

**INMATE
REQUEST TO INITIATE REDUCTION
OF MINIMUM TERM**

DATE: _____

INMATE: _____ SID: _____

FACILITY: _____ DOB: _____

CASE MANAGER: _____

Your request to initiate Reduction of Minimum Term (DOC 10029) has been received.

Please complete and return this form no later than sixty (60) days from above date to:

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

If not returned within the 60 days, the Authority shall discontinue consideration of the request.

A request for information was also submitted to the Department of Public Safety (facility). **Upon receipt of both inmate's form and the Department of Public Safety (facility's) form**, the Authority will consider the request for a reduction of minimum term within sixty (60) days after receipt and render a decision.

Please respond to the following questions as thoroughly as possible.

1. What have you accomplished while incarcerated?

2. Why do you wish to be considered for **Reduction of Minimum**?

3. How do you feel about the offense now?

4. What are your future goals in the following areas?

a. Residence:

b. Employment:

c. Special concerns (mental health, drug or alcohol problems, sex offender therapy, etc.):

You will be informed in writing once a decision is made.

Inmate's Signature/Date