

# ILLINOIS PRISONER REVIEW BOARD

## Guidelines for MEDICAL RELEASE

NOTE # 1. No application will be accepted for review within six months from the date of denial of a prior application on behalf of the same individual. The Chairman of the Board may waive this limitation for compelling reasons.

NOTE # 2. The Medical Release application is provided on the Prisoner Review Board website at [www.Illinois.gov/PRB](http://www.Illinois.gov/PRB), under the Medical Release Act. This application must be filled out and accompanied by any other required or additional documentation to be considered by the Board. No other type of application/form will be accepted.

A) **The application.** Medical Release is requested by means of a **typewritten or legible handwritten** application. It must be a narrative or essay that is written in complete sentences. **The application must contain all of the following or it will be rejected:**

- 1) A fully completed copy of the Prisoner Review Board application form containing the Personally Identifiable Information of the Applicant. This form is available at [www.Illinois.gov/PRB](http://www.Illinois.gov/PRB), under the Medical Release Act tab.
- 2) To the best of the Applicants ability, a detailed statement of the fact(s) of the holding offense(s), including dates, places, and all surrounding circumstances. If the Applicant is not able to provide the information, the Attorney or representative filing on behalf of the Applicant may provide the information.
- 3) An application will be considered if one, or more, of the following diagnostic criteria are met by the Applicant:
  - a. Is suffering from a terminal illness;  
*Terminal illness means: A condition that satisfies **all** of the following criteria:*
    - i. *The condition is irreversible and incurable;*
    - ii. *In accordance with medical standards and a reasonable degree of medical certainty, based on an individual assessment, the condition is likely to cause death within 18 months.*

- b. Has been diagnosed with a condition that will result in medical incapacity within the next 6 months;
- c. Has become medically incapacitated after sentencing due to illness or injury.

*Medically incapacitated means: A person has any diagnosable medical condition that prevents the person from completing more than one activity of daily living without assistance or that incapacitates the person to the extent that institutional confinement does not offer additional restrictions, and that the condition is unlikely to improve noticeably in the future.*

Please state, briefly, what the qualifying medical condition that the applicant is requesting relief for.

- 4) **Parole Plan (Host site information)**. The Applicant must provide an anticipated parole plan which states a potential, or already approved, location that the Applicant will be able to reside at.
  - a. If this is a place of business, such as a nursing home or assisted living, etc., please provide the business name, address and phone number.
  - b. If this is a residence, please provide the name of the homeowner/leaseholder residing there, the address, phone number, relationship to the Applicant and whether there is someone available to care for and ensure Applicant is transported to medical appointments.
  - c. If no host site is provided, the Illinois Department of Corrections will work to secure placement based upon the level of care, if possible.
- 5) **Certification and Personal Oath**. The certification and personal oath page located on page 4 of the application and must be sign and dated. **This must be completed as provided; changes to the form's layout are not permitted and will result in rejection of the associated application.**

- 6) If the Applicant is not the individual filing the Medical Release Act, please provide the name, address, phone number, valid email address and relationship to the Applicant.

**B) Optional information to include in the application, but not required:**

- 1) Detailed narrative biography that includes:
  - a. Personal life history
  - b. Educational background
  - c. Marital Status
  - d. Names and ages of children
  - e. Substance abuse and mental health information
  - f. Military record and/or awards\*
  - g. Degrees or diplomas\* (earned or anticipated)
  - h. Awards or commendations\*
  - i. Counseling or rehabilitation programs you have attended or completed\*
  - j. Licenses or certifications\*
  - k. Life changing events

\*Supporting documentation. Claims made within the application is to be supported by documentation, whenever possible. For example, attach materials that support the claims made in this application may include DD-214, diplomas, certifications, etc.

**C) Filing of application.**

- 1) Address the application to the Prisoner Review Board:
  - a. Via Mail: Illinois Prisoner Review Board, 319 East Madison, Suite A, Springfield, Illinois 62701. Applications are to be stapled or clipped together so that they are easily able to be separated. **Do not bind them or submit them in plastic sleeve sheets.**
  - b. Via Email: [PRB.MedicalRelease@Illinois.gov](mailto:PRB.MedicalRelease@Illinois.gov). All documents must be included as a direct email attachment (e.g. PDFs) and must be in legible form.
  - c. Via Facsimile: 217-524-0012, Attention: Medical Release Act

**D) Medical Release Hearing Process.** Applicant's supporters, and/or representatives, may appear in person, at a public hearing scheduled by the Board, if a public hearing was requested in the application. A personal appearance is not required for the processing of an application for Medical Release.

- 1) Personal presentations at the public hearing are limited. No more than four persons in total may speak during any presentation, inclusive of the Applicants witnesses and/or their attorney. Testimony at the public hearing will be informal but shall be provided under oath.

**NOTE: Opponents to the application shall also be afforded an opportunity to be heard on the same basis as the Applicant.**

**E) Decision**

- 1) The application will be reviewed and considered by three-member panels and a decision, to grant or deny the request, shall be made by a simple majority.
- 2) A written notification of the final vote will be sent to the Applicant/representative and current holding facility either via mail or email, if one was provided, within 90 days of the original receipt of the application.
- 3) The grant or denial of Medical Release shall be an act of executive and legislative grace and shall be at the sole discretion of the Prisoner Review Board.