LOUISIANA BOARD OF PARDONS, Committee on Parole
DECISION FORM

Name                      DOC Number         Institution

The Louisiana Committee on Parole, after due consideration of all of the facts in your case, has made the decision that:

☐ You are **GRANTED** parole

☐ Effective _________________ with recommendation for Transitional Work Program (TWP)¹ until parole date
☐ Upon completion of High School Equivalency (HSE)
☐ Upon completion of DOC approved substance abuse education/treatment program
☐ Upon completion of 100 hours pre-release programming
☐ Other:

☐ Your release is **conditioned** upon:

☐ Approval of residence ☐ No disciplinary infractions ☐ Approval of out-of-state plan ☐ Approval of Employment
☐ A Low Static99 Score (applicable to sex offenders only)

☐ Your parole decision has been **DEFERRED**. You will be recommended for placement in a TWP. Your case will be re-evaluated after a period of six months TWP participation. If parole is granted at that time, special conditions as indicated below shall apply.

☐ Your parole decision has been **DEFERRED** for the following reason: _______________________ _______________________________. See comments below.

☐ Your parole hearing has been **CONTINUED** due to:

☐ Verification of disposition of pending charges
☐ The need for additional other information by the Committee on Parole

☐ You are **DENIED** parole for the following reason(s):

☐ Victim Opposition ☐ No contact with victim(s), or victim's family
☐ Prior Criminal History ☐ No contact with codefendant(s)
☐ Probation/Parole Unsatisfactory/Violated ☐ Escaping offender
☐ Psychological and/or Psychiatric History ☐ History of Violence
☐ Violation of TWP Agreement ☐ Law Enforcement and/or Judicial Objection
☐ Failed to complete Rehabilitative Programming ☐ Other: ____________________________

You must comply with the following **SPECIAL CONDITIONS OF PAROLE**:

A. Pay restitution, victim reparation
B. Pay fines and/or costs of court
C. No contact with victim(s), or victim's family
D. No contact with codefendant(s)
E. HSE, Vo-Tech, or other education plan
F. Curfew 10pm-6am
G. Comply with conditions of R.S. 15:574.4.2
H. Other Conditions/Additional Information:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

_____________________________      ________________ __________________________
Date                              Chairman, Parole Panel
Committee on Parole

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I RECEIVED A COPY OF THIS PAROLE DECISION.

WITNESSED BY:

OFFENDER SIGNATURE          (DATE) WITNESS PRINTED NAME          SIGNATURE          (DATE)

¹TRANSITIONAL WORK PROGRAM (TWP) PARTICIPATION (15:1111):
An offender sentenced to any of the following crimes are eligible for TWP participation only during the last 6 months of incarceration, unless and except the offender has served a minimum of 13 years in the custody of DOC, in which case the offender is eligible for TWP during the last 12 months of incarceration:

○ aggravated arson (14:51) □ armed robbery (14:64)
○ attempted murder (14:27 and 29) □ attempted armed robbery (14:27 and 64)
○ forcible rape (14:42.1) □ habitual offenders (15:529.1)²

An offender convicted of a sex offense as defined in 15:541 is not suitable for participation in a TWP.

² Habitual offenders with LOW RISK ASSESSMENT are eligible during last 12 months of term (15 yr minimum DOC custody not required)

Revised 8/2014