

Hawaii Paroling Authority

INTRASTATE APPLICATION

(To Outer-island)

OFFENDER INFORMATION

Offender's full Name (Last, first, middle):	SID #:
DOB:	Parole Hearing Date:
Facility:	Case Manager:

I am requesting to be paroled to the Island of (select one):

Hawaii Kauai Maui Molokai Lanai

REASON(S) FOR SEEKING INTRASTATE PAROLE (SELECT ALL APPLICABLE)

- Family member is in receiving county and has the financial and social means to support me
- Gainful employment in receiving county awaiting me
- Return to county of commitment
- Educational opportunities
- Other: (Please explain)

Please state why your Intrastate Parole request should be approved:

HOME OFFER

Offender will reside with-name and relationship:	Home phone number:
	Cell phone number:
Address:	City: State: Zip Code:
Is home offer on public assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Home offer verification letter attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT OFFER

Name of employer:	Employer's telephone number:
Employer's street address:	City: State: Zip Code:
Type of work:	Rate of pay:
Employment offer verification letter attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No

INSTRUCTIONS

1. Inmate is applying for intrastate parole due to no support in county of commitment
2. Inmate will provide documentation that community/family support exists in non-committal county
3. Inmate will complete this application truthfully and accurately
4. Family needs to have resided in the county for more than 180 days

DISCLOSURE STATEMENT

I certify that all information submitted above is truthful and accurate to the best of my understanding

Offender's Signature

Date Signed