



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security

PAROLE BOARD

12 Mercer Road
Natick, Massachusetts 01760



Maura T. Healey
Governor

Kimberley Driscoll
Lieutenant Governor

Terrence M. Reidy
Secretary

Telephone: (508)-650-4500

Facsimile: (508)-650-4599

Tina M. Hurley
Chair

Lian Hogan
Executive Director

Application for Early Termination of Parole Supervision

Name: _____ Commitment #: _____

Offense(s) for which you are on parole and seeking termination: _____

Date of Conviction: _____ Court: _____

Sentence: _____

I am applying to be considered for early termination of sentence.

(PRINTED NAME)

(SIGNATURE)

(DATE)

NOTICE: Applications must be clearly hand-written or typed. All questions must be answered. If the question does not apply, please answer N/A (not applicable). If you need more space to provide your answer, please use additional paper and number your answers to the corresponding question(s).

I. Personal Information

Name: _____

Other name(s) if any: _____

Maiden Name (if applicable): _____

Current Address: _____
(Street Number, Street Name)

(City, State, Zip Code)

Date of Birth: _____

Social Security Number: _____/_____/_____

Telephone Number: (_____) - _____ - _____

Email Address: _____

Educational Background: _____

Employment History: _____

Military Service (if applicable): _____

Assigned Parole Officer: _____

Attorney (if applicable): _____

Attorney's Email: _____

Attorney's Phone Number: _____

Have you submitted a request for early termination of parole supervision before? ☐ YES ☐ NO

If YES, please list the years you previously applied: _____

II. Minimum Eligibility Requirements

To be eligible for consideration under M.G.L. c. 127 § 130A, you must have the following:

1. Completed at least one year of satisfactory parole supervision
2. Been assessed as low or very low on your annual risk assessment and under Reduced Supervision
Or
Been assessed as moderate on your annual risk assessment, under Standard Supervision, and completed at least 10 years of supervision
3. Received no written warnings, parole violations reports, or warrants in the past year
4. No open court cases
5. Be in compliance with all other parole supervision requirements
6. Have not applied for termination within the last 12 months

Do you meet the minimum eligibility requirements to apply for termination? ☐ YES ☐ NO

III. Termination Information

The Parole Board may, by a majority vote of all members, issue a Certificate of Termination of sentence if termination is in the public interest. To make the determination, the Parole Board will consider the below factors. Please provide any relevant information for each factor you wish the Parole Board to consider in support of your application for termination.

1. **Offense(s) for which you are seeking termination:** Please explain the details surrounding your offense(s).

2. **Criminal History:** Please provide any information regarding your history of criminal convictions (other than the offense(s) for which you are applying for termination).

3. **Currently under investigation by a law enforcement authority:** Are you currently under investigation by any law enforcement agency or do you have active court cases?

YES

NO

If the answer is “YES” please provide the details surrounding the investigation or the court case.

4. **History of violating the terms or conditions of parole:** Have you ever received any warnings (written or verbal), been returned to custody, had any parole violations, been issued a graduated sanction, been arrested on parole, or violated any conditions of your parole?

YES

NO

If the answer is "YES" Please list each violation, along with the date it occurred and the result of the violation.

5. **History of adjustment in the following areas - social, family and work:** Please provide any relevant information about your social, family, and work life since being on parole.

6. **Overall health:** Please describe any major health concerns that are a contributing factor to your application (Please provide supporting documentation from a medical professional, if applicable).

7. **Community service or involvement in the community:** Please describe any community work you have done since your release on parole, and the impact it has had on your life. (Please provide supporting documentation, if applicable).

8. **Positive pro-social accomplishments:** Please describe the positive relationships you have made/built since being on parole, and how this has influenced you. (Please provide supporting documentation, if applicable).

References: Did you submit any letters of recommendation in support of your application for termination? If so, please list the names of the letter writers below and attach the letters to this application.

YES

NO

Reason for early termination: Please include any information which you would like the Parole Board to consider as to why you are seeking an early termination of your parole supervision. Be specific.

Applicants must notify their assigned Parole Officer and return this application form, along with all supporting documentation and letters of support, to:

**MASSACHUSETTS PAROLE BOARD
OFFICE OF THE GENERAL COUNSEL
12 MERCER ROAD
NATICK, MA 01760
ATTN: TERMINATION APPLICATION**

Or Email to: PAR.Termination@mass.gov