

**KANSAS DEPARTMENT OF CORRECTIONS  
PRISONER REVIEW BOARD**

714 SW Jackson, Suite 300  
Topeka, Kansas 66603  
Tel: (785) 296-4524

**PUBLIC COMMENT FORM**

This form is to be returned to the Prisoner Review Board at the Public Comment Session or mailed to the address above. **Please print or type.** All comments made on this form will be considered **CONFIDENTIAL** and for use only by the Prisoner Review Board in making a parole decision.

**SUPPORT RELEASE**

**Location of Public Comment Session:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Inmate Name:** \_\_\_\_\_

**KDOC #** \_\_\_\_\_

The Prisoner Review Board (PRB) members complete an extensive review of each individual inmate being considered for parole prior to meeting with the inmate for the actual parole hearing. **The PRB will have current knowledge of the following factors:**

- a) Previous criminal history of the offender.
- b) Circumstances of the immediate crime.
- c) Court imposed sentence and the amount of time the inmate has served.
- d) Presentence Investigative Report
- e) Previous periods of community supervision / parole.
- f) All disciplinary violations throughout incarceration, both in the facility and while on parole.
- g) All program participation throughout incarceration (sex offender, substance abuse, anger management, cognitive programs, educational programs, vocational programs, etc.).
- h) Employment throughout incarceration.
- i) Physical health status and issues, including assessments and treatment.
- j) Mental health status and issues, including evaluations and treatment.
- k) All prior comments from victims or their family, offender family and friends, public officials (District Attorney, Judges, Law Enforcement Officials), or any other interested member of the general public.
- l) Input from staff where the offender is housed.
- m) Proposed Parole / Release Plan.

The PRB takes into account the welfare of the community and public safety in determining the optimum time for parole release of an individual inmate.

In **support** of the inmates release on parole, we are willing and able to provide the following supports:

**Area of Support:**

- \_\_\_ Housing / Residence
- \_\_\_ Transportation
- \_\_\_ Financial
- \_\_\_ Employment
- \_\_\_ Spiritual / Emotional
- \_\_\_ Mentoring / Guidance
- \_\_\_ Leisure / Recreation
- \_\_\_ Mental Health needs
- \_\_\_ Substance Abuse needs
- \_\_\_ Physical / Medical needs

**Please explain:**

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