



National Organization of Parents Of Murdered Children, Inc.
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Parole Block is a Program of the National Organization of Parents Of Murdered Children, Inc. (POMC)

Parole Block Program™ (PBP) Policy

The goal of the Parole Block Program is to help prevent the early release/parole of those convicted of murder or homicide. It is not the objective of the program to judge or re-evaluate the circumstances surrounding the crime. A judge and/or jury has heard the facts, determined the degree of guilt, and imposed a sentence — PBP helps to ensure that the minimum side of that sentence is served.

POMC's Parole Block Program is an independent program designed to block the early release of prisoners serving time for murder or homicide. Anyone, regardless of age or voting status, may sign the petitions.

Thank you for giving POMC the opportunity to help you with your effort to stop the parole/early release of your loved one's murderer. Attached is a form to **complete** and return to National POMC to request a petition. Petition requests are not accepted more than one year in advance of the parole hearing. Upon receipt of the request form, the petition will be written and mailed to POMC Chapter Leaders, Contact Persons and State Coordinators, and other individuals who assist with the Parole Block Program. Petitions are also placed on the POMC website.

Non-emergency petitions received by the 13th of the month will be mailed on approximately the 15th of that month. Emergency Special Mailings are mailed immediately. Due to circumstances beyond our control, National POMC may not be able to fulfill all requests for Emergency Special Mailings. A copy of the completed petition will be sent to you.

Instructions for completing the PBP form are on the back of this sheet; please follow them carefully. Missing or incomplete information may cause forms to be returned.

Parole Block Program Processing Fees: \$48.00
\$23 plus a \$25 refundable deposit (see item #15).

Instructions

Processing Fees:

Indicate payment method. If paying by credit card, you must include the card's expiration date and three-digit security code or POMC will be unable to process your request. Forms without appropriate fees will be returned.

Print the name that appears on the credit card and provide the 16-digit card number.

Necessary Information:

Lines 1 through 3 are self-explanatory.

4. The murderer's name and prison I.D. number must be completed in order for petitions to be attached to a prisoner's file. **Forms without this information will be returned.** To obtain a prison I.D. number, contact the State Parole Board in the state where the defendant was convicted, the prosecutor that handled the case, or the prison where the prisoner is currently incarcerated.
5. Enter actual offense for which the defendant was sentenced, and check either convicted of or plead guilty to – then enter in the actual offense for which the defendant was sentenced, i.e. *First-degree murder, Second-degree murder, Manslaughter, etc.*
6. Enter the sentence served upon the defendant at the time of conviction – provide the minimum and the maximum, i.e. *10-20 years, 25 years to life, life, etc.* Enter the date of sentencing.
7. Enter the length of time the defendant has already served.
8. Enter the parole hearing date, or the date by which the petitions should be submitted to the parole board. Please note that the parole hearing date and the parole date are not the same.
9. Enter the name, address, city, state, zip code, e-mail and fax number (if available) of the parole board where petitions are to be sent. Forms without this information will be returned. **NOTE:** POMC does not permit petitions to be sent to family members.
10. Please state whether POMC has circulated a petition for you before on this prisoner and, if yes, provide the year.
11. On a separate sheet of paper, briefly summarize the facts surrounding the murder(s). Information must be accurate. Include newspaper clippings, police reports, etc., for verification. A petition from another organization or your own petition is not sufficient verification. Forms without verification and summary will be returned.
12. Please provide information, if available, regarding the murderer's criminal record.
13. Check whether we can forward your name, phone number, e-mail and the information about your case to other organizations and/or the media to assist with the Parole Block. **NOTE:** If you check "Yes" for Media, POMC has no control over what they do.
14. Sign and print your name, include your address, **daytime** phone number with area code, fax number (if available), and an e-mail address (if available). Forms without this information will be returned.
15. The \$25 deposit will be returned when the outcome of the hearing is provided to POMC within 30 days of you receiving notification from the parole board. Please contact National POMC with the results. Failure to provide the results within 30 days of the notification will result in forfeiture of the deposit.

If you wish to donate the \$25 deposit to help support the Parole Block Program, you can indicate that by checking the Donation Box or when you report the outcome of the hearing.

If you have any questions, contact National POMC at (513) 721-5683 or toll-free (888) 818-7662.



Parole Block Program™
A Program of the National Organization of
Parents Of Murdered Children, Inc. (POMC)

Processing Fee \$48.00

\$23, plus \$25 refundable deposit, (see item #15)

Payment Method:

Check Money Order Visa MasterCard Discover AMX

Name on Card: _____

Card #: _____ Sec. Code #: _____ Exp. Date: _____

Please accept my \$25 deposit as a donation to help support POMC's Parole Block Program.

I agree to inform POMC of the outcome of the parole hearing within 30 days of my notification.

Please Print Clearly

1. Victim's name: _____
2. Victim's age: _____ Sex: _____ D.O.B.: _____ D.O.D.: _____
3. Your relationship to the victim: _____
4. Murderer's name: _____ Prisoner I.D. #: _____
5. Convicted of Plead guilty to: _____
Actual offense for which defendant was sentenced
6. Sentenced to: _____ Sentencing date: _____
7. Amount of time already served: _____
8. Parole Hearing Date: _____
9. Send petitions to (petitions will not be sent to family members/friends):
Parole board, institution, etc., name: _____
Address: _____
City, State, Zip: _____
Fax number (if available): (_____) _____
10. Has POMC circulated a petition for you on this prisoner: Yes No Year: _____
11. On a separate sheet of paper, summarize the facts surrounding the murder(s), including the city and state where the murder occurred.

12. Verify those facts by providing newspaper clippings, police reports, etc.

13. Does the murderer have a previous record: Yes No

If yes, list offenses(s): _____

Was murderer paroled: Yes No Year: _____

14. POMC frequently receives requests from other organizations and the media for information pertaining to petitions in circulation. Often, these organizations offer their assistance and help to broaden the scope of your parole block efforts. Circulating additional petitions, holding news conferences or including information in various newsletters can increase the likelihood of parole being denied. Do we have your permission to forward the information regarding your case and your telephone number to:

Other victim organizations: Yes No

Media: Yes No

15. I agree to notify National POMC of the outcome of the parole hearing within 30 days of my notification. I understand that if I do not notify National POMC of the results within 30 days of receiving notification from the state, I will forfeit the \$25 deposit.

Signature: _____

Please Print Your Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: (____) _____ Fax Number: (____) _____

E-mail Address: _____

Please return completed form and payment to:

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