

Parole Hearing Assistance of South Carolina

APPLICATION FOR SERVICES

Instructions:

1. Please respond completely to each question.
2. If a question does not apply to you, please indicate "N/A".

Full Name, including Maiden Name if applicable: _____

SCDC No.: _____

Current Institution: _____

Mailing Address: _____

Name of Relative we can contact regarding your case: _____

Address: _____

Telephone No.: _____

Are you married: _____

Do you have children? If yes, please provide their ages: _____

I. Summary

A. Crime(s) for which you are serving sentence: _____

B. Sentence Received: _____

C. Sentence Start Date: _____

D. Date Eligible for Parole: _____

E. Have you appeared before the Parole Board previously? If yes, provide dates of previous hearings: _____

F. If you have appeared before the Parole Board, were you represented by an attorney? If yes, provide the name of the attorney: _____

G. Did you have any co-defendants? If so, please provide their names: _____

H. If you had co-defendants, what sentence(s) did they receive and have they been paroled? _____

I. Please list any criminal convictions you have which are in addition to the conviction for which you are currently serving time: _____

J. Are you classified as a sexual predator? _____

K. Identify the victim(s) of the crime and their relationship to you: _____

L. Do you have any holds or detainers against you? If so, please specify: _____

M. Provide a detailed account of the opposition given at your previously parole hearings, if known: _____

N. Provide a list of all disciplinary actions you have received during your

incarceration, including the date and reason for the disciplinary action. If possible, attach a disciplinary action printout from the Department of Corrections

II. HISTORY

- A. What is the highest grade completed in school?_____
- B. Where did you last attend school?_____
- C. If you did not graduate High School, have you earned a GED?_____
- D. List all specialized and/or technical training you have received:_____

- D. Do you have a learning disability? If yes, please specify:_____

- E. Do you have any medical problems or conditions? If yes, please specify:_____

III. Personal Statement regarding the offense(s):

Provide on a separate sheet a summary addressing the following questions:

- A. What was your life like prior to the offense;
- B. What led up to the offense;
- C. What was the reason the offense was committed;
- D. A complete description of the offense.

IV. Why should we take your case?
