KANSAS DEPARTMENT OF CORRECTIONS PRISONER REVIEW BOARD

714 SW Jackson, Suite 300 Topeka, Kansas 66603 Tel: (785) 296-4524

PUBLIC COMMENT FORM

This form is to be returned to the Prisoner Review Board at the Public Comment Session or mailed to the address above. **Please print or type**. All comments made on this form will be considered **CONFIDENTIAL** and for use only by the Prisoner Review Board in making a parole decision.

OPPOSE RELEASE

Location of Public Comment Session:	Date:
Inmate Name:	KDOC #
	ete an extensive review of each individual inmate being considered for tall parole hearing. The PRB will have current knowledge of the
 g) All program participation throughout incar programs, educational programs, vocational h) Employment throughout incarceration. i) Physical health status and issues, including j) Mental health status and issues, including each 	n / parole. ceration, both in the facility and while on parole. ceration (sex offender, substance abuse, anger management, cognitive al programs, etc.). assessments and treatment. evaluations and treatment. mily, offender family and friends, public officials (District Attorney, Judges terested member of the general public.
The PRB takes into account the welfare of the commrelease of an individual inmate.	nunity and public safety in determining the optimum time for parole
Please state your opposition to this offender's re	elease:

Statement of opposition (cont.)	
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	ncourage that groups of individuals containing more than 4 members when appearing before the PRB at Public Comment Sessions. Please do one in your group.
	Please Print
Your Name	Victim / Other