# MEDICAL PAROLE APPLICATION ROUTING FORM

<table>
<thead>
<tr>
<th>OFFENDER NAME:</th>
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<tbody>
<tr>
<td>OFFENDER NUMBER: ____________________________ UNIT: ____________________________</td>
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*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. RESPONSIBLE HEALTH AUTHORITY OR MEDICAL DIRECTOR 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: ____________________________

DOC 4.6.7 (Attachment) Medical Parole – Revised 05/16/2018