



VIRGINIA PAROLE BOARD

PB25

(CCOP/PBPM)

APPEAL OF PAROLE INELIGIBILITY PURSUANT TO SEC. 53.1-151(B1)*This form is used if an inmate is appealing the Parole Board's decision that he or she is ineligible for parole.*

INMATE NAME (Last Name, First Name MI.)

INSTITUTION (Prison Name)

VADOC INMATE ID NUMBER (7 digits)

I appeal the parole ineligibility decision by the Department of Corrections in application of Sec. 53.1-151 (B1) based on the following facts:

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DATE (MM/DD/YYYY)

X

SIGNATURE

DO NOT WRITE BELOW THIS LINE

- ☐ **The Parole Board finds that you are not eligible** for parole pursuant to Sec. 53.1-151 (B1) as determined by the factors set forth in Virginia Parole Board Administrative Policy and Procedure.
- ☐ **The Parole Board finds that you are eligible for parole** pursuant to Sec. 53.1-151 as determined by the factors set forth in Virginia Parole Board Administrative Policy and Procedure. You will, therefore, be reviewed for parole in accordance with the provisions of Sec. 53.1-154 and Virginia Parole Board policy and procedure.

DATE

TITLE

SIGNATURE