

Log Number: \_\_\_\_\_

**A. INMATE OR PAROLEE TO COMPLETE BEFORE THE HEARING**

You have been given a state attorney to help you in preparation for and during your hearing. Fill out this form only if you did not get the other kinds of help for your disability that you asked for on your BPH Form 1073 or if new problems came up. You can ask your attorney or staff for help in filling out this form. If you need more space attach another sheet of paper.

1. Your complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What you want done: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Before the hearing, you should send this form as soon as possible to the BPH ADA Coordinator at 1515 K Street, Suite 600, Sacramento CA 95814, or give this form to a staff person, or your Attorney to send to the BPH ADA Coordinator. The decision will be sent to you within five (5) days from the date it was received by the ADA Coordinator, or before your parole proceeding (whichever comes first).

X \_\_\_\_\_  
(Print name) (Inmate or parolee sign here) CDCR Number Date

**B. RESPONSE TO A GRIEVANCE FILED BEFORE THE HEARING**

Date received by BPH: \_\_\_\_\_

Decision

Granted  Granted with Changes  Denied  No Action Required

DISCUSSION OF FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BASIS FOR DECISION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BPH ADA Coordinator/Designee Signature

\_\_\_\_\_  
Date Completed

**INSTRUCTIONS TO INMATE OR PAROLEE**

If you have already had your hearing, did not like the decision made about the kind of help given, and want a new hearing, then fill out Section C, on page 2.

Log Number: \_\_\_\_\_

**C. INMATE OR PAROLEE TO COMPLETE AFTER THE HEARING**

I did not get all the help with my disability that I needed during the hearing. Earlier, I requested that help on the BPH Form 1073, or a new disability problem came up at the hearing. I need a new hearing with more help, because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Inmate/Parolee Print Name      Inmate/Parolee Sign Here      CDCR Number      Date

**D. RESPONSE TO A GRIEVANCE FILED AFTER THE HEARING**

Date Received by Quality Control Unit: \_\_\_\_\_ Type of Parole Proceeding: \_\_\_\_\_

Decision

Granted       Granted with Changes       Denied       No Action Required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief Deputy Commissioner/Designee Signature      Date Completed

**E. TO INMATE OR PAROLEE**

1. After the hearing the inmate, parolee, or their attorney may file the grievance, concerning denial of disability accommodations at the hearing, by mailing this form to:

Board of Parole Hearings  
Quality Control Unit  
1515 K Street, Suite 600  
Sacramento, CA 95814

2. All ADA grievances related to parole revocations shall be answered within 10 days from the time they were received at BPH.

3. All ADA grievances for the life prisoners shall be answered within 30 days from the time they were received at BPH.

\_\_\_\_\_  
NAME      CDCR NUMBER      TYPE OF PROCEEDING      LOCATION