

NOTICE AND REQUEST FOR ASSISTANCE AT PAROLE PROCEEDINGS

BPH 1073

I. PRE-INTERVIEW FILE/ D.E.C.S. REVIEW (STAFF ONLY)

I acknowledge that I have reviewed all relevant and reasonably available central file and/or field file information and the Disability and Effective Communication System (D.E.C.S) prior to first contact with the inmate/parolee involved in this parole proceeding.

Print Name: Sign Name: Date:

Identified Disabilities

- Mental Health Concerns (Circle One) CCCMS, EOP, MHCB, DMH, 128 dated: D.E.C.S.
Developmental Disability (Circle One) DD1, D1A, DD2, DD3, 128C-2 dated: D.E.C.S.
Physical Disability (Circle all that apply) (verified on CDCR Form 1845) Dated: D.E.C.S.
Mobility: (DPW / DPO / DPM / DNM) Vision: (DPV / DNV) Hearing: (DPH / DNH) Speech: (DPS / DNS)
Other Disability (that limits access): document dated: D.E.C.S.
Learning Disability documented on dated: D.E.C.S.
NO DISABILITY IDENTIFIED FROM THE FILE/ D.E.C.S. REVIEW.

Other Potential Assistance Needs:

- Reading Level Total GPL (If not available, note "N/A")
Non-English Speaking (List language(s) inmate/parolee speaks):

II. INMATE/PAROLEE RIGHTS & SELF IDENTIFICATION

You have the right to receive help for your hearing. If you need help talking, reading, hearing, seeing, understanding or getting to your hearing, you have a right to that help. You have a right to receive help in meeting with your attorney. If you do not speak English, you have a right to an interpreter. If you are deaf and use sign language, you have a right to a sign language interpreter. If you cannot read, the BPH or CDCR must provide you with help to read the forms and papers. If you need special transportation, the BPH or CDCR must provide it for you. If you do not get help, or you do not think you got the kind of help you need, ask for a BPH 1074 Grievance Form. IF YOU ARE CURRENTLY HOUSED IN A COUNTY JAIL, and need assistance of any kind, you may ask the Deputy for help, or ask for a county jail grievance form.

Check all that apply:

- I need help reading my documents. I need the following help to hear
I need help understanding the procedures and forms. I need the following help to see
I need a sign language interpreter. I need to communicate in writing.
I need a wheelchair and I do have one. I do not have one.
I do not speak English and need an interpreter in (language).
Other
I do not need any help for my parole hearing.

X Inmate/parolee signature CDCR# X Date Signed

III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)

- I have requested an accommodation from county jail staff on behalf of the parolee. Accommodation:
County Jail Name: Date jail staff was notified:

I have informed inmate/parolee of his/her rights and charges, if any, and have determined that he/she:

- Appears to understand: without assistance, after assistance, Appears to have difficulty understanding,
Effective Communication Method Used: Foreign Language Interpreter - Telephonic, Foreign Language Interpreter - Contractor (In-Person),
Foreign Language Interpreter - Certified DAPO Staff, Sign Language Interpreter, Read/Spoke Slowly, Assistive Visual Device,
Assistive Hearing Device Additional Comments:

Staff Name and Title (please print) Staff Signature Date

IV. BPH REVIEW FOR INTERNAL USE ONLY (Non-Lifer Cases)

- I have requested an accommodation from county jail staff on behalf of the parolee. Accommodation:
County Jail Name: Date jail staff was notified:

Accommodations/Assistance to be provided at hearing (list all that apply):

Staff Name and Title (please print) Staff Signature Date

NAME CDCR# TYPE OF HEARING DATE OF HEARING LOCATION

I. PRE-INTERVIEW FILE REVIEW (STAFF ONLY)

This section requires completion of a file review to determine whether or not the inmate/parolee (I/P) needs assistance with effective communication or has a disability which needs to be accommodated at the parole proceeding. The staff member shall print his/her name and date the form to acknowledge completion of the file review. (In revocation proceedings, the Agent must ensure either the CDCR 611 (05/01 or later) OR a Parolee Disability Review Sheet is in the field file.)

When initiating the form, it is important for the staff member to first write the I/P's name, CDCR number, the type of parole proceeding, and the institution/region/county jail where the I/P is located at the bottom of the form. **When completing this form, the staff member shall review the file for the corresponding source documents as indicated below and designated staff shall attach a copy when a verified/identified disability is noted.**

Mental Health Concerns – check this box if a CDCR 128C indicates the inmate/parolee is included in the Mental Health Services Delivery System. Circle the Level of Care and write the date of the chrono.

Developmental Disability – check this box if a CDCR 128C-2 indicates the I/P is included in the developmental disability program. He/she must be categorized in one of the following DDP categories: DD1, D1A, DD2 or DD3. Circle the appropriate code and write the date of the chrono. (If the code is NDD or DDO, do not check this box.)

Physical Disability – check this box if there is a CDCR 1845 which identifies a verified disability. Circle the appropriate disability (there may be more than one) and write the date of the CDCR 1845.

Other Disability – check this box if there is a document which states the I/P has a disability other than those identified on the forms indicated above. Write the name of the document and its date.

Learning Disability – check this box if there is a document which states the I/P has a learning disability. Write the name of the document and its date.

No Disabilities Identified from the file review. – If all of the above boxes are unchecked, check this box.

Reading Level – Check the box and write the I/P's reading level (if available) and his/her total grade point level (GPL). (If neither the reading level nor the GPL are in the file, do not check the box and write N/A.)

Non-English Speaking – If the I/P's primary language is not English, check this box and write the language he/she speaks as identified in the file review.

SPECIAL NOTE: If it has been determined in Section I an accommodation and/or interpreter is required, the employee shall provide that accommodation to the I/P prior to completing Section II. Sign language interpreters must be approved by the BPH.

II. INMATE/PAROLEE ADA RIGHTS AND SELF IDENTIFICATION

The staff member shall advise the inmate/parolee that he/she has a parole proceeding pending and the reason for the proceeding. The staff member shall read or ask the parolee to read out loud the rights statement at the beginning of this section.

The remaining portion of this section is for the inmate/parolee to disclose assistance he/she needs for the proceedings. If the parolee cannot complete this section, the staff member shall provide assistance by recording the responses given by the inmate/parolee.

III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)

In this section, the staff member shall document his/her observations. The staff member shall document whether I/P appeared to understand his/her rights (described on the form handed out with the BPH 1073) and charges, if any. If after providing assistance for effective communication and the I/P still appears to have difficulty understanding, the staff member shall check the appropriate box. If an alternate method of communication is used, the staff member shall check the appropriate box and indicate the type of accommodation. Any observations from the interview the staff member believes are pertinent should be written in the "Additional Comments" portion of this Section.

IV. BPH REVIEW FOR INTERNAL USE (Non-Lifers Only)

In Revocation cases where a DRU is involved, DRU staff will complete this section. In cases where a DRU is not involved, the DC will complete this section as part of their review.

DEFINITIONS

Parole Proceedings means all BPH proceedings. They are also things that happen before or after the hearings. These may be:

- Service of Rights
- Attorney Consultations
- Probable Cause Hearings
- Revocation Hearing
- Revocation Extension Hearing
- MDO Hearing (Mentally Disordered Offender)
- Psychiatric Evaluations
- SVP Hearing (Sexually Violent Predator)
- Documentation Hearing
- Initial/Subsequent Hearing
- Progress Hearing
- Rescission Hearing
- In re Stanworth Hearing
- Grievances
- Olson reviews
- Lifer parole plans

Qualified means that you have a disability that is protected by the Americans with Disabilities Act (ADA). Your disability is a condition that is much worse than the average person. This means you cannot **see, hear, walk, talk, breathe, learn, think, work, OR take care of yourself** without help.

TYPES OF ACCOMMODATIONS

Reasonable Accommodation means the kind of help you need at hearings. This may help getting to, talking at, or understanding the hearing. Some kinds of help may include:

1. Alternative formats:

You may ask for BPH forms in Braille, audiocassette, or large print. Most BPH forms have been changed to simple English. The BPH Forms that were not changed will come with an explanation in simple English.

2. Auxiliary Aids and Services: Below are the types of accommodations that may be available if you have a qualified disability. You may ask for an accommodation by using the BPH 1073 form.

Hearing Impairment (hearing)

- ❖ Assistive Hearing Devices
- ❖ Qualified Sign Language Interpreters
- ❖ Telecommunications devices for deaf persons (TDD's)
- ❖ Telephone handset amplifiers
- ❖ Computer-aided transcription services
- ❖ Closed caption decoders
- ❖ Open and closed captioning
- ❖ Videotext displays
- ❖ Exchange of written notes
- ❖ Note takers

Vision Impairment (seeing)

- ❖ Magnifying Devices
- ❖ Large print materials
- ❖ Audiocassettes
- ❖ Brailled materials
- ❖ Assistance navigating and locating items
- ❖ Qualified readers

Learning Disabilities (learning)

- ❖ Staff Assistance
- ❖ Legal counsel
- ❖ Highlighter pens and markers
- ❖ Audio taped materials
- ❖ Regional Center advocates
- ❖ Reading windows, rulers, or angled book stands
- ❖ Qualified readers

Speech Impairment (talking)

- ❖ Staff Assistance
- ❖ TDD machines
- ❖ Computer terminals
- ❖ Speech synthesizers
- ❖ Communication books or boards
- ❖ Qualified interpreters

Mobility Impairments (walking)

- ❖ Accessibility
- ❖ Wheelchair
- ❖ Cane

Mental Impairments /Developmental Disabilities (thinking)

- ❖ Staff assistance
- ❖ Legal counsel
- ❖ Regional Center advocates
- ❖ Qualified interpreters