



# APPLICATION FOR COMPASSIONATE PAROLE

STATE OF CONNECTICUT  
BOARD OF PARDONS & PAROLES

BOPP  
MISC 005  
REV 5/8/2020

## Instructions for Use.

1. Type or print legibly.
2. Attach documents and statements which support your application.
3. Send via electronic mail to: [CT.BPP@ct.gov](mailto:CT.BPP@ct.gov). Send via U.S. Mail to: State of Connecticut Board of Pardons and Paroles, Attn: Medical/Compassionate Parole, 55 West Main Street, Suite 520, Waterbury, Connecticut, 06702, or fax to 203-805-6652.

## **I. Inmate Information**

\_\_\_\_\_  
Name of Inmate(*First, Middle, Last*)

\_\_\_\_\_  
DOC Inmate #

\_\_\_\_\_  
Inmate Date of Birth (*MM/DD/YY*)

\_\_\_\_\_  
Age of Inmate

Is inmate housed in a medical unit? (*as opposed to general population*)

Yes       No

## **II. Applicant Information**

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Relationship to Inmate

\_\_\_\_\_  
Address of Applicant/Firm Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone

## **III. Offense & Sentence Information**

### **A. Eligibility Information**

1. Was inmate convicted of a capital felony under the provisions of section 53a-54b in effect prior to April 25, 2012?

Yes (*do not proceed*)       No (*continue below*)

2. Was inmate convicted of murder with special circumstances under the provisions of section 53a-54b in effect on or after April 25, 2012

Yes (*do not proceed*)       No (*continue below*)



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3. Has the inmate served 50% or more of such inmate's definite or aggregate sentence?

OR

Has the inmate served 50% or more of such inmate's remaining definite or aggregate sentence after commutation of the original sentence by the Board of Pardons and Paroles?

- Yes (*if either—continue*)  No (*if neither—do not proceed*)

**B. Offense & Sentence Detail**

1. Please describe inmate's instant offense and sentence.

*(Attach additional pages as necessary)*

**IV. Medical Diagnosis**

- A. Did you or will you provide an independent medical diagnosis, mental health records or other clinical input? (*Optional*)

- Yes  No

- B. Are any of the inmate's conditions, diseases, or syndromes terminal?

- Yes (*do not proceed*)  No (*continue below*)



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**V. Statutory Suitability/Eligibility Information**

A. Please select the option which best describes the nature of the inmate’s debilitation, incapacitation, or infirmity (*select all that apply*):

- Physical                       Mental

B. Please indicate which option best describes the cause the inmate’s debilitation, incapacitation, or infirmity (*select all that apply*):

- Advanced Age             Condition, disease, or syndrome

C. If you checked “condition, disease, or syndrome” above, please describe inmate’s relevant conditions, diseases or syndromes.

*(Attach additional pages as necessary)*

D. Please describe—in detail—how the inmate is physically or mentally debilitated, incapacitated, or infirm *as a result of* advanced age or the conditions, diseases, or syndromes described in the previous boxes.

*(Attach additional pages as necessary)*



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- E. Please describe—in detail—how the inmate’s above described debilitation, incapacitation, or infirmity renders him or her *physically incapable of presenting a danger to society*.

*(Attach additional pages as necessary)*

### **VI. Applicant Acknowledgement & Submission**

By signing below, I understand that I am submitting an application for compassionate parole pursuant to section 54-131k of the Connecticut General Statutes and acknowledge that I am authorized to do so. I understand that my application will be screened by staff at the Board of Pardons and Paroles and if deemed initially eligible will be forwarded to clinical staff at either the Department of Correction or the Board of Pardons and Paroles for further input.

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Signed (*Applicant*)

Print name of person signed at left

Date signed