

# QUESTIONNAIRE

1. Date:\_\_\_\_\_

## PERSONAL HISTORY

2. Name:\_\_\_\_\_ 3. SCDC #:\_\_\_\_\_

4. Date of Birth:\_\_\_\_\_ 5. Race:\_\_\_\_\_ 6.SSN#:\_\_\_\_\_

7. Institution:\_\_\_\_\_ 8.Parole Examiner:\_\_\_\_\_

9. Custody Level:\_\_\_\_\_ 10. Educational Level:\_\_\_\_\_

11. Please list all programs that you have participated in since incarcerated:

\_\_\_\_\_

## SENTENCE

12. Length of sentence \_\_\_\_\_ 13. Sentence date:\_\_\_\_\_ 14. County \_\_\_\_\_

15. Trial or plea bargain?\_\_\_\_\_ 16. Attorney's name and phone number: \_\_\_\_\_

17. Judge's name:\_\_\_\_\_ 18. Have you ever filed a PCR? \_\_\_\_\_ 19. Date PCR

filed:\_\_\_\_\_ Is it still pending? \_\_\_\_\_

## OFFENSE

20. Offense:\_\_\_\_\_ 21. If drug charge, which drug?\_\_\_\_\_

22. Amount of drug \_\_\_\_\_ 23. Value?\_\_\_\_\_ 24. Were there any drugs seized? \_\_\_\_\_

25. Violent or Non-Violent? \_\_\_\_\_ 26. Were there weapons involved?\_\_\_\_\_

26.(a) If yes, what kind?\_\_\_\_\_ 27. Were you convicted for them? \_\_\_

28. Do you have a Co-Defendant?\_\_\_\_\_ 28(a). Number of Co-Defendants: \_\_\_\_\_

28(b). Was the Co-Defendant(s) sentenced to jail time? \_\_\_\_\_ 28(c). If so, for how long? \_\_\_\_\_ 28(d). Have they been released? \_\_\_\_\_ 29. Description of incident:

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Attach additional page if needed.

### **PRIOR OFFENSE(S)**

30. Do you have a prior offense? \_\_\_\_\_ 31. If yes, what and when? \_\_\_\_\_

32. Have you ever been on probation/parole? \_\_\_\_\_ 34. If so, when and what for \_\_\_\_\_ 33. Are you back in on a Revocation? \_\_\_\_\_ What were your reasons for revocation?

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### **INSTITUTIONAL INFORMATION**

35. Escape history: \_\_\_\_\_

36. Disciplinary history: \_\_\_\_\_

### **WORK RELEASE / PAROLE STATUS**

37. Work release eligibility date: \_\_\_\_\_ 38. Parole eligibility date: \_\_\_\_\_

38(a). Have you been up for parole before? \_\_\_\_\_ 38(b). If so, how many times? \_\_\_\_\_

39. Max out date: \_\_\_\_\_ 40. Have you previously applied for W/R? \_\_\_\_\_

41. If yes, why were you denied? \_\_\_\_\_

42. Do you have a victim witness? \_\_\_\_\_ 43. If so, who are they? \_\_\_\_\_

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44. Should you be paroled, please list your residence and job information:

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45. Please list the name, address and phone number, with area code, of whom we can contact regarding your case.

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46. Please list the name, address, **e-mail** address and phone number of the person responsible to pay your attorney's fees: (Name, address with zip code, phone number with area code.)

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PLEASE RETURN TO: TOMMY A THOMAS  
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