



## MEDICAL PAROLE APPLICATION ROUTING FORM

OFFENDER  
NAME: \_\_\_\_\_

OFFENDER NUMBER: \_\_\_\_\_

UNIT: \_\_\_\_\_

*Please route in numbered order.*

**1. INSTITUTIONAL PROBATION AND PAROLE OFFICER**

Judge Contacted (Date: \_\_\_\_\_)

Decision by Judge \_\_\_\_\_

Pending Charges \_\_\_\_\_

Court Ordered/BOPP Treatment Complete (yes) (no) (N/A)

Completed Application for Medical Parole

Supplemental information attached, including waiver to release medical information.

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. MEDICAL DIRECTOR or CLINICAL SERVICES DIVISION STAFF** *Please return to IPPO.*

Recommend Approval

Recommend Disapproval

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. WARDEN/ADMINISTRATOR/SUPERINTENDENT** *Please return documentation to IPPO.*

Recommend Approval

Recommend Disapproval

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**4. INSTITUTIONAL PROBATION AND PAROLE OFFICER**

Medical Examination Report       Medical waiver signed by applicant

Recommended Condition of Parole       Power of Attorney, if applicable

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_