

# NEW YORK STATE BOARD OF PAROLE

## Pre-Board Interview

### WAIVER OF APPEARANCE

**TO:** The Board of Parole

I \_\_\_\_\_ wish to inform you that I am not going to  
(Incarcerated Individual Name) (DIN)  
appear at my parole release interview scheduled for \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (Facility Name)

Correctional Facility and understand that the Parole Board will make a determination regarding my possible release to community supervision in my absence.

Reason (optional): \_\_\_\_\_

\_\_\_\_\_  
Incarcerated Individual Signature

\_\_\_\_\_  
Date

\*\* If the above-referenced incarcerated individual refuses to appear, but refuses to sign the waiver above, please check the box below.

**REFUSED TO SIGN**

#### **Facility Staff Only:**

- If the Waiver was signed by incarcerated individual, one staff member shall sign the form acknowledging they witnessed the incarcerated individual signing the waiver of appearance.
- If the individual refused to sign, the form shall be signed and dated by two facility staff members. The second signor must verify the individual's decision to waive their appearance.

Staff Member 1:

Staff Member 2:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Distribution:  Incarcerated Individual  Community Supervision Folder

**CONFIRMATION OF WAIVER**

**Day before or day of interview**

Incarcerated individual Name: \_\_\_\_\_ DIN: \_\_\_\_\_

I previously waived my appearance before the Board of Parole. This is to confirm that I still wish to waive my appearance before the Board of Parole:

I did not previously waive my appearance before the Board of Parole. However at this time, and after being offered the ability to attend my interview which will be conducted today, I now wish to waive my appearance before the Board of Parole

\_\_\_\_\_  
Incarcerated Individual Signature

\_\_\_\_\_  
Date

\*\* If the above-referenced incarcerated individual refuses to appear, but refuses to sign the waiver above, please check the box below.

**REFUSED TO SIGN**

**Facility Staff Only:**

- If the Waiver was signed by incarcerated individual, one staff member shall sign the form acknowledging they witnessed the incarcerated individual signing the waiver of appearance.
- If the individual refused to sign, the form shall be signed and dated by two facility staff members. The second signor must verify the individual's decision to waive their appearance.

Staff Member 1:

Staff Member 2:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**WITHDRAWAL OF WAIVER**

I \_\_\_\_\_ wish to inform you that I am withdrawing  
(Incarcerated Individual Name) (DIN)  
my Waiver of Appearance and that I am going to appear at my parole release interview scheduled  
for \_\_\_\_\_ at \_\_\_\_\_ Correctional Facility.  
(mm/dd/yyyy) (Facility Name)

\_\_\_\_\_  
Incarcerated Individual Signature

\_\_\_\_\_  
Date

\*\* If the above-referenced incarcerated individual refuses to appear, but refuses to sign the waiver above, please check the box below.

**REFUSED TO SIGN**

**Facility Staff Only:**

Whether the incarcerated individual withdraws their waiver by signing the withdrawal of waiver above, or refusing to sign, one staff member shall sign the form acknowledging they witnessed the incarcerated individual withdrawing their waiver of appearance.

**Staff Member 1:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Distribution:  Incarcerated Individual  Community Supervision Folder