

Hawaii Paroling Authority	INTRASTATE APPLICATION <small>(To Outer-island) Page 1</small>
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): <input type="checkbox"/> Hawaii <input type="checkbox"/> Kauai <input type="checkbox"/> Maui <input type="checkbox"/> Molokai <input type="checkbox"/> Lanai	
REASON(S) FOR SEEKING INTRASTATE PAROLE (SELECT ALL APPLICABLE)	
<input type="checkbox"/> Family member is in receiving county and has the financial and social means to support me <input type="checkbox"/> Gainful employment in receiving county awaiting me <input type="checkbox"/> Return to county of commitment <input type="checkbox"/> Educational opportunities (Trade School, Volcational Training, Apprenticeship, College, etc. - Please Explain) <input type="checkbox"/> Treatment and/or Treatment Program (Please Explain) <input type="checkbox"/> Other: (Please Explain)	
Please state why your Intrastate Parole request should be approved:	
HOME OFFER	
Name of Person Offender will reside with:	Home phone number:
Relationship to Offender:	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
1. How long have you known this person? _____ a) What type of contact do you have with this person? _____ b) Frequency of contacts? _____ 2. How long have they lived at the given address? _____ 3. Does the person you're requesting to live with own or rent their residence? _____ a) If rent, is the landlord supportive of you residing there? _____ (Offender to provide landlord verification letter completed by the homeowner or landlord.) 4. Is this person working? _____ a) How will the person support you until you get a job? _____ 5. To your knowledge, are there any weapons in the home? _____	

6. Are you related to this person? _____
- a) Blood relative? _____
- b) Marriage? _____
- c) If none of the above applies, please describe the relationship. _____
7. Is the person you're requesting to reside with the victim of or related to the victim? _____
8. To your knowledge, is any member of the home a convicted person and/or under the supervision of APD or HPA? _____
9. Do you have any other family or community ties in the area? _____
- a) What is your relationship to them? _____
- b) Provide documentation that family/community support exists.

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	
How did you get this job?			

TRANSPORTATION

11. What will be your primary method of transportation?

PROGAMS OR SUPPORT SERVICES IN THE COMMUNITY

12. List any programs and services that you either have an arrangement with or plan to use

INSTRUCTIONS

1. Inmate is applying for intrastate parole due to no support in county of commitment
2. Inmate will complete this application truthfully and accurately

DISCLOSURE STATEMENT

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

Offender's Signature

Date Signed