

REPRIEVE FOR FAMILY EMERGENCY

NOTICE TO APPLICANT

Please read the application instructions carefully, and complete the application accordingly.

Submission of incomplete applications or applications that do not comply with instructions may result in the Board's Clemency Section soliciting you in writing for the correct documentation.

Failure to comply with instructions will delay processing.

For your records, make copies of all documentation that you submit to the Board's Clemency Section.

Due to the inability to retain records for extended time periods for incomplete applications, we are advising you NOT to provide originals of personal items, including but not exclusive to photos, transcripts, birth and other certificates, achievement awards, licenses, literature, social security and other identification cards or items, notebooks or binders, and clemency proclamations. You may in lieu of originals provide copies of these documents with your submitted application.

REPRIEVE FOR FAMILY EMERGENCY INSTRUCTIONS & CHECKLIST

Mail completed applications to: TEXAS BOARD OF PARDONS AND PAROLES
ATTN: CLEMENCY SECTION
8610 SHOAL CREEK BLVD.
AUSTIN, TX 78757

1. Submit a completed application form. Please respond to **all** items. If necessary, use “N/A,” “Unknown,” “None,” or “Do not remember.”
2. Applications must be typed or printed legibly in **black or blue** ink.
3. **You must provide the Physician’s Medical Summary to be completed by the attending physician.** Please return the completed form with the Reprieve for Family Emergency application.
4. Compliance with Board Rules 143.31 and 143.32.
5. Complete the attached application form as presented. You may submit attached documents as instructed in the application. Do not alter the presentation of this application either through reformatting or rewriting. Do not bind or staple the application with any other submitted material.
6. The application must be signed and dated by the offender or person requesting the reprieve.
 - Person(s) requesting a Reprieve for Family Emergency for an offender shall be responsible for any and all financial support and/or medical expenses incurred by the offender from the time of release to the time of return to custody.
 - If the Board recommends a Reprieve for Family Emergency, the Governor makes the final decision. The applicant will be notified in writing upon final action.
 - If the Board of Pardons and Paroles or the Governor denies the application, the individual may not file another application before six months from the date of the denial.
 - Please let us know of any change of address or telephone number.
 - On the Application Page 1 of 6, A. Demographic Information, where asked to provide the offender’s current name, input the full name as it might appear on a Governor’s proclamation.

GENERAL INFORMATION

Definition - A reprieve for family emergency is a temporary release from the terms of an imposed sentence. It is not to be interpreted as a form of discharge from correctional custody.

A request for a reprieve for family emergency to attend funerals or to visit critically ill relatives may be made through application to the Board’s Clemency Section. However, the more practical alternative, time-wise, is to request a special absence (furlough) from the Texas Department of Criminal Justice.

Critical Illness –A medical condition in which death is possible or imminent. (BPP-DIR.143.350)

APPLICATION FOR REPRIEVE FOR FAMILY EMERGENCY TO THE TEXAS BOARD OF PARDONS & PAROLES

TO THE BOARD OF PARDONS AND PAROLES OF TEXAS:

I hereby request the Board of Pardons and Paroles or its designated agent to file this application for Executive Clemency, to investigate the statements herein made under oath and, if the facts so justify, make a favorable recommendation to the Governor of the State of Texas that a Reprieve for Family Emergency, to which I may be entitled under the laws of the State of Texas, be granted.

A. DEMOGRAPHIC INFORMATION

Current full name	Last Name	<input type="checkbox"/> Jr.	<input type="checkbox"/> III	First Name	Full Middle Name
		<input type="checkbox"/> Sr.	<input type="checkbox"/> IV		
Name(s) convicted under				TDCJ-CID #	
Race and sex	Race _____		Sex _____		
Date and place of birth	Date of birth _____		Place of birth _____		
Driver's license	State _____		License Number _____		
Alias names (including maiden name, name by former marriage and nicknames), birth dates, social security #'s, etc.					
Current marital status	<input type="checkbox"/>	Married – Spouse's Name:			
	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Children / support / alimony	I have _____ children under the age of 18 years. I am supporting the following named children under the age of 18 years: _____ I currently pay \$ _____ / month in child support. I currently pay \$ _____ / month in alimony.				

B. ADDRESSES

<p>Current Mailing Address <i>Indicate your current mailing address.</i></p>		<p>Current Physical Address <i>Provide information even if the physical and mailing addresses are the same.</i></p>
Number and street _____ Apartment _____		Number and street _____ Apartment _____
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____
Home phone number [_____] _____		County of residence _____
Work phone number [_____] _____		Years resided at physical residence _____
Email Address _____		

Previous Addresses

List **all** previous physical addresses since age 18. Do not use post office boxes. If you lived in an apartment complex, list your apartment number. *All time periods must be accounted for.* Include complete dates (months and years of residence), addresses, city, state and zip codes. Complete this page before attaching any additional page(s). Place attachments behind this page.

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

From (month/year):	Number and street	Apartment
To (month/year):	City	State Zip Code

C. OFFENDER'S EMPLOYMENT HISTORY

Please give a comprehensive adult (since age 18) employment history, beginning with the offender's most recent employment and working backwards. Include employer's name, address, job position, working title, description of job duties, salary, dates employed, and reason for leaving. Complete this page before attaching any additional page(s). Place attachments behind this page.

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

From (month/year):	Employer name
To (month/year):	Employer address
Job position (working title)	Description of your work duties
Average monthly salary	Reason for leaving

D. PERSON REQUESTING REPRIEVE

Name of the person requesting the reprieve	Last Name	<input type="checkbox"/> Jr. <input type="checkbox"/> III <input type="checkbox"/> Sr. <input type="checkbox"/> IV	First Name	Full Middle Name
Current mailing address	Address _____ City _____ State _____ Zip _____			
Current physical address <small>(Please provide information, even when the current physical address is the same as the current mailing address.)</small>	Street _____ City _____ State _____ Zip _____ County _____ Years resided at physical address _____			
Relationship to offender				
Phone number(s)	Home number	()	Business number	()
Email Address				

E. INFORMATION ABOUT THE ILL FAMILY MEMBER

Name of the offender's ill family member	Last Name	<input type="checkbox"/> Jr. <input type="checkbox"/> III <input type="checkbox"/> Sr. <input type="checkbox"/> IV	First Name	Full Middle Name
Date of Birth	/ /			
Current physical address	Street _____ City _____ State _____ Zip _____ County _____ Years resided at physical address _____			
Relationship to offender				
Phone number(s)	Home number	()	Business number	()
Where would the offender live (physical address) if not confined to a medical institution?	Street _____ City _____ State _____ Zip _____ County _____			

G. CERTIFICATION BY OFFENDER OR REQUESTER

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided. This application must be signed.

I hereby give my permission to the Board of Pardons and Paroles or its designated agent to make any inquiry and receive any information of record that it may deem proper in the investigation of this application for executive clemency; and

I understand that compliance with these requirements is sufficient for the Board's consideration of this application, but compliance does not necessarily mean that favorable action will result.

I hereby swear upon my oath that I am the subject herein named and the facts contained in this application are true and correct.

Applicant's Signature (Full Name)

Date

PHYSICIAN'S MEDICAL SUMMARY REPRIEVE FOR FAMILY EMERGENCY TO THE TEXAS BOARD OF PARDONS & PAROLES

Notice to Physician

Please complete the Physician's Medical Summary by answering all questions with legible responses written in a manner as to be understandable to non-medical persons.

A. INFORMATION ABOUT ILL FAMILY MEMBER & OFFENDER

Name of the offender's ill family member (Physician's patient)	Last Name _____	<input type="checkbox"/> Jr. <input type="checkbox"/> III <input type="checkbox"/> Sr. <input type="checkbox"/> IV	First Name _____	Full Middle Name _____
Date of Birth	/ /			
Patient's current physical address	Street _____ City _____ State _____ Zip _____ County _____ Years resided at physical address _____			
Relationship to offender			Offender's Name	

B. INFORMATION ABOUT PHYSICIAN & MEDICAL FACILITY

Physician' name	Last Name _____	<input type="checkbox"/> Jr. <input type="checkbox"/> III <input type="checkbox"/> Sr. <input type="checkbox"/> IV	First Name _____	Full Middle Name _____
Physical address of attending physician and hospital/clinic providing medical services to the patient	Hospital / Medical Facility _____ Street _____ City _____ State _____ Zip _____ County _____			
Phone number(s)	Phone number ()		Fax number ()	
Email Address				

Physician's signature & date	Signature _____	Date _____
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E. ANTICIPATED TIME FRAMES FOR FUTURE TREATMENT, SURGERY AND THERAPY & POST TREATMENT REQUIREMENTS

Complete this page before attaching any additional page(s). Place any attachments immediately behind this page.

F. PROGNOSIS

The prognosis includes a “life expectancy” estimate. If the life expectancy is greater than six months, provide an estimate in months and/or years.

<p>Life Expectancy</p> <p><i>If life expectancy is marked as “greater than six months to live,” please indicate the expected number of months and/or years.</i></p>	<p>_____ Six months or less to live; OR</p> <p>_____ Greater than six months to live, estimated to be at:</p> <p style="padding-left: 40px;">_____ Months (provide a number of months)</p> <p style="padding-left: 40px;">_____ Years (provide a number of years)</p>
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Prognosis (circle the response)	Poor	Fair	Good	Excellent
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<p>Current Mobility (circle the response)</p>	Comatose	Bedridden	Wheelchair bound	Walker
	Cane	Ambulates with assistance	Fully mobile	
<p>Mobility Time Frame (provide a number of years/months/weeks)</p>	<p>Expected length of time at current mobility:</p> <p>_____ Years _____ Months _____ Weeks</p>			

Diagnostic Impression and Recommendations	
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REPRIEVE FOR FAMILY EMERGENCY CHECKLIST

***Before submitting your application,** please ensure that you have complied with all application instructions and have reviewed the checklist information provided on this page. Incomplete applications will not be forwarded to the Texas Board of Pardons and Paroles for voting consideration.*

Eligibility

Did you review eligibility for reprieve for family emergency by reviewing the attached board rules governing reprieves?

Completing the Reprieve for Family Emergency Application Form

Did you complete the application form as instructed? Review to ensure that you have complied with all instructions, including the following:

- (1) Type or print legibly in black or blue ink;
- (2) Do not alter the presentation of the application by reformatting or rewriting the form, and do not bind or staple the application;
- (3) Respond to all items, if necessary using “N/A,” “Unknown,” “None,” or “Do not remember;”
- (4) Sign with your full name the application form with a date of signature.

Physician’s Medical Summary

Did you provide a Physician’s Medical Summary completed by the attending physician?

Did the physician provide responses to all questions on the Physician’s Medical Summary, including a “life expectancy” estimate under the “Prognosis” header? PLEASE NOTE: If the life expectancy is greater than six months, an estimate in months and/or years is required.

Note that information provided on the Physician’s Medical Summary must be legible and written in such a manner as to be understandable to non-medical persons.

TEXAS BOARD OF PARDONS AND PAROLES RULES



Subchapter C. REPRIEVE

§143.31. General Rules

- (a) The governor may grant a reprieve upon the written recommendation of a majority of the board (Texas Constitution, Article IV, §11).
- (b) A reprieve is not recommended as a matter of right and each request will be judged on the merits of the case and the security risk involved.
- (c) Except at the request of the governor, the board will consider only such requests for reprieves as meet the general and specific criteria set out in these sections.
- (d) The board will not consider a reprieve request from a prison sentence which involves travel outside the State of Texas.
- (e) The board will not consider a reprieve from a prison sentence requested for business reasons.
- (f) The board may recommend a reprieve either in custody of a peace officer or without custody.
- (g) The board will not recommend a reprieve without custody if the inmate has a detainer filed against his release.
- (h) Except as otherwise specified in these sections, a board recommendation for a reprieve shall be for a specified time, including a beginning and ending date, and a grantee of a reprieve who remains at large upon the expiration of the reprieve is subject to arrest without further action of the board or the governor.
- (i) The board will consider a request for an extension of a reprieve only if the request meets the requirements for the original reprieve.
- (j) If at any time the board is made aware that the conditions of a reprieve have been violated, the board may recommend to the governor the revocation of such reprieve.

§143.32. Reprieve for Family Emergency

- (a) The board will consider a request for reprieve for a family emergency only in cases of critical illness or death of a member of the inmate's immediate family.
- (b) The immediate family includes only the parents, spouse, and children of the inmate, and a person other than a parent who assumed the responsibilities and acted as the parent of the inmate during his/her childhood.
- (c) Prior to consideration of a request for reprieve for family emergency, the board may require written:
 - (1) verification of the critical illness by the attending physician; or
 - (2) verification of the death and of the time and place of the funeral, by the mortician; and
 - (3) proof of the parent-child relationship if the request is for the illness or death of a person, not a parent, who acted as the inmate's parent during his/her childhood.
- (d) A board recommendation for reprieve in the continuous custody of a peace officer is contingent upon a verified arrangement by the inmate's family to secure and pay the expense of a peace officer to guard the inmate.