

**REQUEST TO INITIATE REDUCTION  
OF MINIMUM TERM**

DATE: \_\_\_\_\_

INMATE: \_\_\_\_\_ SID: \_\_\_\_\_

FACILITY: \_\_\_\_\_ DOB: \_\_\_\_\_

CASE MANAGER: \_\_\_\_\_

The Hawaii Paroling Authority will consider its previously fixed minimum term provided that "**NONE**" of the following conditions are present:

1. The inmate is serving a mandatory minimum term set by the court judge.
2. The inmate has served less than one-third of their longest minimum term.
3. The Authority has already set the minimum term within six months prior to receipt of this request.
4. The Authority has already considered a request for a Reduction of Minimum within a twelve-month period preceding (before) this request.
5. The Authority has already held a parole hearing or a review within a twelve-month period preceding (before) this request.
6. The inmate is scheduled for a parole hearing or an administrative review in a six-month period subsequent (after) to this request.
7. The last hearing resulted in a revocation of parole.
8. The longest minimum term has already expired.

If "**NONE**" of the above is present, return this complete form to:

Hawaii Paroling Authority  
1177 Alakea Street, Ground Floor  
Honolulu, Hawaii 96813