

**Nebraska Parole Board Guidelines Decision-Making Form**

Inmate Name:  
Inmate ID:  
Institution:  
PED:  
TRD:

[Redacted]

Form Completed By:  
Date Completed:  
Type of Appearance:  
TRD in 9 months

[Redacted]

[Redacted]

**PART I: SCORED DECISIONAL FACTORS**

**Offense Severity**

(if more than one offense, use the most violent)

1. Current Offense: [Redacted]

**SECTION SCORE: 0**

**Risk/Needs Assessment**

2. NDCS Risk Assessment Raw Score (STRONG-R): [Redacted]  
3. Sex Offender Risk Assessment (Static-99): [Redacted]

**SECTION SCORE: 0**

**Program Participation**

(if the program is not listed in the inmate's personalized plan, please select Not Applicable)

4. T4C/MRT: [Redacted]  
5. VRP: [Redacted]  
6. RTC/SAU: [Redacted]  
7. SO Treatment: [Redacted]

**SECTION SCORE: 0**

**Institutional Behavior**

8. Any Class I Misconduct Reports in the last 6 months:  
9. Any Class II B, H, or R Misconduct Reports in the last 6 months:  
10. Any Class II other than B, H, or R Misconduct Reports in the last 6 months:  
11. 5 or More Class III Misconduct Reports in the last 6 months:  
12. None of the above apply:

**SECTION SCORE: 0**

**Cumulative Score: 0**

Notes/Comments:

[Redacted]

**PART II: UNSCORED DECISIONAL FACTORS**

**Additional Considerations**

**Special Needs:**

Mental Health Diagnosis [Redacted]  
Intellectual Impairment [Redacted]  
Physical Impairment [Redacted]

**Behavioral Management:**

Restricted housing assignment history [Redacted]

**Supervision History:**

Parole revocations on this sentence [Redacted]

**DCS Review Team Assessments and Recommendations**

Clinical Violent Review Team (CVORT) [Redacted]  
Clinical Sex Offender Review Team (CSORT) [Redacted]  
Discharge Review Team (DRT) [Redacted]  
Mental Illness Review Team (MIRT) [Redacted]

**Reentry Planning Status**

Reentry Planning: [Redacted]  
Has Community Support: [Redacted]  
Has Family Support: [Redacted]