|  | NZPB DOCUMENTATION |
| --- | --- |

**Receipt of NZPB Documentation**

| **Name**: ${prisoner\_first\_name} ${prisoner\_last\_name} **PRN**: ${prn\_number} |
| --- |
| **Unit / Prison**: ${unit} ${prison} |
| **Content**: Parole papers – week beginning ${hearing\_week} |

| **Date sent: ${today}** |  |
| --- | --- |
| **Timeframe**: 72 hour turnaround unless otherwise stated |  |

**Unit staff** – please print the form and fill out the sections below. The staff member issuing the documentation, must get this form signed by the person in our care and sign the witness section and return it to the PBLO.

**PBLO** – once received back, please sign the form and scan it back to the NZPB Administration Support Team.

|  |  |
| --- | --- |
| PBLO (or covering staff) received the above documentation from the NZPB Administration Support Staff on: | **Date** |
|  |

**Confirmation of Receipt**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Print Name** | **Signature** | **Date** |
| Person in our Care | ${prisoner\_first\_name} ${prisoner\_last\_name} |  |  |
| Witness |  |  |  |

**If applicable, please complete section below:**

I, …………………………………………………….. confirm that I have been unable to serve the above documentation on the above-named person because:

**OR**

I, ……………………………………………………… confirm that the documents were served, but the recipient refused to sign this confirmation of receipt.



19 December 2022

${title} ${prisoner\_first\_name} ${prisoner\_last\_name}

${unit}

${prison}

Dear ${title} ${prisoner\_last\_name}

Please find attached information that the New Zealand Parole Board will use in considering your case in week beginning ${hearing\_week}. You are entitled to this information under section 13(1) of the Parole Act 2002.

If this is **not** your first appearance before the Board, information you have been previously sent for your past parole hearings will also be considered by the Board.

I will send you any further information that you are entitled to that may be received between now and the date of your hearing and will be considered by the Board.

Please ensure you read this documentation and bring this with you to your parole hearing as the Board may ask you questions about the information included in this documentation.

Your sincerely

Hearing Manager

New Zealand Parole Board

**PO Box 939, Wellington**

**Telephone (04) 495 8400 / 0800 727 653**

[**info@paroleboard.govt.nz**](mailto:info@paroleboard.govt.nz) **/** [**www.paroleboard.govt.nz**](http://www.paroleboard.govt.nz/)

**NZPB HEARING PAPERS**

**Quality Assurance Checklist**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | ${prisoner\_first\_name} ${prisoner\_last\_name} | **PRN** | ${prn\_number} |
| **Hearing Location and week beginning** | ${prison} / ${hearing\_week} | | |

What you are looking for includes, but is not limited to:

* **Full name**, including **middle names**
* **Date of birth** & **PRN** corresponds to the correct person
* **Page numbers** match (if no page number, does the last sentence on the page match to the first sentence on the next page?)
* **Name suppression** **orders** on top of Judges’ Sentencing Notes and/or on Criminal History report (if suppression order is in force this must be put on NZPB decision template and noted in file name of J file)
* **Any anomalies** (e.g. different names / middle names / dates of birth or conviction types and conviction dates that do not match etc)

|  |  |  |
| --- | --- | --- |
| **Papers to be checked** | **HM 1**Checkmark with solid fill | **HM QA**Checkmark with solid fill |
| Prisoner Details Report |  |  |
| Parole Assessment Report |  |  |
| Specialist Reports (Psychological / Forensic) |  |  |
| Background (Judges Sentencing Notes, Provision of Advice to Courts, Summary Of Facts) |  |  |
| Criminal History |  |  |
| Written Submissions (inc. Safety Plan etc) |  |  |
| Other |  |  |

**Please write any comments in the space below**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sign off** |  |  |  |
| **Hearing Manager name** | **${hearing\_manager\_name}** | **Date** | **${today}** |
| **QA Hearing Manager name** |  | **Date** |  |

\*Please save electronically in the papers pack for each person. Print one copy of this document for the paper file.