



PRELIMINARY HEARING FORM

STATE OF CONNECTICUT
BOARD OF PARDONS & PAROLES

BOPP MISC 002
REV 10/31/19

Parolee Name:

DOC Number:

Please answer each question below:

- 1) Would you like to be screened to determine if you are eligible for an appointed attorney? YES NO

(Answering "YES" will refer your case to PRU. You may contact PRU at (203) 596-4370 with questions).

- 2) Would you like to proceed with a preliminary hearing? YES NO
- 3) Would you like to identify witnesses you would like to testify on your own behalf during the preliminary parole hearing? YES NO

BELOW, PLEASE LIST ANY WITNESSES YOU WOULD LIKE TO TESTIFY AT YOUR PRELIMINARY HEARING, AS WELL AS ANY POTENTIAL QUESTIONS OR TOPICS FOR THE WITNESS. YOU MUST INCLUDE A PHONE NUMBER IF YOU WOULD LIKE THE BOARD'S REVOCATIONS UNIT TO CONTACT YOUR WITNESS.

Witness Name & Phone Number

Questions or Topics for Witness

By signing below, I acknowledge that I have read the Notice of Parolee Rights, or I have had the information read to me. I agree to my answers above.

Signed (<i>Parolee</i>)	Date signed
Signed (<i>Witness</i>)	Date signed