

EMERGENCY MEDICAL REPRIEVE

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.

EMERGENCY MEDICAL REPRIEVE

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 a medical statement from a free world medical facility.** The medical statement must include a current date, physician signed legible statement on business letterhead from a medical facility addressed to the Texas Board of Pardons and Paroles stating that they will provide services to the offender upon release. The statement must include the hospital/medical facility, address, physician, contact person, and telephone numbers of medical staff or physician approving medical admission/treatment of the offender.
4. Compliance with Board Rules 143.31 and 143.34.
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 an Emergency Medical Reprieve 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 an Emergency Medical Reprieve, 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, unless the medical condition deteriorates.
 - 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 is a delay or temporary suspension of punishment. Offenders who are terminally ill (six months or less to live), totally disabled, or who have been denied Medically Recommended Intensive Supervision (MRIS) may seek an emergency medical reprieve.

1. **Terminally Ill** - Incurable and would inevitably result in death within six months regardless of life sustaining treatment; or
2. **Totally Disabled** - A severe, chronic disability that is likely to continue indefinitely and results in substantial functional limitations. (BPP-DIR.143.350)

APPLICATION FOR EMERGENCY
MEDICAL REPRIEVE 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 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 an Emergency Medical Reprieve, to which I may be entitled under the laws of the State of Texas, be granted.

A. DEMOGRAPHIC INFORMATION

Current full name	Last Name	☐ Jr. ☐ III ☐ Sr. ☐ IV	First Name	Full Middle Name	
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	☐	Married – Spouse's Name:			
	☐	Divorced	☐	Separated	☐
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

Current Mailing Address <i>Indicate your current mailing address.</i>			Current Physical Address <i>Provide information even if the physical and mailing addresses are the same.</i>		
Number and street		Apartment	Number and street		Apartment
City		State	Zip Code	City	
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	☐ Jr. ☐ III ☐ Sr. ☐ IV	First Name	Full Middle Name
Current mailing address	Address _____ City _____ State _____ Zip _____			
Current physical address (Please provide information, even when the current physical address is the same as the current mailing address.)	Street _____ City _____ State _____ Zip _____ County _____ Years resided at physical address _____			
Relationship to offender				
Phone number(s)	Home number () Business number ()			

E. PERSON PROVIDING SUPPORT

Name of the person providing financial support to the offender if reprieve is granted	Last Name	☐ Jr. ☐ III ☐ Sr. ☐ IV	First Name	Full Middle Name
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 _____			

F. JUSTIFICATION FOR CLEMENCY CONSIDERATION

- (1) State the reasons and circumstances for requesting an emergency medical reprieve.

[illegible]

- (2) How would the offender be supported if released on reprieve?

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

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 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

EMERGENCY MEDICAL REPRIEVE 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 emergency medical reprieve by reviewing the attached board rules governing reprieves?

Completing the Emergency Medical Reprieve 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.

Medical Statement from a Free World Medical Facility

Did you provide a medical statement from a free world medical facility?

The medical statement must include a current, physician signed legible statement on business letterhead from a medical facility stating that they will provide services to the offender upon release. The statement must include the hospital/medical facility, address, physician, contact person, and telephone numbers of medical staff or physician approving medical admission or treatment of the offender.

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 as authorized by the 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 written application for reprieve from a TDCJ-CID sentence which involves travel outside the State of Texas.
- (e) The board will not consider a written application for reprieve from a TDCJ-CID 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 offender 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.
- (i) Upon expiration of the specified time of the reprieve, a person granted a reprieve that remains at large, is subject to arrest without further action of the board or the governor.
- (j) The board will consider a written request for an extension of a reprieve only if the request meets the requirements for the original reprieve.
- (k) 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.

§143.34. Emergency Medical Reprieve

The board will consider a written application for an indefinite medical emergency reprieve in instances such as terminal illness, or total disability. Prior to consideration of the application for emergency medical reprieve, the Board may require written verification of the terminal illness or total disability by the attending physician.