**—————————————————————————————————————— APPLICATION FOR RELEASE UNDER THE JOE COLEMAN MEDICAL RELEASE ACT IN THE MATTER OF [FIRST LAST]**

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This application for Medical Release through the Joe Coleman Medical Release Act is submitted to the Prisoner Review Board on behalf of [First Name] [Last Name], [IDOC #], currently housed in [Institution], [by and through] [his/her/their] [attorney/physician/representative], [Name of attorney/physician/representative]. [Mr./Ms./Mx.] [Last] [waives his right to/requests] a public hearing.

[Mr./Ms./Mx.] [Last] is [age] years old and is [terminally ill/medically incapacitated] due to [name of illness/injury/condition]. [They/she/he] was sentenced to [Years] years in prison for [offense]. [Mr./Ms./Mx.] [Last] went into custody on [date], and was sentenced on [date]. He was [diagnosed/injured] with [name of illness/injury] on [DATE]. [Sentence about disease progression or injury progression]. [Statement that the disease is now terminal, or that the applicant is not able to complete specific activities of daily living because of the disease, or that the condition has progressed to the point where *prison does not provide a meaningful additional restriction*.]

In light of [Mr./Ms./Mx.] [Last]’s [terminal diagnosis and/ormedical incapacitation], [their/her/his] demonstrated rehabilitation, and [their/her/his] stable release plan, [they/she/he] requests release under the Joe Coleman Medical Release Act to a period of Mandatory Supervised Release (MSR) of 5 years.

1. **Personal Information**

Name:

Facility:

IDOC #:

Address: **​(of the institution)**

Telephone:​ **(of the institution)**

Date of Birth:

Place of Birth:

Social Security Number:

Aliases:

Prior Military Service:

Clemencies:

Marital Status:

1. **Conviction at Issue**

Offense:

Case Number:

Date of Arrest:

County of Conviction:

Conviction Type:

Sentencing Judge: ​

Sentence:

Time Served: ​

**Account of the Offense**

*This section should provide a brief description of the offense. Unless the applicant is maintaining innocence, it is important to take full responsibility for the conduct. Please use active language (“I murdered Ms. Decedent”) as opposed to passive language (“Ms. Decedent was killed.”). If the applicant confessed, pleaded guilty, waived an appeal, or did anything consistent with remorse, please highlight that here.*

1. **Prior offenses**

***THIS SECTION IS OPTIONAL*: Unlike in clemency applications, the PRB does not require information about criminal history. You may wish to include this information anyway if the facts of prior convictions are sympathetic, or if prior convictions are better understood as part of the applicant’s long arc of rehabilitation.**

Case Number:

Offense:

County:

Disposition:

Sentence: **​**

*Please include a brief description of each prior contact with the criminal legal system. Please include the case number, offense, county, disposition (e.g. dismissed, convicted after a guilty plea, convicted after a bench trial, etc.), and sentence. Please briefly describe the facts relating to the case. For example, “on March 1, 1999, I was arrested after taking $30 worth of merchandise from a store. I was prosecuted for Theft in Cook County, and was convicted after pleading guilty. I was sentenced to 2 years of probation, which I completed.”*

1. **Personal History**

**Childhood, Education, and Work History**

*Please provide a brief description of the applicant’s life prior to the offense. The goal here is to give the reader a sense of the person that the applicant is, with family and friends and life prior to this offense. For some people, this history will be a traumatic one; for others, their childhoods and lives generally were not traumatic prior to some triggering event. Either way, strive to show the reader who the applicant was, the circumstances of the applicant’s upbringing, and the obstacles or strengths that helped shape the applicant. Pictures, certificates, and other visual materials might be useful here.*

*Also, please discuss any factors or history that may be considered explaining (but not excusing) the applicant offense. For example, the applicant may have suffered physical or emotional abuse, dealt with undiagnosed mental illness, or struggled with addiction prior to the applicant’s offense. If this was the case for the applicant, please explain that history here. This information is offered to help the reader understand the applicant’s conduct, not to excuse it. For some people, military service will be a significant source of trauma, and will warrant a more robust explanation in the next section.*

**Military History**

*Please provide a description of the applicant’s military history. Include service dates, ranks, and discharge dates. Please highlight any accomplishments or injuries suffered during service. If the applicant suffered PTSD or other emotional trauma as a result of service, please discuss that here. Please discuss any treatment he received from the VA, and please explicitly note if the applicant received no treatment. Similarly, if the applicant suffered a physical injury due to his service, please discuss that injury in greater detail here.*

**Rehabilitation: The Applicant Today**

*This section should give the Prisoner Review Board a robust view of what the applicant has done in prison to rehabilitate themself. Rehabilitation looks different for everyone; some people become artists, some find religion, some become jailhouse attorneys, some work and work to send money home. Some have spent years taming mental illness or addiction, or battling physical ailments.*

*This section has the fewest rules, because the way this looks will really depend on the applicant’s strengths, interests, and accomplishments. Do whatever you can to creatively convey the remarkable person the applicant has become. If possible and appropriate, include a section about the applicant’s remorse for their crime.*

**Mental Health Care**

*Mental illnesses, such as PTSD, bipolar disorder, or addiction, and a diagnosed mental illness may help explain (but not excuse) the applicant’s conduct in the instant offense. Please discuss any steps that the applicant has taken to address any underlying mental illness. Please include any treatment plan and prognosis.*

*If the applicant was convicted of a sex offense, please describe every single treatment program in which the applicant participated. Note that there are not enough sex offender treatment programs in IDOC, and that preference generally goes to people with shorter sentences, so it is entirely possible that the applicant has not yet received adequate treatment. Nonetheless, please describe any efforts the applicant has taken to pursue alternative therapies, group work, or efforts he has made to join treatment programs (even if unsuccessful).*

**4. Terminal Illness and/or Medical Incapacitation**

*This is the most important part of the petition. Please outline the physical and/or cognitive conditions that make the applicant eligible for medical release. Please include a timeline of the illness, injury, and condition: please include the date of diagnosis or injury, how the applicant’s condition has progressed over time, any failed medical inverentions (like medication or surgery), and when the applicant was determined to be either terminally ill or when they became medically incapacitated. To the best of your ability, please describe external hospital visits, surgeries, emergency room visits, and other procedures. Please note any current medications, and specific accommodations the applicant needs (i.e. wheelchair permit, housed in permanent infirmary unit, assigned aide). If you know the approximate cost of care, please state that educated guess here. Please include information about how you have reached an approximate figure (medical journals, specific websites, etc.)*

*For applicants who are terminally ill, please include a prognosis, including the date the prognosis was received. Please note any ways in which the applicant has deteriorated since the terminal diagnosis was rendered.* ***If the applicant’s condition has deteriorated enough that they are now medically incapacitated (i.e. need assistance with two or more activities of daily living), please include information listed in the next paragrpah.***

*For applicants who are medically incapacitated, please identify the activities of daily living that they cannot perform unassisted. Please use specific examples if possible: e.g., “Mr. Doe cannot get out of bed unassisted. He is too weak to stand or to walk, and he cannot use the toilet without the assistance of an aid.”*

*For applicants who have a medical condition that is likely to cause medical incapacitation in the next six months, please describe the ways in which the applicant is already experiencing difficulty. For example, if the applicant suffers from Parkinson’s disease, describe the ways in which physical symptoms already make one activity of daily living (such as eating) difficult.*

*For applicants that are medically disabled such that prison does not provide a meaningful additional restriction, please describe the ways in which their condition, age, or cognitive functioning affects their daily life. Your goal is to help the PRB understand that their condition is so all encompassing that the applicant’s life will be substantially the same if they are released.*

*For applicants who are both terminally ill and/or medically incapacitated, please describe the applicant’s physical ailments, to help illustrate the way age and/or physical condition affects the applicants life now. For example, the applicant could say “I have so much pain in my hands, that I cannot reliably hold a pen,” if they have arthritis. The idea is to paint a vivid picture of their illnesses.*

1. **Release Plan/Family Connections**

*It is important to emphasize community support for two reasons: first, it assures the PRB that the applicant has the emotional, financial, and physical resources he or she will need to succeed in the community. Second, providing proof of community support and family connections helps the PRB see the applicant as a person, not a piece of paper.*

*Please be sure to specify where the applicant will live and who will provide the applicant with daily care (hygiene, medical appointments, etc.). If the applicant will live in a facility, please describe who will help arrange for their care and be their general support. You can also talk about where the applicant will go for medical care and/or mental health treatment.*

1. **Supporting materials:**

*List attachments here, including letters of support, certificates of accomplishments, medical records, and other documents.*

I declare under penalty of perjury that all of the assertions made in this petition are complete, truthful and accurate.

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Signed

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

Date