Are you ☐ terminally ill, ☐ permanently incapacitated or ☐ both?
What is the diagnosis for the main reason you are terminally ill or permanently incapacitated?

- 2) Do you suffer from any cognitive impairments like brain injury, dementia or developmental disability? If yes, please describe.

- 3) What other health conditions do you suffer from?

- 4) If you've been diagnosed with cancer, What type of cancer? When were you diagnosed? What stage is your cancer? Has it metastasized? Where in your body has it spread?

- 5) If you are terminally ill, what is your prognosis/life expectancy?

☐ less than 6 months ☐ 6 to 12 months ☐ 12 to 18 months ☐ more than 18 months

Please describe:

- 6) Do you have medical records indicating that you are permanently incapacitated or terminal within 18 months? ☐ Yes ☐ No

If yes, please send PLS copies.

- 7) Where do you receive medical care outside of the prison and what are the names of your care providers?

- 8) How frequently do you go to the hospital or other outside appointments? Where are these outside appointments and how long do you typically stay?

- 9) What does your current medical treatment consist of, including medications?

- 10) Aside from medication, do you require daily medical treatment such as an oxygen tank or dialysis? ☐ Yes ☐ No

If yes, please describe.

- 11) Do you require the use of any assistive devices for mobility, like braces, a wheelchair, a walker or a cane? If so, please describe.

- 12) Do you suffer from vision or hearing loss? ☐ Yes ☐ No

If yes, please describe? _____

- 13) Do you live in a medical or ADL unit? ☐ Yes ☐ No If yes, what unit? _____

- 14) Are you confined to a bed? ☐ Yes ☐ No

If so, please describe why:

15) Please describe your daily activity. Do you go to:

Chow hall ☐ Yes ☐ No **Work** ☐ Yes ☐ No

Gym ☐ Yes ☐ No **Yard** ☐ Yes ☐ No

Programs ☐ Yes ☐ No

Are you able to leave your unit at all? ☐ Yes ☐ No

Can you use stairs? ☐ Yes ☐ No

16) Do you have any medical orders currently in place? (handicap cell, bottom tier or bunk, elevator pass, companion/helper, medical equipment, transport orders, etc.)

Handicap cell ☐ Yes ☐ No

Bottom tier ☐ Yes ☐ No

Bottom bunk ☐ Yes ☐ No

Helper/pusher ☐ Yes ☐ No

Special accommodations ☐ Yes ☐ No **Medical Diet** ☐ Yes ☐ No

Please describe:

17) Please describe what your daily functioning is like. Do you require assistance with daily activities such as:

Dressing ☐ Yes ☐ No

Bathing ☐ Yes ☐ No

Eating ☐ Yes ☐ No,

Other tasks ☐ Yes ☐ No

If yes, please describe:

18) If released, do you have a place in mind where you could live and receive care, or would you like help identifying a suitable place to live?

19) Are you a veteran of the U.S. Military? ☐ Yes ☐ No

If yes, what branch?

What years of service? _____

What type of discharge? _____

Do you have access to your DD214 form? ☐ Yes ☐ No

20) Do you already have a medical parole petition pending? ☐ Yes ☐ No

If not, are you currently working on one? ☐ Yes ☐ No

21) Have you previously petitioned for medical parole? ☐ Yes ☐ No

If yes, when was the denial? What was the basis for the denial?

22) Are you working with, or have you reached out to, other attorneys for medical parole assistance? ☐ Yes ☐ No

If so, who and have they agreed to help?

23) Do you know of any other prisoners who might be either terminally ill or permanently incapacitated? If so, please provide their names here.

24) Can PLS refer your potential petition to other attorneys if we find that it is appropriate? ☐ Yes ☐ No