

Thank you!



PREPARE
PREpare for PARole and REentry

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SHORT SENTENCES WORKBOOK

***FOR SENTENCES OF 5 YEARS OR LESS**

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If you have an addiction or mental health concern, how are you working on your recovery, and how will you maintain your recovery when you are released?

Who has been supportive of you during your incarceration? How have they helped, and do they plan to help after your release?

What are your plans after your release, and what resources have you gathered to accomplish your goals?

About Us

PREPARE: Prepare for Parole and Reentry is a Maryland-based not-for-profit with a mission of empowering people to make their best case for parole and develop strong reentry plans. Our program began in the Maryland Correctional Institution for Women (MCI-W) in 2021. It grew out of the work of Maryjoel Davis, and her organization Second Chance for Women, as well as the work that was already being done by the women in the institution to help themselves and others.

PREPARE for Parole Workbook: Sentences of 5 years or less

When you have a sentence of 5 years or less, you will go up for parole as soon as administratively possible. For most people, that means that you will have a parole hearing within 60 days. However, if your case involves Victim Services, there may be a further delay. Going up for parole in such a short time frame presents a number of challenges to your parole preparation and presentation. For example, some people may go up for parole years before they become eligible for parole release, a situation that causes confusion and disappointment. Most will not have time to take classes and get certificates and letters of recommendation. Those who do not have a family home plan may find it difficult to reach out to transitional houses or treatment centers in such a short timeframe.

This workbook is designed to help you understand and navigate the parole process as effectively as possible on an accelerated timeline. PREPARE recommends you read a copy of the Prepare For Your Hearing brochure along with this workbook to get the most out of our resources. The brochure contains information and pointers about what to expect at your hearing. Although rare in this sentence range, if your case involves loss of life, it is recommended that you include a remorse statement.

For instructions, you can either obtain the divider set Guidance for Developing a Parole Packet from your institutional library or contact PREPARE.

This workbook contains four sections - Case Summary, Life Story, Things to Bring and Reentry Plan. Here's how to use them to get ready for your hearing.

1. Case Summary/Dashboard

Your case summary is a table that puts the information the Parole Commission needs to know in one place. All you have to do is fill in the blanks to the best of your ability. If you don't have the answer to a question or something doesn't apply, that's all right. It is okay to write "None" or "Not Applicable" to questions that don't apply to you or leave questions blank when you don't know the answer. For example, if you have no prior criminal history, just write "None" in the blanks for prior offenses and prior supervision.

Was there a turning point in your incarceration? If yes, describe it.

Do you participate in a faith community? If yes, which one and what is your participation?

Have you taken any programs during your incarceration? If so, how did they help you? If not, what are the barriers preventing your participation?

Do you have any institutional infractions? If so, when, what were they, and what happened?

Do you have your GED? If no, are you in GED classes? If no, why not?

What are your accomplishments since your arrest, including those while on bail, in prison, or at a local detention center.

If you don't have the answer to a question, skip it and come back to it if you eventually find the answer. Even if you don't, still bring the workbook to your hearing and give it to the Hearing Officer. Every piece of information you gather will make your hearing easier.

2. Reentry Plan

The next section of the workbook is the Reentry Plan. This consists of a Reentry Needs Assessment, which is the tool PREPARE developed to identify strengths and gaps in an individual's reentry resources. As you go through the assessment, use it to figure out what parts of your reentry plan are already well developed and where you might need to do some research or seek additional help to build a robust plan that will help you succeed when you go home.

The Reentry Needs Assessment is a planning resource only, and does not need to be returned to PREPARE, unless requested by a parole advocate.

If you have a family-based home plan, it is important to get your family to write to the Parole Commission to let them know specifically what support you have. If you will be going to a drug or transitional program that you secured, make sure you have an acceptance letter. If you have a job or job training lined up, make sure you have a letter on company letterhead confirming that. The more specific you can be with your reentry plan, the better.

3. Things to Bring

The Things to Bring checklist contains a list of paperwork that could be useful to you in your parole hearing. It is likely that you won't have many of the listed items if you've just arrived at the institution, and the Parole Commission knows that, however, you should bring copies of everything you have. You should also bring any certificates and letters you received if you did some of your time in a local detention center. Everything that shows your growth and positive activities is a good thing for the Parole Commission to have.

4. Life Story

The Life Story section contains questions to help you determine what information is most relevant to your presentation to the Parole Commission. Although every case is different, and it is impossible to predict what the Hearing Officer will ask during your hearing, these questions provide information that relates to the factors the Parole Commission is asked to review when making a decision. Answering them will help you get your thoughts in order to make a good verbal presentation and give you something to hand to the Hearing Officer to add to your parole file.

It is important to note that a Hearing Officer does not make the final decision with regard to your parole. The Hearing Officer provides a recommendation to one of the ten Parole Commissioners, and the Commissioner makes the decision. If the Hearing Officer and the Parole Commissioner disagree, your case will be forwarded to a panel of two Commissioners who will make a final, non-appealable decision.

Although up to three Commissioners may be involved in your parole decision, the only person who listens to you speak is the Hearing Officer.

This is why it is so important to add something to your own parole file - that written statement is your only voice in front of the Commissioners. Otherwise, the State has the floor.

You can use this workbook as an outline to write your Life Story or you can simply answer the questions in the space provided and turn the booklet itself into the Hearing Officer at the time of your hearing. You can also send your story through your institutional mail to Maryland Parole Commission, 6776 Reisterstown Rd. Suite 307, Baltimore, MD 21215. Make sure to write your name and DOC number on the envelope and every page inside of it in case it gets separated.

Do you have any prior convictions? If yes, please explain.

Do you have any prior violations of parole, probation, or pretrial monitoring? If yes, please explain what happened and how you will prevent a recurrence this time.

Is there any other negative information that you need to explain?

Do you understand what went wrong and what you could've done differently? If yes, please explain.

What have you learned through this experience that will help you change?

What was your life like before the crime? In particular, was there anything in your history that specifically led to the crime?

Parole Packet Summary

Name

DOB Age now

Conviction(s)

Trial or Plea

Sentence(s)

Date of crime

Date of Sentencing

Incarceration began

Parole eligibility

Prior Parole hearings

Prior criminal offending

Prior supervision

Education level

Guilty infractions

Substance abuse history

Mental health history

Home plan

Employment plan

Family support

Job while incarcerated

USEFUL THINGS TO BRING TO YOUR PAROLE HEARING

- Certificates
- Letters of Support/Recommendation from:
 - Housing Provider
 - Job Offer
 - Employer
 - Family
 - Teachers
 - Staff
 - Friends
 - Volunteers
 - Religious Leaders
 - And anyone else who knows you and can speak to your growth...
- Work Evaluations
- Photos of:
 - You
 - Your family
 - Your house
- College Transcripts
- Awards
- Anything else that presents you positively to the commissioner

SHORT SENTENCE WORKBOOK LIFE STORY

First name: _____

Middle name: _____

Last name: _____

DOC#: _____

Give a brief narrative of the crime, including the convicted charge, sentence, and what led up to it.



For each answer, please fill in marks like this: not like this:

First Name: _____ Middle Name _____

Last Name: _____ DOC#: _____

Target Hearing Date: ____/____/____ Expected Release Date: ____/____/____

Please fill out the information below. This form is for you to tell us where you will be living, working, and what substance abuse or mental health needs you may have upon your release. If you are living with family, complete questions 2 to 5 fully. If you need transitional/temporary housing, let us know by completing questions 7 and 8. Please indicate all the types of services you need to be successful. The more accurate your form is, the better chances we have of being able to find the best fit to meet your needs.

Housing Plans

Yes No

1. **Do you know where you will be staying after you are released?** (If **NO**, skip to Question 6) O O
2. **Where are you staying after you are released?** (If unsure -where is MOST LIKELY place you'll be staying)

<input type="radio"/> House I own	<input type="radio"/> Abandoned building
<input type="radio"/> House or Apartment I rent	<input type="radio"/> Shelter
<input type="radio"/> Staying with family	<input type="radio"/> Homeless on streets or park
<input type="radio"/> Staying with friends	<input type="radio"/> Residential Drug Treatment Facility
<input type="radio"/> Hotel/motel	<input type="radio"/> Transitional Program/Recovery House
<input type="radio"/> Place to place	
<input type="radio"/> Other _____	

3. If staying with family, friends, or others, who are you staying with?

Name: _____

Relationship: _____

Address: _____

Phone: (____) _____ Email: _____

4. What is the Zip Code where you will be staying? _____
(If you're not sure, please provide the cross-streets)

5. **How long can you stay there?**

<input type="radio"/> 1 to 3 nights	<input type="radio"/> More than a month
<input type="radio"/> 4 nights to 1 week	<input type="radio"/> Permanently
<input type="radio"/> 2 to 4 weeks	<input type="radio"/> I don't know

PREPARE Reentry Needs Assessment

For each answer, please fill in marks like this: not like this:

6. **When you are released, how will you get to where you'll be staying?**
- Relative/Spouse/Child/Partner's Car
 - Court Transportation Order
 - Friend's Car
 - Service Provider
 - Taxicab/Hack/Uber/Lyft
 - Church/Faith group
 - Bus/Train/Light rail
 - Don't Know
 - Walk
 - Other _____
7. **Will you need transitional/temporary housing?**
- Yes No
8. **What area do you want to live in? (Zip code or city) _____**
- Yes No
- Mental and Physical Health Needs**
9. **Do you need substance abuse/addiction treatment?**
- (If No, Skip to Q10)
- Do you need **residential addiction** treatment? Yes No
- Do you need **outpatient addiction** treatment? Yes No
- What substance are you struggling with? _____
- _____
10. **Do you need mental health treatment? (If No, Skip to Q11)**
- Yes No
- What is your diagnosis? _____
- What medication do you need (if any)? _____
- Yes No
- Do you need **residential mental health** therapy? Yes No
- Do you need **outpatient mental health** therapy? Yes No
11. **Do you have other major health conditions or disabilities?**
- (If No, Skip to Q12)
- List Diagnosis/Disability**
- _____
- _____
- _____
- _____
- _____
- Take Daily Medications?**
- YES NO
- YES NO
- YES NO
- Are you receiving SSI or SSDI? Yes No
- Do you need assistance with daily living? Yes No
- Do you know where to get medical care? Yes No

Last Name: _____

PREPARE Reentry Needs Assessment

For each answer, please fill in marks like this: not like this:

Employment and Education

12. What is the highest education level you completed as of now?

- | | |
|---|--|
| <input type="radio"/> 6th grade or less | <input type="radio"/> High School Graduate |
| <input type="radio"/> 7th - 9th grade | <input type="radio"/> Some College |
| <input type="radio"/> 10 th – 11 th grade | <input type="radio"/> College Graduate |
| <input type="radio"/> GED/High School Equivalency | <input type="radio"/> Post-Graduate Study |

Yes No

13. Do you have a job lined up once released? (If No, Skip to Q15)

14. Where will you work once released and what is your job?

Company Name: _____

Address: _____

Job Title: _____

Supervisor's Name: _____

Supervisor's PH: (____) _____ Email: _____

Did you work here before you were incarcerated?	Yes	No
	<input type="radio"/>	<input type="radio"/>

15. Do you need help finding a job (or a different job)?

16. Are you interested in job training?

17. Do you need transportation?

Family

18. Do you have minor children? (If No, Skip to Q19) **Yes** **No**

Do you have custody?	<input type="radio"/>	<input type="radio"/>
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Do you have visitation?	<input type="radio"/>	<input type="radio"/>
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19. Do you have any other re-entry support? (If No, Skip to Q20)

Who is providing support? _____

What kind of support are they providing? _____

PREPARE Reentry Needs Assessment

For each answer, please fill in marks like this: not like this:

20. Overall, thinking about returning home, what kinds of services will be useful to you when you are released? (Select all that apply).

- Housing Sexual Transmitted Infections and/or HIV testing
- Food Applying for Health Care Benefits/Insurance
- Shelter Applying for Benefits (TANF, Food Stamps)
- Transportation Assistance with getting Medications
- Clothing NA/AA Meetings
- Basic Health Care Reentry Support Group
- Mental Health Care Financial Literacy/Building Credit
- Substance Abuse Treatment Family Reunification
- Vision Care Child Support Modification/Arrearage
- Dental Care Parenting Skills
- Employment Childcare
- Job Training Life Skills
- Education/GED Domestic Violence Education/Safety Planning
- Legal Services Mediation/Conflict Resolution
- Civic/Community Involvement Other _____
- Spiritual/Religious Community

21. Please indicate if there is a particular service or provider that you are already interested in that you would like us to pursue (i.e., Marian House, Damascus House RISTORE, Pivot, T.I.M.E., etc.).

Date Form Completed: ____/____/____

Thanks for filling this out! Our Reentry Team will begin working on your plan. Please let your Advocate know if you have any questions.

*****FOR OFFICE USE ONLY:**

Case # _____ Date Entered: ____/____/____