



# APPLICATION FOR MEDICAL PAROLE

STATE OF CONNECTICUT  
BOARD OF PARDONS & PAROLES

BOPP  
MISC 004  
REV 5/7/2020

## 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. Sentence Information**

**A.** Is inmate serving a sentence for an ineligible offense?

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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**B. Sentence Information**

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? *(Optional)*

Yes       No

**V. Suitability/Eligibility Information**

A. Please describe inmate's relevant conditions, diseases or syndromes.

*(Attach additional pages as necessary)*



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**B.** Are any of the conditions, disease, etc. terminal?

Yes       No      *(If yes, please explain in box below).*

*(Attach additional pages as necessary)*

**C.** Please describe how the inmate is debilitated or incapacitated by the conditions, diseases or syndromes described in the previous boxes.

*(Attach additional pages as necessary)*

**D.** Please describe how the inmate's above described incapacitation or debilitation renders him or her physically incapable of presenting a danger to society.

*(Attach additional pages as necessary)*



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

By signing below, I understand that I am submitting an application for medical parole pursuant to sections 54-131 – 54-131g 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 medical staff at the Department of Correction for diagnosis.

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Signed (*Applicant*)

Print name of person signed at left

Date signed