



Updated

SERVICE MANUAL

PAROLE AND PROBATION ADMINISTRATION

Forms

2016

OTA-PRO-002-001

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PPA FORM 1

(OFFICE HEADING)

Date of Initial Interview: _____
Interviewed by: _____

Criminal Case No. _____
Inv. Docket No. _____

WORK SHEET

I. IDENTIFYING DATA

PETITIONER:

(Last Name) (First Name) (Middle)

ALIAS/ES: _____

Present Address: _____

Permanent Address: _____

II. PETITIONER'S CRIMINAL HISTORY

A. PRESENT OFFENSE

Charged With _____ Date: _____

Place of Commission _____ Date: _____

Convicted of _____ Date: _____

Sentence _____

Judge _____ Court _____

Arresting Officer _____ Address _____

Defense Counsel _____ Address _____

Prosecutor _____ Address _____

Offended Party _____ Address _____

Co-Accused _____

Aggravating Circumstances _____

Mitigating Circumstances _____

Custody Status: () On Bail () On Detention Period of Detention _____

() ROR – Custodian: _____

Address: _____

Extent of Participation: () Principal () Accomplice () Accessory

Manner of Commission: (Narrative)

PPA FORM 1/p.2

Motives: ☐ Unintentional ☐ Circumstantial ☐ Imprudence
 ☐ High Times ☐ Temper ☐ Others

Explain:

B. PRIOR RECORDS As Alleged by: ☐ Petitioner ☐ Other Source
☐ No Record
☐ With Derogatory Record

<u>Agency</u>	<u>CC No.</u>	<u>Offense</u>	<u>When</u>	<u>Where</u>	<u>Disposition</u>
NBI	_____	_____	_____	_____	_____
RTC	_____	_____	_____	_____	_____
MTC	_____	_____	_____	_____	_____
PNP	_____	_____	_____	_____	_____
Prosecutor	_____	_____	_____	_____	_____
Barangay	_____	_____	_____	_____	_____
CMRD	_____	_____	_____	_____	_____

☐ Has been/not been on Probation

Other Derogatory Information

<u>Source/Date</u>	<u>Position</u>	<u>Particulars</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. PERSONAL AND SOCIAL HISTORY**A. IDENTIFICATION DATA**

Sex: _____ Civil Status: _____ Citizenship: _____ Religion: _____
DOB: _____ Age: _____ POB: _____
Identifying Marks: ☐ Tattoo ☐ Mole ☐ Scar ☐ Others
Description: _____
Physical Handicap: _____

B. FAMILY BACKGROUND

1. PARENTS

	PATERNAL	MATERNAL
NAME	_____	_____
DOB	_____	_____
Age	_____	_____
POB	_____	_____
Address	_____	_____
Citizenship	_____	_____
Religion	_____	_____
Education	_____	_____
Occupation	_____	_____
Work Address	_____	_____
Tel. No.	_____	_____
Monthly Income	_____	_____
Date Deceased	_____	_____
Cause	_____	_____

Civil Status: () Married () Separated () Live-in/Common-Law

Relationship with Parents: () Poor () Fair () Satisfactory
() Very Satisfactory

<u>Name of Siblings</u>	<u>Degree of Rel.</u>	<u>Age</u>	<u>Educational Attainment</u>	<u>Occupation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. SOCIO-ECONOMIC BACKGROUND

<u>Family-Relationship</u>	<u>Major Family Problems</u>	<u>Family Reputation in the Comm.</u>
() Very Satisfactory	() No Apparent Problem	() Very Satisfactory
() Satisfactory	() Satisfactory	() Satisfactory
() Fair	() Mental Illness	() Fair
() Poor	() Marital Problem	() Poor
	() One-Parent Family	
	() Sibling Conflict	
	() Others	

Family Economic Status

- () More than Adequate
 () Adequate
 () Inadequate
 () Below Poverty Lines

Physical Home Conditions

- () Very Satisfactory
 () Satisfactory
 () Fair
 () Poor

Stability of Residence

- () Stable
 () Occasional Change
 () Frequent Change
 () No Stability

Comments: (Effects of the above conditions on the petitioner's Behavior)

CHILDHOOD CIRCUMSTANCES: () Sad () Happy

Explain:

C. PETITIONER'S PRESENT SITUATION

Civil Status: () Single () Married () Widow/Widower () Common-Law
 () Separated, Cause: _____ Relationship

1. SPOUSE: _____ Age: _____
Family/Maiden Name First Name Middle Name

Home Address: _____

POB: _____ DOB: _____

Occupation: _____ Work Address: _____

Date of Marriage: _____ Nature of Ceremony: _____

If Separated, State Reason/s: _____

Relationship with Spouse: () Poor () Fair () Satisfactory
 () Very Satisfactory

2. CHILDREN: No. of Children: _____

<u>NAME</u>	<u>D.O.B.</u>	<u>AGE</u>	<u>EDUCATIONAL ATTAINMENT</u>	<u>OCCUPATION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Relationship with Children: () Poor () Fair () Satisfactory
 () Very Satisfactory

PPA FORM 1/p.5**3. RESIDENCE**

Past Residence (Last ten [10] years)

<u>Address</u>	<u>Inclusive Dates</u>
_____	_____
_____	_____
_____	_____

<u>Stability of Residence</u>	<u>Type of Residence</u>	<u>Physical Home Conditions</u>
() Stable	() House	() Very Satisfactory
() Occasional Change	() Apartment	() Satisfactory
() Frequent Change	() Rented	() Fair
() No Stability	() Owned	() Poor
	() Others	

4. ECONOMIC CONDITIONS

<u>Family Economic Status</u>	<u>Family Breadwinner</u>	<u>No. of Dependents</u>
() More than Adequate	() Petitioner	() Children _____
() Adequate	() Spouse	() Others _____
() Inadequate	() Pet. and Spouse	
() Below Poverty Level	() Others	

5. MAJOR FAMILY PROBLEMS IN THE FAMILY

() No Apparent Problem	() Mental Illness	() Sibling Conflict
() Economic	() Physical Illness	() Others
() Husband-Wife Conflict	() Parent-Child Conflict	

COMMENTS: (Effects of the above conditions on the Petitioner's behavior)

D. PETITIONER'S EDUCATIONAL HISTORY

	<u>Educational Level</u>	<u>Where</u>	<u>Date</u>	<u>Highest Level Attained</u>	<u>Honor/Award Level</u>
Elementary	_____	_____	_____	_____	_____
Secondary	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Post College	_____	_____	_____	_____	_____
Vocational	_____	_____	_____	_____	_____
() Unschooled but literate			() Illiterate		

Over-all Conduct in School: () Poor () Fair () Satisfactory
() Very Satisfactory

Explain:

E. EMPLOYMENT HISTORY

Petitioner's Previous Occupation/s

<u>Job Held</u>	<u>Employer/Address</u>	<u>Dates</u>	<u>Income</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Status of Employment/Self Employment☐ Regular☐ Irregular☐ Specify: _____

If unemployed, state means of support:

☐ Pension☐ Children Support☐ Others

Specify: _____

Employable Skills:☐ Auto Mechanic☐ Electrician☐ Hollow Block Maker☐ Machine Operator☐ Plumber☐ House Painter☐ Driver☐ Mason☐ Portrait Artist☐ Welder☐ Carpenter☐ Billboard Artist☐ Radio Technician☐ Baker☐ Others _____Other Sources of Income:☐ Sari-sari Store☐ Junk Collector☐ Cattle Raising☐ Ambulant Vendor☐ Piggery☐ Farming☐ Balut Vendor☐ Poultry Raising☐ Machine Aide☐ Fish Vendor☐ Flower Gardening☐ Metro Aide☐ "Bote-Garapa"☐ Vegetable Gardening☐ Janitor☐ Others: _____Physical Health: ☐ Poor☐ Fair ☐ Satisfactory☐ Very Satisfactory

Explain:

PPA FORM 1/p.7

Previous Treatment/Hospitalization: ☐ None ☐ Yes, Specify: _____

Name of Hospital/s: _____

Date/s Hospitalized: _____

Use of Alcohol/Drugs: ☐ Yes ☐ No ☐ Occasionally

Explain:

F. COMMUNITY BACKGROUND/ENVIRONMENTAL FACTORS:

Neighborhood: ☐ Rural ☐ Slum Area ☐ Non-Slum Area

☐ Urban ☐ Slum Area ☐ Non-Slum Area

Describe: _____

Neighborhood Criminality: ☐ High ☐ Low ☐ Minimal

Explain: _____

Community Acceptance: ☐ Poor ☐ Fair ☐ Satisfactory

☐ Very Satisfactory

Specify: _____

Availability of Resources for Rehabilitation:

☐ Poor ☐ Fair ☐ Satisfactory ☐ Very Satisfactory

Specify: _____

Peer Group Relationship: ☐ Desirable ☐ Undesirable with Potential for Improvement

☐ Undesirable with no Potential for Improvement

Specify: _____

CERTIFICATION

I, _____, hereby declare that the information and facts given by me are true and correct to the best of my knowledge and I am aware of the intent and consequence thereof.

Signed on the _____ day of _____, 20____
at _____, Philippines.

Petitioner

ATTESTED:

Investigating Officer (IO)

Date

(Office Heading)

WAIVER

I, the undersigned, hereby authorize _____ of _____ to secure and make use of the following information and/or reports for purpose of evaluating my application for probation.

_____ 1. Record of previous arrest, arresting agency, date and place of arrest disposition.

_____ 2. Record of previous probation/parole/pardon.

_____ 3. School records.

_____ 4. Medical records, including dates of all records of any physician, clinic or hospital where I have sought consultation or received treatment.

_____ 5. Military records, including dates of all periods of active military services; records of disciplinary actions if any, other significant military history, awards, citations, date and type of discharge from active military service.

_____ 6. Others (Specify) _____

Signature

WITNESSES:

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____ at _____, Philippines.

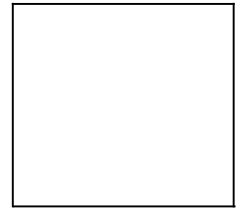
CPPO

PPA FORM 3

PSIR RE: _____
Criminal Case Number _____

Investigation Docket No. _____

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION



POST-SENTENCE INVESTIGATION REPORT

I. IDENTIFYING DATA

PETITIONER: _____
(Last Name) (First Name) (Middle Name)
True Name: _____ Source of Info: _____
Alias(es): _____ Height (meters): _____ Weight (kilos) _____
Age: _____ Sex: _____ Citizenship: _____ Religion: _____
Identifying Marks/Unusual Features: _____
Present Address: _____
Permanent Address: _____

II. PETITIONER'S CRIMINAL HISTORY

A. PRESENT OFFENSE

Charged with _____ Date: _____
Convicted of _____ Date: _____
Sentence _____
Judge _____ Court _____
Defense Counsel _____ Address _____
Offended Party _____ Address _____
Custody Status: () On Bail () On Detention () Period of Detention _____
() ROR – Custodian _____
Address: _____

Manner of Commission (Narrative)

Age at time of commission—Extent of Participation: () Principal () Accomplice () Accessory

I. Offenders Statement

II. Victim's Statement

REMARKS/ADDITIONAL INFORMATION

CONFIDENTIAL

PPA FORM 3/p.2

PSIR RE: _____
 Criminal Case Number _____

Investigation Docket No. _____

B. PRIOR RECORDS

Agency	CC No./Date	Offense	Disposition/Date
NBI			
RTC			
MTC			
PNP			
Prosecutor			
Barangay			
CMRD			

C. OTHER DEROGATORY INFORMATION

Source/Position

Particulars

III. PERSONAL AND SOCIAL HISTORY**A. PETITIONER'S BIRTH DATA**

Date of Birth: _____ Place of Birth: _____ Birth Order: _____

B. FAMILY BACKGROUND**1. PARENTS:**

Father: _____ Age: ____ Occupation: _____
Last Name First Middle

Mother: _____ Age: ____ Occupation: _____
Middle Name First Middle

Status of Marriage: () Married () Annulled () Separated: __ Legal __ Estranged
 () Common-Law/Live-in () Others _____

2. SOCIO-ECONOMIC BACKGROUND

Family Relationship	Major Family Problems	Family Reputation in the Community
() Very Satisfactory	() No Apparent Problem	() Very Satisfactory
() Satisfactory	() Economic	() Satisfactory
() Fair	() Mental/Physical Illness	() Fair
() Poor	() Marital Problem	() Poor
	() One-Parent-Family	
	() Parent-Child Conflict	
	() Sibling Conflict	
	() Others	

Family Economic Status	Physical Home Conditions	Stability of Residence
() More than Adequate	() Very Satisfactory	() Stable
() Adequate	() Satisfactory	() Occasional Change
() Inadequate	() Fair	() Frequent Change
() Below Poverty Line	() Poor	() No Stability

REMARKS/ADDITIONAL INFORMATION

CONFIDENTIAL

PSIR RE: _____ Investigation Docket No. _____
Criminal Case Number _____

Civil Status: () Single () Married () Widow/Widower () With Common-Law/Live-in Partner
Status of Marriage: __ Annulled __ Separated __ Legal __ Estranged __ Others _____
Remarks : _____

2. Children: Total No. of Children _____

Age	In/Out of School	Educational Attainment	Legitimate	Illegitimate

Relationship with Children: _____ Very Satisfactory _____ Satisfactory _____
Fair _____ Poor _____

3. Residence
- | <u>Dwelling</u> | <u>Stability of Residence</u> | <u>Physical Home Conditions</u> |
|------------------------------|-------------------------------|---------------------------------|
| () Owned: Yrs of Stay ____ | () Stable | () Very Satisfactory |
| () Rented: Yrs of Stay ____ | () Occasional Change | () Satisfactory |
| () Informal Settler | () Frequent Change | () Fair |
| () Others | () No Stability | () Poor |

4. Economic Condition
- | <u>Family Economic Status</u> | <u>Family Breadwinner</u> | <u>Petitioner's Role in the Family</u> |
|--|--|---|
| <input type="checkbox"/> More than Adequate | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Income Contributor |
| <input type="checkbox"/> Adequate | <input type="checkbox"/> Spouse | <input type="checkbox"/> Total |
| <input type="checkbox"/> Inadequate | <input type="checkbox"/> Petitioner and Spouse | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Below Poverty Level | <input type="checkbox"/> Others | <input type="checkbox"/> Primary Care-giver |
| | | <input type="checkbox"/> Dependent |

5. Major Problems in the Family
- | | | |
|--|--|---|
| <input type="checkbox"/> No Apparent Problem | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Sibling conflict |
| <input type="checkbox"/> Economic | <input type="checkbox"/> Physical Illness | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Husband-Wife Conflict | <input type="checkbox"/> Parent-Child Conflict | |

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PPA FORM 3/p.4

PSIR RE: _____
Criminal Case Number _____

Investigation Docket No. _____

D. EDUCATION

Educational Attainment: _____
Over-all Conduct in School: _____ Very Satisfactory _____ Satisfactory
_____ Fair _____ Poor

REMARKS/ADDDITIONAL INFORMATION

E. JOB HISTORY

1. Petitioner's Previous Occupation: _____
2. Petitioner's Present Occupation: _____
Employer and Work Address: _____
3. Present Work Status: () Self-employed () Regular/Permanent () Temporary
() Contractual () Casual () Intermittent () Seasonal
4. Special Skills: _____

REMARKS/ADDDITIONAL INFORMATION

F. MEDICAL HISTORY

Past Medical History _____
Present Illness _____
Present Medication _____
Drug/Alcohol Use: () No () Yes Extent of Use: _____

REMARKS/ADDDITIONAL INFORMATION

G. PETITIONER'S TRAITS/CHARACTERISTICS:

Positive:

Negative:

Overall Impression of the Client

CONFIDENTIAL

PPA FORM 3/p.5

PSIR RE: _____
Criminal Case Number _____

Investigation Docket No. _____

H. PETITIONER'S BACKGROUND IN THE COMMUNITY AND COLLATERAL INFORMATION

Collateral Source of Information	Relationship to Client	Collateral Information Gathered

IV. ANALYSIS AND EVALUATION

V. PROJECTED THRUSTS OF REHABILITATION

CONFIDENTIAL

PSIR RE: _____
Criminal Case Number _____

Investigation Docket No. _____

RECOMMENDATION

WHEREFORE, in view of the foregoing, it is respectfully recommended to the Honorable Court that the petition for probation of _____ to GRANTED for a period of _____, to be counted from Probationer's initial report for supervision and subject to the following conditions:

1. Probationers shall report initially to the Chief Probation and Parole Officer at _____
within seventy-two (72) hours from the receipt of the Order granting probation.
2. He/She shall, thereafter, report to his/her supervising Probation and Parole Officer _____ unless otherwise modified by the Chief Probation and Parole Officer.
3. He/She shall reside at and shall not change his/her residence without prior approval of the Chief Probation and Parole Officer, or Court, as the case may be.
4. He/She shall secure a written permit to travel outside the jurisdiction of the Parole and Probation Office from the Chief Probation and Parole Officer, and from the Court if such travel exceeds thirty (30) days.
5. He/She shall not commit any crime or any other offense.
6. He/She shall render community service and will participate in tree-planting activities.
7. He/She shall allow the supervising Probation and Parole Officer or an authorized Volunteer Probation Aide to visit his/her home and place of work.
8. He/She shall meet his/her family responsibilities.
9. He/She shall undergo medical, psychological or psychiatric examination and treatment and enter and remain in a specified institution, when required for that purpose.
10. He/She shall devote himself/herself to a specific employment and shall not change said employment without prior notice to the supervising officer and/or pursue a prescribed secular study or vocational training.
11. He/She shall refrain from associating with persons of questionable character.
12. He/She shall cooperate with his/her rehabilitation and not unduly restrictive of his/her liberty incompatible with his/her freedom of conscience.

In the event that Petitioner fails to observe the preceding conditions and/or has committed any material misrepresentation in his application for probation, his probation may be revoked by the Court or the conditions thereof modified.

_____, Philippines _____ 2011

SUBMITTED BY:

Probation and Parole Officer
Date: _____

APPROVED BY:

Chief Probation and Parole Office
Date: _____

CONFIDENTIAL

PSIR RE: _____ Investigation Docket No. _____
Criminal Case Number _____

RECOMMENDATION

WHEREFORE, in view of the foregoing, it is respectfully recommended to the Honorable Court that the petition for probation of _____ be DENIED pursuant to Paragraph a and b, Sec. 8 of PD 968 as amended which states that the probation shall be denied if:

“xxx (a) the offender is in need of correctional treatment that can be provided most effectively by his commitment to an institution; or

xxx (b) there is an undue risk that during the period of probation the offender will commit another crime; or

xxx (c) Probation will depreciate the seriousness of the offense committed.”

and/or

Section 9 of PD 968 as amended which states that the benefits of probation shall not be extended to those:

(a) Sentenced to serve a maximum term of imprisonment of more than six (6) years;

(b) Convicted of any crime against national security or the public order;

(c) Who have previously been convicted by final judgment of an offense punished by imprisonment of not less than one month and one day and/or a fine of not less than Two Hundred Pesos; and

(d) Who have been once on probation under the provisions of this Decree; and

(e) Who are already serving sentence at the time the substantive provisions of this Decree became applicable pursuant to Section 33 hereof.

and/or

subject to the provision of Sec. 4 of PD 968, as amended by RA 10707.

“SEC. 4. *Grant of Probation.* Subject to the provisions of this Decree, the trial court may, after it shall have convicted and sentenced a defendant for probationable penalty and upon application by said defendant within the period for perfecting an appeal, suspend the execution of the sentence and place the defendant on probation for such period and upon such terms and conditions as it may deem best. No application for probation shall be entertained or granted if the defendant has perfected the appeal from the judgment of conviction: *Provided,* That when a judgment of conviction imposing a non-probationable penalty is appealed or reviewed, and such judgment is modified through the imposition of a probationable penalty, the defendant shall be allowed to apply for probation based on the modified decision before such decision becomes final. The application for probation based on the modified decision shall be filed in the trial court where the judgment of conviction imposing a non-probationable penalty was rendered, or in the trial court where such case has since been re-raffled. In a case involving several defendants where some have taken further appeal, the other defendants may apply for probation by submitting a written application and attaching thereto a certified true copy of the judgment of conviction.

“The trial court shall, upon receipt of the application filed, suspend the execution of the sentence imposed in the judgment.

“This notwithstanding, the accused shall lose the benefit of probation should he seek a review of the modified decision which already imposes a probationable penalty.

“Probation may be granted whether the sentence imposes a term of imprisonment or a fine only. The filing of the application shall be deemed a waiver of the right to appeal.

An order granting or denying probation shall not be appealable. ”

SUBMITTED BY:

Probation and Parole Office

Date: _____

APPROVED BY:

Chief Probation and Parole Officer

Date: _____

CONFIDENTIAL

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION
DOJ Agencies Building, NIA Road, Quezon City

CASE REPORT

Under

DOJ-DILG Implementing Rules and Regulations of Republic Act No. 8294

IMPORTANT: To be prepared in duplicate.

1. Family Name		First Name		Middle Name		2. Alias		3. Prison No.	
4. Residence				5. Sex () Male () Female		6. Age		7. Nationality	
9. Crime(s)				Sentence(s) Minimum Maximum					
8. Number and Description of Firearm(s) involved:				10. Courts Criminal Case No.					
				Trial Court					
				Court of Appeals					
				Supreme Court					
11. Commencement of Service of Sentence:				12. Date Received for Confinement				13. Place of Confinement	
Month _____ Day _____ Year _____				Month _____ Day _____ Year _____					
14. Original Date of Expiration of Sentence:				15. Credit of Preventive Imprisonment:		16. Time Served with GCTA:			
MIN. _____ MAX. _____				Year(s) __ Month(s) __ Day(s) __		Year(s) __ Month(s) __ Day(s) __			
17. Sentence Under R.A. 8294				18. New Expiration Date of Sentence:					
MIN. _____ MAX. _____				MIN. _____ MAX. _____					
19. REMARKS:									
20. Prepared by:				21. Date		22. Reviewed by:		23. Date:	

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION
DOJ Agencies Building, NIA Road, Quezon City

CASE REPORT

Under

DOJ-DILG Rules and Regulations Implementing Republic Act No. 8294

IMPORTANT: To be prepared in duplicate.

1. Family Name First Name Middle Name		2. Alias		3. Prison No.	
4. Residence		5. Sex		6. Age	
		() Male () Female			
9. Crime(s)		Sentence(s)			
		Minimum		Maximum	
8. Number and Description of Firearm(s) involved:		10. Courts Criminal Case No.			
		Trial Court			
		Court of Appeals			
		Supreme Court			
11. Commencement of Service of Sentence:		12. Date Received for Confinement		13. Place of Confinement	
Month _____ Day _____ Year _____		Month _____ Day _____ Year _____			
14. Original Date of Expiration of Sentence:		15. Credit of Preventive Imprisonment:		16. Time Served with GCTA:	
MIN. _____ MAX. _____		Year(s) __ Month(s) __ Day(s) __		Year(s) __ Month(s) __ Day(s) __	
17. Sentence Under R.A. 8294			18. New Expiration Date of Sentence:		
MIN. _____ MAX. _____			MIN. _____ MAX. _____		
19. REMARKS:					
20. Prepared by:		21. Date	22. Reviewed by:		23. Date:

(OFFICE HEADING)

INSTRUCTIONS TO PROBATIONER

NAME: _____ PROBATION NO. _____
COURT: _____ PROBATION DATE: _____

With these instructions, you are receiving a copy of the Court Order
GRANTING PROBATION FOR A PERIOD OF _____

Only the court has the authority to change any of the conditions contained in the Court Order granting probation.

In addition to the conditions of your grant of probation, you are required:

1. To notify the Chief Probation and Parole Officer regarding changes of your address or employment.
2. To remain in your municipality or city of residence unless permitted by the Court or Chief Probation and Parole Officer to go elsewhere. Request to change address should be filed one (1) month in advance and request for outside travel should be filed at least five (5) working days prior to date of departure.
3. To report to the Chief Probation and Parole Officer in person as directed. The office is closed Saturdays, Sundays, and Holidays.
4. To follow other directions pertaining to the program of your probation.

If your whereabouts become unknown to your Chief Probation and Parole Officer because of your failure to keep him informed, the Court may order your arrest. Any failure by you to comply with all the terms and conditions of probation will mean that the Court can revoke your probation and sentence you to prison, or change or add to the terms of probation.

CERTIFICATION

I, _____ hereby declare that the foregoing terms and conditions of Probation have been explained to me and I fully understand them and agree to abide by them in every way.

Signed this _____ day of _____, 20____ at _____, Philippines.

Probationer

ATTESTED:

CPPO

PPA FORM 5
PROBATION CASELOAD

PAROLE AND PROBATION ADMINISTRATION

_____ Parole and Probation Office
Month of _____ 20 _____

PROBATION CASELOAD SUMMARY

PARTICULARS	NUMBER		
	JICL UNDER PROBATION	ADULT PROBATION	TOTAL
I. INVESTIGATION CASELOAD			
A. Total Carry Over Investigation Caseload			
B. Total Investigation Referrals Received			
1. Investigation Referrals Received			
a. From civilian courts			
b. From military courts			
2. Reinvestigation Referrals Received			
C. Total Investigation Cases Handled			
D. Total Investigation Referrals Acted Upon			
1. Reports Submitted to Court			
a. Post-Sentence Investigation Report			
i. For Grant			
ii. For Denial			
b. Manifestations			
2. Investigation Cases Transferred to Other PPOs			
E. Total Investigation Referrals Not Acted Upon due to			
1. Recall			
2. Warrant of Arrest			
F. Total Active Investigation Caseload			
II. COURT DISPOSITION OF INVESTIGATION CASES			
A. Total Carry Over Cases Pending Disposition in Court			
B. Total Reports Submitted to the Court			
1. Post-Sentence Investigation Report			
2. Manifestation			
C. Total Cases to be Acted Upon by the Court			
D. Total Cases Disposed of by the Court			
1. Granted			
2. Denied due to disqualification			
3. Dismissed due to death			
4. Withdrawal			
5. Reinvestigation			
E. Total Investigation Cases wherein the Court issued			
1. Recall Order			
2. Warrant of Arrest			
F. Total Cases Pending Disposition in Court			
III. COURTESY INVESTIGATION CASELOAD			
A. Total Carry Over Courtesy Investigation Caseload			
B. Total Courtesy Investigation Referrals Received			
C. Total Courtesy Investigation Cases Handled			
D. Total Courtesy Investigation Completed and Returned			
E. Total Active Courtesy Investigation Caseload			

PPA FORM 5/p.2
PROBATION CASELOAD

PARTICULARS	NUMBER		
	JICL UNDER PROBATION	ADULT PROBATION	TOTAL
IV. SUPERVISION CASELOAD			
A. Total Carry Over Supervision Caseload			
B. Total Supervision Referrals Received			
1. From Local Courts			
2. Direct transfer, Court to Court			
3. From Military Courts			
4. Transfer from other Offices / Courts			
5. Reconsidered / Reinstated			
C. Total Supervision Cases Handled			
D. Total Supervision Cases Dropped			
1. Terminated			
a. Served Full Term of probation period			
b. Early Termination			
c. Died			
2. Revoked			
a. Abscond			
b. Commission of another offense			
c. Violation of probation conditions			
d. Others (specify)			
3. Transferred to other Courts / Offices			
E. Total Supervision Cases Acted Upon by the PPO			
1. Motions / Manifestations / Reports Submitted to Court			
a. Termination			
i. Served Full Term of probation period			
ii. Early Termination			
iii. Died			
b. Revocation			
i. Abscond			
ii. Commission of another offense			
iii. Violation of probation conditions			
iv. Others (specify)			
c. Extension of probation period			
d. Transfer to other Courts / Offices			
F. Total Active Supervision Caseload			
V. COURT DISPOSITION OF SUPERVISION CASES			
A. Total Carry Over Cases Pending Disposition in Court			
1. Termination			
2. Revocation			
3. Extension of probation period			
4. Transfer to other Courts / Offices			
B. Total Motions / Manifestations / Reports Submitted to Court			
1. Termination			
2. Revocation			
3. Extension of probation period			
4. Transfer to other Courts / Offices			
C. Total Cases to be Acted Upon by the Court			
D. Total Cases Disposed of by the Court			

PPA FORM 5/p.2
PROBATION CASELOAD

PARTICULARS	NUMBER		
	JICL UNDER PROBATION	ADULT PROBATION	TOTAL
b. Early Termination			
c. Died			
2. Revocation			
a. Abscond			
b. Commission of another offense			
c. Violation of probation conditions			
d. Others (specify)			
3. Extension of probation period			
4. Transfer to other Courts / Offices			
E. Total Cases Pending Disposition in Court			
VI. COURTESY SUPERVISION CASELOAD			
A. Total Carry Over Courtesy Supervision Caseload			
B. Total Courtesy Supervision Referrals Received			
C. Total Courtesy Supervision Cases Handled			
D. Total Courtesy Supervision Referrals Terminated			
E. Total Active Courtesy Supervision Caseload			

PPA FORM 6

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION
Region _____

REGIONAL QUARTERLY MONITORING REPORT
For the _____

Programs/Key Result Areas	Number		
I. Administrative Supervision			
1. Supervision of FO's Supervision 1. No. of Field Personnel inspected/ Visited 2. Caseload & Monitoring Reports a. No. of comparative caseload and performance analysis prepared b. No. of recommendatory reports submitted based on the caseload and performance analysis prepared c. No. of recommendatory reports acted upon 3. No. of field personnel assessed based on approved action plan			
4. No. of field offices reports reviewed	Monthly Caseload Report Form 5 MMR		Form 21
5. No. of queries from field personnel acted upon	Administrative Operational		
II. Implementation of Policies, Plans and Programs			
1. No. of agency projects/policies/issuances implemented (Attachment A) 2. No. of regional proposals/projects formulated to improve procedures for investigation and supervision services (Attachment B)			
3. No. of directives issued to FO's to improve operational procedures (Attachment C) 4. No. of issuances/directives/read/commented on	Memo Special Circular Order	Memo Order	Unnumbered Memo

III. Human Resources Dev't/Mngt. 1. No. of RD's Conferences attended 2. No. of complaints/grievances acted upon	
3. No. of staff meetings conducted with	CPPOs/OICs Field Personnel Regional Staff
5. No. of personnel recommended to attend training programs (Attachment D)	In-House (CO or RO) Out-House
6. No. of applicants screened/recommended for	Promotion Hiring
IV. Office Management 1. No. of Physical Inventory of supplies, furnitures and equipment conducted 2. No. of claims of payment, reviewed disbursement voucher and checks approved/signed 3. No. of lease contracts reviewed and approved 4. No. of janitorial contracts reviewed and approved 5. No. of requisition of supplies and materials for field offices procured and delivered. 6. No. of required administrative reports submitted	
7. No. of required financial reports Monthly Quarterly Total	Prepared Submitted Reviewed/Approved COA CO
V. Support Services to Clients A. Community Service Linkages (with Attachment E) 1. No. of established linkages with 2. No. of organizations tapped	Gov't Orgs. Non-Gov't Orgs./Individuals
B. Psychological Services 1. No. of services rendered on by the Regional/CO Psychologist	

2. No. of clients served	Psycho Social Test Services	Psycho Evaluation	Psychia Mngmt
a. Psycho Test			
b. Psycho Evaluation			
c. Psychiatric Mgnt			
d. Social Services			
Programs/Key Result Areas	Number		
VI. General Administration and Support Services	Seminar for a Press	Radio	TV
A. Information Drive	Rel.	Broadcast	Apper
1. No. of formal/informal info drive undertaken/completed			
2. Parole & Probation materials disseminated			
B. Inter-agency Coordination and National Programs Involvement	Resource Other Speaker Services		Public Assistance
1. No. of services rendered as			
2. No. of inter-agency conference/meeting attended			
3. No. of project undertaken with GOs/NGOs			

Prepared by:

NOTED BY:

(OFFICE HEADING)

Sup. Case No. _____

REQUEST FOR TRAVEL

(Less than 30 days)

Date _____

Sir:

The undersigned Client respectfully requests for authority to travel to (destination)

for the purpose of _____

for a period of _____ (_____) days from (day) _____

(month) _____, 20____ to (day) _____ (month) _____

20____ subject to the following conditions:

1. I shall report within twenty-four (24) hours upon arrival at my destination to the Parole and Probation Office at _____.
2. I shall report any deviation from the approved travel plan to said Office or to the nearest Parole and Probation Office.
3. I shall surrender this request form, if approved, to my Supervisor within two (2) days after completion of my travel.
4. (Other conditions) _____

Signature and Printed Name of Client

INSTRUCTION: To be filed at least ten (10) days before the date of travel.

(Office Heading)

REQUEST FOR TRAVEL
(travel for more than 30 days)

Date: _____

NAME: _____ CRIM. CASE NO. _____

PURPOSE OF TRAVEL:

DATE: DEPARTURE _____ RETURN _____

MEANS OF TRANSPORTATION: _____

COMPANION, IF ANY AND RELATION: _____

CONDITION OF TRAVEL:

1. To report within 4 hours from arrival to the Probation and Parole Officer nearest to new address;
2. To comply with a program of supervision to be determined by the Probation and Parole Officer who has jurisdiction over his new address/residence;
3. To report within 24 hours from return to original Parole and Probation Office.

Probationer

Recommending approval subject
to conditions of travel:

.....
To be accomplished if duration of travel is not more than ten (10) days.

APPROVED: _____
Supervisor

.....
To be accomplished if more than ten (10) but not more than thirty (30) days.

RECOMMENDING APPROVAL: _____
Supervisor

APPROVED: _____
Probation & Parole Officer

.....
To be accomplished by the Probation and Parole Officer named in Condition No. 1 above

Client _____ reported to this office on
_____, 20____.

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

Region _____

Province/City of _____

Supervision Case No. _____

(To be accomplished in
5 copies)

APPLICATION FOR PERMIT TO WORK ABROAD

Sir:

The undersigned Parolee/Pardonee respectfully requests permit to travel to _____ for overseas employment.

A. Job Profile

Approved Job Description _____ Monthly Salary _____

Period of Work Contract _____ Effective on _____

Place of Work _____

Name & Address of Placement Agency, if any

B. Case Profile

Full Name (in print) _____ Prison No. _____

Supervision/Surveillance Period _____ Start _____ End _____

Civil Liabilities: Fine Php _____ Indemnity Php _____

PPA FORM 7.b/p.2

Attached, as supporting documents, are: (a) certified true copy of the court decision, (b) Certification of Acceptance to work abroad, and (c) affidavit/sworn statement that there is no pending criminal case in any court against me.

If granted permit, I agree to comply with all conditions and failure to do so may be considered a serious infraction and violation of the conditions of my parole/pardon.

Signature of Client

Date _____

Encl: a/s

RECOMMENDING APPROVAL:

Supervisor

Date _____

X-----X

1st Indorsement

Respectfully forwarded to the Board of Pardons and Parole, thru the Technical Services Division, PPA, Quezon City, recommending favourable action on the herein application, which this office has verified and found to be meritorious.

Chief Probation and Parole Officer

CLIENT'S OVERSEAS PERIODIC REPORT

Date

Full Name (Please print) _____

SECTION A: _____ First Reporting

Instructions: Accomplish only Section A when you are reporting for the first time or, for subsequent reporting if there are changes.

Place of Destination _____ Date & Time of Arrival _____

Actual Date and Time of Arrival at Place of Work _____

Address and Telephone Number:

A. Residence _____

B. Company/Employer _____

Gross Monthly Salary _____ Currency _____

Deductions (Attach breakdown of deductions issued by company cashier)

A. Taxes _____

B. Others _____

SECTION B: _____ Subsequent Reporting for the Months of _____ and _____

Instructions: Accomplish Section B only for subsequent reporting but if there are changes, accomplish Section A.

Remittances:

_____ Initial _____ Subsequent (specify) _____ 1st _____ 2nd
 _____ 3rd _____ 4th _____ 5th _____ 6th _____ others

Amount Remitted _____ Currency _____

Means:

A. Bank to Bank (name) _____ Date _____

B. Thru representative (name) _____ Date _____

Describe Briefly:

A. Working Conditions _____

.....
Problems (if any) _____

B. Family/Living conditions

Problems (if any) _____

Expected Date of Return to the Philippines

_____ Termination of Contract Date _____

_____ Emergency Leave Date _____ Nature _____

_____ Regular Vacations Date _____

Signature

INDEMNITY CLAIM APPLICATION

Date

Sir:

In response to the letter notice, dated _____, which I received on _____, I hereby file my claim for indemnity remitted to that Administration by parolee/pardonee _____, based on the Decision of the court in Criminal Case No. _____, RTC/MTC of _____, Branch _____, dated _____.

I am filing this claim in my capacity as (please check):

- () victim/offended party
() surviving spouse of victim
() child of victim () father () mother

In support of this claim, attached are the prescribed documents as indicated at the back hereof, all verified by the Chief Probation and Parole Officer.

(Full Name in Print)
CLAIMANT

RECOMMENDING APPROVAL:

Supervisor
Date _____

X-----X

1st Indorsement

Respectfully forwarded to the Administrator, PPA, Quezon City, thru the Technical Services Division, recommending favourable action on the herein application, which this office has verified and found to be in order.

Chief Probation and Parole Officer

INSTRUCTIONS

1. Accomplish this application form (PPA Form 7.d) in three (3) copies and submit the same, together with the Xerox copies (two sets each of the supporting documents), to the CPPO for verification and authentication.
2. Consult the following list of prescribed supporting
_____ A – Identification Card e.g. driver's license, voter's ID, etc.
_____ B – Marriage Contract
_____ C – Residence Certificate
_____ D – Birth Certificate
_____ E – Death Certificate
_____ F – Affidavit of being parent/brother/sister of nearest relative
_____ G – Others _____
3. Present to the CPPO for verification, the originals of:
_____ Victim – A, B (if married), C and D
_____ Surviving spouse of victim – A, B, C, D and E
_____ Child of victim – A, B (if married), C, D, E and G
_____ Parent/brother/sister of victim – A, B (if married), C, D, E, F and G
_____ Nearest relative – A, B (if married), C, D, E, F and G
_____ Other type of claimant – A, B (if married), C, D, E, F, G
4. After examining and comparing the original with the Xerox copies, the CPPO shall authenticate the Xerox copies being submitted in lieu of the original of the documents by attesting on each page, thus
"Certified True Copy:

(Sgd) _____"
CPPO
5. After verification and authentication, attach the duly authenticated Xerox copies (two sets each) to the duly accomplished application form (PPA Form 19.4).
6. Distribution: Original to the PPA; duplicate, CPPO; and triplicate to Client.

PPA FORM 8

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

Region No. _____
Province/City of _____

VIOLATION REPORT

The People of the Philippines
Plaintiffs,

---Versus---

CRIM. CASE NO. _____
For

Defendant
committed)

(Offense of which

True Name Probationer

Supervision Docket Number

Alias

Judge Granting Probation and Court

Address/Whereabouts

Date Probation Granted

Length of time under Supervision

Probation Period

... ..

- A. ORIGINAL CONDITIONS OF PROBATION
- B. OTHER CONDITIONS (If conditions have been modified)
- C. REASON FOR HEARING
- D. FACTS OF VIOLATION
- E. CASE SUMMARY
- F. DEFENDANTS STATEMENT
- G. COLLATERAL INFORMATION
- H. PROBATIONER'S CONDUCT DURING SUPERVISION
- I. RECOMMENDATION

Date Prepared

Submitted by:

Read and Approved by:

Supervising Assistant Probation
Officer

Probation Officer

PPA FORM 9

(Office Heading)

Region No. _____

Province/City of _____

FINAL REPORT

The People of the Philippines
Plaintiffs,

CRIM. CASE NO. _____

---versus---

Defendant

(Offense of which Convicted)

True Name Probationer

Supervision Docket Number

Alias

Judge Granting Probation and Court

Address/Whereabouts

Date Probation Granted

Age Sex Marital Status

Probation Period

... ..

- A. ORIGINAL CONDITIONS OF PROBATION
- B. OTHER CONDITIONS (If conditions have been modified)
- C. PROGRAM OF SUPERVISION
- D. RESPONSE OF PROBATIONER TO SUPERVISION PROGRAM
- E. EVALUATION

Date Prepared

Read and Approved by:

Submitted by:

Probation Officer

Supervising Assistant Probation Officer

(Office Heading)

Date

Office Order No. _____

TO : _____
PPO/VPA

Re: _____
Petitioner/Probationer/Parolee/Pardonee
CC No. _____

Pursuant to Order issued by the Court/BPP _____ Br. _____
on the investigation/supervision of the above petitioner/probationer/parolee/pardonee,
resident of _____

_____.

This order being in the interest of the service, you are authorized to collect travelling expenses and/or allowances subject to the usual accounting and auditing rules and regulations.

This order shall take effect on _____, 20____.

Chief Probation and Parole Officer

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

RESTITUTION/INDEMNIFICATION RECEIPT

Receipt No. _____

Date: _____, 20____

Received from _____ CC No. _____

the amount of _____ (Php _____) pesos as part

of the restitution/indemnification _____

(Victim)

for the month of _____, 20____.

Probation Officer

Witnesses:

PAYMENT CARD

DATE	AMOUNT	RECEIPT NUMBER	MODE OF PAYMENT	FORM OF PAYMENT	REMARKS

Original Copy: Client
Duplicate Copy: Victim
Triplicate Copy: Case File

CLIENT'S PROFILE (CP)

P.I. No. _____ PS/PR/PD No. _____

PERSONAL PROFILE

Name: _____
 Alias(es): _____
 Identifying Marks: _____
 Address: _____
 Date of Birth: _____
 Place of Birth: _____
 Age: ____ Sex: ____ Civil Status: ____
 Spouse' Name: _____
 No. of Dependents: _____
 Educ'l Attainment: _____
 Occupation: _____
 Monthly Income: _____
 Hobbies: _____
 Skills: _____
 Religious Affiliation: _____
 Sibling Rank: ____ of ____ male ____ female

CASE PROFILE

Crime Case No. _____
 Charged with _____
 Date: _____
 Convicted of _____
 Date: _____
 Sentence (Inc. fine/ind): _____
 Judge: _____
 Court: _____
 Date referral rec'd for PSI: _____
 Date PSIR submitted: _____
 Custody Status: _____
 Date Probation Granted: _____
 Date Probation Order Rec'd: _____
 Period of Probation: _____
 Date Started: ____ Ends: ____
 Date FR/SR/VR/IR Sub'd: _____
 Date of TO/RO: _____
 Date Received: _____

 Investigating Officer

 Supervising Officer

NOTED:

 Chief Probation and Parole Officer

(OFFICE HEADING)

REQUEST FOR RECORDS CHECK

Date: _____

TO : _____

SIR/MADAM:

May we be furnished the derogatory records of the applicant for probation named below:

NAME OF PETITIONER	_____
ALIAS/ES	_____
SEX	_____
AGE	_____
CIVIL STATUS	_____
DATE OF BIRTH	_____
PLACE OF BIRTH	_____
PRESENT ADDRESS	_____
PROVINCIAL ADDRESS	_____
CRIMINAL CASE NO./S	_____
OFFENSES	_____
COURT	_____
NAME OF SPOUSE	_____
NAME OF FATHER	_____
NAME OF MOTHER	_____

Investigating Officer

Noted:

Chief Probation and Parole Officer

Date: _____

TO : _____

FROM : _____

Records check revealed the following as of this date:

- () No records on file
- () No derogatory record
- () Derogatory record stated at the back of this page

VERIFIED BY:

Approved:

Chief Probation and Parole Officer

(OFFICE HEADING)

**GENERAL INTER-OFFICE REFERRAL FORM**

Date: _____

TO : _____

NAME OF PETITIONER : _____
 ALIAS/ES : _____
 CRIMINAL CASE NO. : _____
 OFFENSE : _____
 COURT : _____
 PRESENT ADDRESS : _____
 PROVINCIAL ADDRESS : _____
 BIRTHDATE : _____
 PLACE : _____
 NAME OF SPOUSE/GUARDIAN: _____
 ADDRESS WITH LANDMARKS : _____

SERVICES REQUESTED:

_____ Verification of age/employment/civil status
 _____ Home visits and collateral interviews
 _____ Follow-up
 _____ Psychological testing/psychiatric evaluation
 _____ Courtesy Supervision
 _____ Records Check:

_____ Fiscal's Office at _____
 _____ RTC at _____
 _____ INP at _____
 _____ MTC/MCTC at _____
 _____ Barangay _____
 _____ School _____
 _____ Office _____
 _____ Others _____

SPECIAL INSTRUCTIONS:

_____ FULL BLOWN CI IS REQUESTED

Remarks:

Requested by:

_____ IO

Approved:

Chief Probation and Parole Officer

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION
Region
Province/City

**SCORE SHEET FOR DETERMINING THE CASE CLASSIFICATION AND
THE LENGTH OF PROBATION PERIOD**

FACTORS	POINTS	FACTORS	POINTS
I. LEGAL (40 POINTS)		II. PSYCHO-SOCIAL/SPIRITUAL (60 points)	
a. Offense (20 points)		A. Individual Characteristics and Personality Problems	
1. <u>Nature of Offense</u>		1. <u>Present Age</u>	
Mala Prohibita	1	60 and above	1
Mala in se	3	below 60	2
		below 30	3
2. <u>Manner of Commission of the Offense</u>		2. <u>Civil Status</u>	
Committed without criminal intent	3	Married	0.4
Committed with criminal intent	5	Single	0.8
		Widow/widower	1.2
3. <u>Extent of Participation</u>		With Common Law Spouse	1.6
Accessory		Separated	3.0
Accomplice	3		
Principal	4	3. <u>Gender</u>	
	5	Female	1
4. <u>Prior Record</u>		Male	2
No prior derogatory record	0	LGBT	3
No pending case or no previous conviction but but with one (1) derogatory record	1	4. <u>Literacy</u>	
One (1) pending case or one (1) previous conviction or two (2) other derogatory records or criminal involvement	3	Literate	1
Two (2) pending cases or two (2) previous convictions or three (3) or more derogatory records on criminal involvement	5	Illiterate	2
Three (3) or more pending cases previous convictions or four (4) or more derogatory records or criminal involvement	7	5. <u>Employment</u>	
b. Length of Sentence (15 points)		Satisfactory employment for one year or longer; secure employment; no difficulties reported	0
One Year or less	5	Unsatisfactory employment; or unemployed but has adequate job skills	1
1-0-1 to 2-0-0	7	Unemployed and virtually unemployable; needs training	2
2-0-1 to 3-0-0	9		
3-0-1 to 4-0-0	11	6. <u>Emotional Stability</u>	
4-0-1 to 5-0-0	13	Symptoms of emotional instability	1
5-0-1 to 6-0-0	15	Symptoms of emotional instability prohibit adequate functioning;	2
		e.g., lashes out or retreats into self	
c. Payment of Civil Liability (5 points)		7. <u>Observable Mental Ability</u>	
W/out Civil Liability/Fine	0	Needs some assistance; potential for adequate adjustment	1
With Civil Liability/Fine	5	Deficiencies severely limit independent functioning	2
Sub Total for Legal Factors			

<p>8. <u>Health</u></p> <p>Handicap or illness seldom interferes 1 Serious handicap or chronic illness interferes with functioning; needs frequent medical care 2</p> <p>9. <u>Attitude</u></p> <p>Motivated to change, receptive to assistance 1 Unwilling to accept responsibility, rationalizes behavior, negative; unmotivated to change 2</p> <p>10. <u>Aggressive/Assaultive</u></p> <p>With demonstrated aggressive behavior in past year 1 With serious pattern of aggressive behavior 2</p> <p>11. <u>Client Awareness</u></p> <p>Lack of awareness/understanding 1 No awareness/Understanding of himself or society's expectation 2</p> <p>12. <u>Substance/Alcohol Use/ Problem</u></p> <p>No serious interference with functioning 1 Occasional use 2 Frequent abuse; disruption of functioning 3</p> <p>13. <u>Prohibited Drug Use/Problem</u></p> <p>Occasional user 3 Regular user 6 Drug dependent 9</p>		<p>2. <u>Marital/Family Relationships</u></p> <p>Some disorganization or stress but potential for improvement is evident 2 Major disorganization or stress is present 3 Irreconcilable family relation 5</p> <p>3. <u>Family Reputation in the Community</u></p> <p>Conditionally Acceptable 1 Not acceptable 2</p> <p>4. <u>Companions/Peer Associations</u></p> <p>Associations with occasional negative results 2 Associations almost completely negative 3</p> <p>5. <u>Community Support</u></p> <p>Community has reservations about supporting him 3 Community is afraid of the client, unwilling to give support 5</p> <p>6. <u>Economic Status- provide definition</u></p> <p>Class A - More than adequate 0 Class B - Adequate 1 Class C - Inadequate 2 Class D - Below poverty level 3</p> <p>7. <u>Spiritual</u></p> <p>Irregular church member/believer 1 Inactive church member/non-believer 2</p>	
<p>B. <u>Social/Environmental Factors (30 points)</u></p> <p>1. Stability of Residence/Dwellings (during the last 10 years)</p> <p>Rented 1 Shared dwelling 2 Informal settlers 3</p>		<p>Sub-total for Psycho Social Factors</p> <p>TOTAL POINTS SCORE LENGTH OF PROBATION PERIOD CASE CLASSIFICATION</p>	

N.B. GIVE "O" POINT IF CLIENT DOES NOT FALL/FIT IN ANY CATEGORY.

Prepared by:

SUPERVISING OFFICER

Approved by:

CHIEF PROBATION AND PAROLE OFFICER

REFERENCE TABLE FOR CASE CLASSIFICATION

TOTAL POINT SCORE	LENGTH OF PROBATION PERIOD		DEGREE OF SUPERVISION
	FOR THOSE SENTENCED TO IMPRISONMENT OF 1 YEAR OR LESS	ALL OTHER CASES	
Below – 28 29-40	3 months 6 months	6 months 1 year	Minimum Minimum
41-52 53-64 65-76	1 year 1 year and 3 months 1 year and 6 months	2 years 3 years 4 years	Medium Medium Medium
77-88 88-above	1 year and 9 months 2 years	5 years 6 years	Maximum Maximum

PPA FORM 16

MY PERSONAL AND DEVELOPMENT PLAN

(PHASE 1: Start: _____ End: _____; PHASE II: Start: _____ End: _____; PHASE III: Start: _____ End: _____; PHASE IV: _____ Start: _____ End: _____)

Parole and Probation Office _____

Supervision Period: _____

Docket Number: _____

Supervision Level: _____ Minimum _____ Medium

NEEDS/PROBLEMS (Refer to MNPC Summary of Priorities, BATH Plan, BATH Contract)	ACTION/S TO BE TAKEN	TIME FRAME		STATUS		REMARKS
		START	END	DONE	NOT DONE	

PROMISE TO DO MY BEST TO ACCOMPLISH MY PERSONAL DEVELOPMENT PLAN.

Client/Date

WE PLEDGE TO ASSIST YOU TO FULFILL YOUR COMMITMENT.

VPA/DATE

FAMILY REPRESENTATIVE/GUARDIAN/DATE

Supervising Probation & Parole Officer/Date

Chief Probation & Parole Officer/Date

Note: Use additional sheets if needed.

PHASE	DATE	ACTION	VPA/IO/SO's INITIAL
Prep.	_____	Initially Prepared with	_____
Stage	_____		_____
PH I (ISI)	_____	Confirmed	_____
PH II	_____	Continued/Modified	_____
PH II	_____	Continued/Modified	_____
PH III	_____	Continued/Modified	_____
PH III	_____	Continued/Modified	_____
PH IV	_____	Continued/Modified	_____
PH IV	_____	Final Review	_____

OFFICE: _____

CLIENT: _____

Supervision Period/Level: _____

Docket Number: _____

Starts: _____ Date: _____

C A S E N O T E S

DATE/ CONTACT CODE	TC TOOLS/ INTERVENTIONS/ ACTIVITIES	TREATMENT CATEGORIES					PARTICULARS (Include Clients's Responses, SO's Observations, Incidents, etc., followed by Client's Signature)
			E	I	V	OTHERS	
		B	P	S	S		

TREATMENT CATEGORIES: **B** (Behavior Management/Shaping); **EP** (Emotional/Psychological);
IS (Intellectual/Spiritual); **VS** (Vocational/Survival Skills);
Others (not found in TC Categories)

(for CPPO's use)

[illegible]

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SUPERVISING OFFICER'S CASES DUE FOR TERMINATION

YEAR _____

DOCKET NO.	CLIENT'S NAME	CC NO.	COURT	SUPERVISION		REMARKS
				STARTED	TO END	

Submitted by:

(Office Heading)

Province/City of _____

BRIEFING REPORT

Date: _____

This is to report that _____ with
Discharge on Parole No. _____ dated _____,
released from _____, presented himself to this office
(Place of Release)
for briefing on _____.
(Date and Time)

Instructions given:

- Terms and conditions of parole
- _____
CPPO and address where to report for supervision
- _____
Date of report for supervision
- If he report to the CPPO designated, to report to the nearest CPPO and request for change

Officer

Distribution:

Original	-- Technical Services Division
Duplicate	-- Attached to RD for supervision
Triplicate	-- File

PAROLE AND PROBATION ADMINISTRATION

_____ Parole and Probation Office

Month of _____, 20 ____**PAROLE/EXECUTIVE CLEMENCY CASELOAD SUMMARY****I. INVESTIGATION CASELOAD****NUMBER**

A. Total Carry Over Investigation Caseload

--

B. Total Investigation Referrals Received

--

1. From Penal Colonies

--

2. From Prisons

--

3. From Jails

--

C. Total Investigation Cases Handled

--

D. Total Investigation Referrals Acted Upon

--

1. Reports Submitted to Board

a. Pre-Parole/Executive Clemency Investigation Report

1. For Parole

a. Grant

--

b. Denial

--

2. For Commutation of Sentence

a. Grant

--

b. Denial

--

3. For Conditional Pardon

a. Grant

--

b. Denial

--

4. For Absolute Pardon

a. Grant

--

b. Denial

--

2. Investigation Cases Transferred to other PPO

E. Total Active Pre-Parole/Executive Clemency Investigation Caseload

--

II. BOARD RESOLUTION OF INVESTIGATION CASES

A. Total Carry Over Cases Pending Resolution by the Board

--

B. Total Reports Submitted to the Board

--

1. Pre-Parole/Executive Clemency Investigation Report

a. For Parole

--

b. For Commutation of Sentence

--

c. For Conditional Pardon

--

d. For Absolute Pardon

C. Total Cases to be Acted Upon by the Board

--

D. Total Cases Resolved by the Board

--

1. Granted

a. Parole

--

b. Commutation of Sentence

--

c. Conditional Pardon

--

d. Absolute Pardon

--

- | | |
|--|--|
| 2. Denial | |
| a. Parole | |
| b. Commutation of Sentence | |
| c. Conditional Pardon | |
| d. Absolute Pardon | |
| 3. Cancellation | |
| a. For Parole | |
| b. Conditional Pardon | |
| c. Commutation of Sentence | |
| 4. Died | |
| E. Total Cases Pending Resolution by the Board | |

III. COURTESY PRE-PAROLE/EXECUTIVE CLEMENCY INVESTIGATION CASELOAD

- | | |
|--|--|
| A. Total Carry Over Courtesy Investigation Caseload | |
| B. Total Courtesy Investigation Referrals Received | |
| C. Total Courtesy Investigation Cases Handled | |
| D. Total Courtesy Investigation Referrals Completed and Returned | |
| E. Total Active Courtesy Investigatiion Caseload | |

IV. SUPERVISION CASELOAD

- | | |
|--|--|
| A. Total Carry Over Supervision Caseload | |
| 1. Parolee | |
| 2. Pardonee | |
| B. Total Supervision Referrals Received | |
| 1. From Board of Pardons and Parole | |
| a. Parolee | |
| b. Pardonee | |
| C. Total Supervision Cases Handled | |
| 1. Parolee | |
| 2. Pardonee | |
| D. Total Supervision Cases Dropped | |
| 1. Final Release and Discharge | |
| a. Parolee | |
| b. Pardonee | |
| 2. Arrest/Recommitment | |
| a. Parolee | |
| b. Pardonee | |
| 3. Death | |
| a. Parolee | |
| b. Pardonee | |
| 4. Transferred to other PPOs | |
| a. Parolee | |
| b. Pardonee | |
| 5. Terminated five year surveillance | |

E. Total Supervision Cases Acted Upon by the PPO

1. Reports/Recommendations Submitted to the Board

a. Summary Report

1. Parolee

2. Pardonee

b. Infraction Report

1. Parolee

2. Pardonee

c. Death

1. Parolee

2. Pardonee

2. Reports Submitted to the Regional Director

a. Transfer to other PPOs

1. Parolee

2. Pardonee

F. Total Active Supervision Caseload

1. Parolee

2. Pardonee

V. BOARD RESOLUTION OF SUPERVISION CASES

A. Total Carry Over Cases Pending Resolution by the Board

1. Parolee

2. Pardonee

B. Total Reports/Recommendations Submitted to the Board

1. Summary Report

a. Parolee

b. Pardonee

2. Infraction Report

a. Parolee

b. Pardonee

3. Death

a. Parolee

b. Pardonee

C. Total Cases to be Acted Upon by the Board

1. Parolee

2. Pardonee

D. Total Cases Resolved by the Board

1. Final Release and Discharge

a. Parolee

b. Pardonee

2. Arrest/Recommitment

a. Parolee

b. Pardonee

3. Death

a. Parolee

b. Pardonee

E. Total Cases Pending Resolution by the Board

1. Parolee

2. Pardonee

VI. REGIONAL DIRECTORS RESOLUTION OF SUPERVISION CASES

A. Total Carry Over Cases Pending Resolution by the Regional Director

1. Parolee

2. Pardonee

B. Total Reports Submitted to the Regional Director

1. Transfer

a. Parolee

b. Pardonee

C. Total Cases to be Acted Upon by the Regional Director

1. Parolee

2. Pardonee

D. Total Cases Resolved by the Regional Director

1. Transfer

a. Parolee

b. Pardonee

E. Total Cases Pending Resolution by the Regional Director

1. Parolee

2. Pardonee

VII. COURTESY SUPERVISION CASELOAD

A. Total Carry Over Courtesy Supervision Caseload

1. Parolee

2. Pardonee

B. Total Courtesy Supervision Referrals Received

1. Parolee

2. Pardonee

C. Total Courtesy Supervision Cases Handled

1. Parolee

2. Pardonee

D. Total Courtesy Supervision Referrals Terminated

1. Parolee

2. Pardonee

E. Total Active Courtesy Supervision Caseload

1. Parolee

2. Pardonee

D. Total Courtesy Supervision Referrals Terminated

1. Parolee

2. Pardonee

(Office Heading)

Province/City of _____

ARRIVAL REPORT

The Administrator
Parole and Probation Administration
DOJ Agencies Bldg., NIA Road corner East Ave.,
Diliman, Quezon City

ATTN: THE CHIEF
Technical Committee

Sir:

This is to report that _____ presented
himself to this office for supervision on _____ presenting Discharge
on Parole No. _____ issued on _____.

The Client reported for initial instructions to Parole and Probation Officer
_____ at _____
on _____.

Probation and Parole Officer

Distribution:

Duplicate – Regional Office
Triplicate – Client's Folder

INSTRUCTIONS: To be filed within five (5) days from date of arrival of client.

(Office Heading)

CERTIFICATE OF UNDERTAKING

I, _____, hereby declare that I fully understand
(Name of Client)
and agree to abide faithfully with the terms and conditions of my release on Parole/Pardon
as set forth in my Discharge on Parole No. _____; that will actively
cooperate with my supervisor in the preparation of my Supervision Plan; and that I will
comply with said Plan and obey all lawful instruction of my supervisor.

I also hereby declare that I understand that I may be re-arrested and recommitted to
prison if I fail to comply with this undertaking.

Signed this _____ day of _____, year _____ at
_____, Philippines.

Client

ATTESTED:

Chief Probation and Parole Officer

(Office Heading)

REQUEST FOR TRANSFER OF RESIDENCE

Date: _____

Sir:

The undersigned Client respectfully requests for authority to transfer residence from his/her present address at:

to the following address:

This request is based on the following grounds and reasons:

Signature and Printed Name of Client

Recommending Approval:

Instruction: To be filed at least fifteen (15) days before the date of requested transfer.

1stIndorsement

Respectfully forwarded to Board of Pardons and Parole, Department of Justice, Quezon City, recommending approval of the subject request, which this Office has found to be meritorious.

Chief Probation and Parole Officer

2ndIndorsement

Respectfully returned to _____ with the information that the Board approved/disapproved the present request for transfer of residence.

Director II

Distribution:

Original -BPP

Duplicate - Client's Folder
/bat/RTR form

Investigation Docket No. _____
Date of Report: _____

I. IDENTIFYING DATA

With Whom: _____ Relationship: _____ Occupation: _____

II. PRISONER'S CRIMINAL HISTORY

Co-Defendants:

Custody Status

Manner of Commission (Narrative):

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PPR _____
 Prison No. _____

Inv. Docket No. _____
 Page 2

B. PRISONER'S VERSION OF THE CASE:

C. OFFENDED PARTY'S VERSION OF THE CASE:

D. OTHER PRIOR CRIMINAL RECORDS:

Agency	CC No. /Date	Offense	Disposition/Date
NBI	_____	_____	_____
RTC	_____	_____	_____
MTC	_____	_____	_____
PNP	_____	_____	_____
Prosecutor	_____	_____	_____
Barangay	_____	_____	_____
CMRD	_____	_____	_____
BPP's Previous	_____	_____	_____
Action	_____	_____	_____

E. OTHER DEROGATORY INFORMATION (include also from fellow inmates)

<u>Source / Position</u>	<u>Particulars</u>
_____	_____
_____	_____

III. PERSONAL AND SOCIAL HISTORY**A. PRISONER'S BIRTH DATA:**

Date of Birth: _____ Place of Birth: _____

B. FAMILY BACKGROUND**1. PARENTS:**

Father: _____ Age: _____
 (Last Name) (First Name) (Middle Name)

Mother: _____ Age: _____
 (Last Name) (First Name) (Middle Name)

Occupation: Father: _____ Mother: _____

Status of Marriage: () Married () Separated () Live-in/Common-Law

- CONFIDENTIAL -

PPR _____
 Prison No. _____

Inv. Docket No. _____
 Page 3

2. SOCIO-ECONOMIC BACKGROUND:

<u>Family Relationship</u>	<u>Major Family Problems</u>	<u>Family Reputation in the Community</u>
() Very Satisfactory	() No Apparent Problem	() Very Satisfactory
() Satisfactory	() Economic	() Satisfactory
() Fair	() Mental/Physical Illness	() Fair
() Poor	() Marital Problem	() Poor
	() One-Parent Family	
	() Parent-Child Conflict	
	() Sibling Conflict	
	() Others	
<u>Family Economic Status</u>	<u>Physical Home Conditions</u>	<u>Stability of Residence</u>
() More than Adequate	() Very Satisfactory	() Stable
() Adequate	() Satisfactory	() Occasional Change
() Inadequate	() Fair	() Frequent Change
() Below Poverty Level	() Poor	() No Stability

COMMENTS: (Effects of the conditions on the prisoner's behaviour)

PRISONER'S PRESENT SITUATION:

Civil Status: () Single () Married () Widow/Widower () with common-law spouse

() Separated (cause)

Spouse (Full Name) _____ Age: _____
(Last Name) (First Name) (Middle Name)

Home Address: _____

Occupation: _____

No. of Children: _____

<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION</u>
_____	_____	_____
_____	_____	_____

Relationship with Children: () Very Satisfactory () Satisfactory
 () Fair () Poor

PPR _____
 Prison No. _____

Inv. Docket No. _____
 Page 4

3. RESIDENCE

Stability of Residence

- () Stable
 () Occasional Change
 () Frequent Change
 () No Stability

Physical Home Conditions

- () Very Satisfactory
 () Satisfactory
 () Fair
 () Poor

4. ECONOMIC CONDITIONS:

Family Economic Status

- () More than Adequate
 () Adequate
 () Inadequate
 () Below Poverty Level

Family Breadwinner

- () Prisoner
 () Spouse
 () Prisoner and Spouse
 () Others

No. of Dependents

5. MAJOR PROBLEMS IN THE FAMILY

- | | | |
|---------------------------|---------------------------|----------------------|
| () No Apparent Problem | () Mental Illness | () Sibling Conflict |
| () Economic | () Physical Illness | () Others _____ |
| () Husband-Wife Conflict | () Parent-Child Conflict | _____ |

COMMENTS: (Effects of the above conditions on the prisoner's behaviour)

C. EDUCATION

Highest Educational Attainment: _____

Over-all Conduct in School: () Very Satisfactory () Satisfactory
 () Fair () Poor

Other Training/s Completed: _____

COMMENTS: _____

D. EMPLOYMENT HISTORY

Occupation Prior to Imprisonment: _____

Employer and Work Address: _____

Status of Employment: () Regular () Irregular

Work while in Prison, if any: _____

Other Employable Skills: _____

COMMENTS: _____

PPR _____
Prison No. _____

Inv. Docket No. _____
Page 5

E. HEALTH

State of Physical Health but Mental Health shall be determined by Physician/Psychologist of the Bureau of Corrections: _____

F. PRISONER'S CHARACTERISTICS

Positive: _____

Negative: _____

Comments: _____

G. PRISONER'S BACKGROUND IN THE COMMUNITY

H. COLLATERAL INFORMATION

Sources

Significant Observations about the Prisoner

1. Family Members and Relatives _____

2. Peers _____

- CONFIDENTIAL -

PPR _____
Prison No. _____

Inv. Docket No. _____
Page 6

3. Neighbors _____

4. School Authorities _____

5. Employers/Business Associates/Co-Workers _____

6. Law Enforcers _____

7. Local Community Officials _____

8. Offended Party _____

9. Others _____

PPR _____
Prison No. _____

Inv. Docket No. _____
Page 7

IV. ANALYSIS AND EVALUATION

A. Positive Findings:

B. Negative Findings:

C. Conclusions:

D. Projected Thrusts of Rehabilitation

E. Recommendation

Prepared and Submitted by:

Signature Over Printed Name

Position/Designation

Date

Reviewed and Approved by:

Signature over Printed Name

Position

Date

NETTE/roehl c. gaerlan
A:\MISC.\PECIR

- CONFIDENTIAL -

Republic of the Philippines

CERTIFICATION

This is to certify that _____ is an accused in
Criminal Case No. _____ for _____
which was decided and convicted by this Court on _____
has no pending case filed before this court.

Clerk of Court

/roehl c. gaerlan
A:\MISC.\Certificate of No Pending Case

(OFFICE HEADING)

INFRACTION REPORT

RE:

SUPERVISION NO. _____ PRISON NO. _____

ADDRESS: _____

INFRACTION COMMITTED: _____

A. DESCRIPTION

B. EVALUATION

C. RECOMMENDATION

Submitted by:

SO

APPROVED:

CPPO / OIC

(OFFICE HEADING)

SUMMARY REPORT

NAME: _____ SEX: _____

PROBATION OFFICE: _____

DISCHARGE ON PAROLE NO.: _____

ADDRESS: _____

I. CONDITIONS:

II. OTHER CONDITIONS:

III. SUPERVISION PLAN AND PROGRAM TREATMENT:

IV. RESULTS OF TREATMENT AND RESPONSE OF PAROLEE TO PROGRAM OF SUPERVISION

V. RECOMMENDATION:

Submitted by:

SO

APPROVED:

CPPO / OIC

Republic of the Philippines

_____ Judicial Region

_____ TRIAL COURT

Branch _____

APPLICATION FOR PROBATION

Crim. Case No. _____

People of the Philippines

- versus -

_____,

Accused

X-----X

The undersigned accused, _____ a petitioner for probation under the provisions of PD 968 as amended, hereby declares:

1. That Petitioner is _____ years of age, single/married/widow/widower and a resident of _____;
2. That Petitioner has been convicted of _____ and sentenced to serve a term of imprisonment of not more than six (6) years or to pay a fine of not more than One Thousand Pesos (P1,000.00) with subsidiary imprisonment in case of insolvency;
3. That Petitioner has not begun to serve the term of imprisonment imposed nor paid the fine imposed;
4. That the crime of which Petitioner has been convicted is not an offense against the national security;
5. That Petitioner has not previously been convicted by final judgment of any offense punished by imprisonment of not more than six (6) months and one (1) day or a fine of not more than one thousand pesos (P1000.00); and
6. That Petitioner has not been once on probation under the provisions of PD 968 as amended.

(Place)

(Date)

Print Name and Signature of Applicant

** In most cases, it is the client's lawyer who prepares the petition for probation and submits the same to the Court right after the promulgation of the sentence of conviction. This form, therefore, serves a purpose only in cases where, for one reason or another, no such petition was prepared by the counsel or where the assistance of the PPA Field Office is sought in this regard.*

LETTERHEAD
(Court)

People of the Philippines
Plaintiff;
-vs-

Accused

CC #

FOR: _____

APPLICATION FOR RELEASE ON RECOGNIZANCE

The undersigned accused, _____, hereby applies for ROR pursuant to Sec. 7 of PD 968, as amended, and declares:

1. That he/she filed an application for probation on _____ date _____ to this Honorable Court;
2. That he/she is presently confined at _____ and failure to post the bail bonds;
3. That _____ a responsible member of the community and a resident of _____ is willing to accept the custody of the undersigned and to guarantee his appearance whenever to do by the court or the Probation Administration.

(Place)

(Date)

Philippines

ACCUSED:

CONFORME:

(Custodian)

Name: _____

Address: _____



Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

REFERRAL FOR CLINICAL SERVICES

Date

SIR/MADAM:

May I respectfully request for clinical services on (Petitioner/Probationer/Parolee/Pardonee) _____ to enable us to formulate an effective rehabilitation program for him/her.

Name: _____ Age: _____ Sex: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ Place of Birth: _____

Civil Status: _____ Spouse/Partner: _____

Permanent Address: _____

Contact Number(s): _____

Highest Educational Attainment: _____

School Last Attended/Date of Graduation: _____

Present Occupation: _____ Employer: _____

If petitioner, investigation report is due on: _____

Date of Probation/Parole/Pardon granted: _____

Period of Supervision: _____

Date Crime Committed: _____ Charged of: _____

Convicted of: _____ Sentence: _____

Status: ROR: _____ Date: _____ Detainee: _____ Period: _____ On Bail: _____

Investigating Officer: _____

SERVICES REQUESTED: Please check appropriate space (s).

_____ Drug Dependency Examination
(Attach history of drug use)

_____ Psychological Management

_____ Psychotherapy

_____ Psychological Evaluation

_____ Counselling

_____ Clinical Evaluation

_____ Others (specify)

_____ Follow-up Evaluation

Attached hereto is the initial result of the interview (client's history of crime, history of drug use, etc.) and the initial finding(s), which prompted this referral.

Thank you for giving this request your most preferential action.

Very truly yours,

Chief Probation and Parole Officer

(Court Heading)

People of the Philippines,
Plaintiff,

-versus-

CRIM. CASE NO. _____

Defendant

x-----x

URGENT MOTION FOR A COPY OF THE RESOLUTION OF THE APPLICATION
FOR PROBATION OF _____

Undersigned Probation Officer/Officer-In-Charge, _____ Probation
Office, unto this Honorable Court most respectfully states:

1. That on _____ defendant _____
applied for probation and accordingly Order was issued by this Honorable Court on
_____ directing this Office to conduct post-sentence investigation on
the said application and submit the corresponding report and recommendations;

2. That in compliance with said Order, this Office conducted post-sentenced
investigation on the said application for probation and submitted its report and
recommendations to this Honorable Court on _____;

3. That this Office has not received copy of the order of this Honorable Court
resolving the application for probation.

WHEREFORE, it is respectfully prayed that pursuant to Section 7, PD 968, the
application for probation of _____ be furnished this
Office for its proper guidance.

_____, _____, Philippines

Probation Officer

The Branch Clerk of Court

Sir/Madam:

Please submit the foregoing motion upon request hereof for consideration and
approval by the Honorable Court.

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

SAMPLE COVER LETTER FOR PSIR

HON. _____
PRESIDING JUDGE

Sir/Madam:

In connection with the Order of this Honorable Court dated _____
which was received by this office on _____, I have the honor to submit the
attached Post-Sentenced Investigation Report prepared by _____
re: _____
Petitioner for probation in Criminal Case No. _____ for resolution.

Very truly yours,

Chief Probation and Parole Officer

Enclosure: as stated

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

SAMPLE COVER LETTER FOR CIR

CPPO _____

_____:

In connection with your General Inter-Office Referral dated _____ which was received by this office on _____
re: _____ please find transmitted herewith the Courtesy Investigation Report and supporting documents.

We assure you of our cooperation in the interest of the service and our client.

Very truly yours,

Chief Probation and Parole Officer

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

SAMPLE COVER LETTER FOR FINAL REPORT

HON. _____

Presiding Judge

Sir/Madam:

In connection with the Order of this Honorable Court granting probation dated _____ and received by the office _____,
I have the honor to submit the Final Report prepared by _____ re: _____,
probationer in Crim. Case No. _____ for resolution.

Very truly yours,

Chief Probation and Parole Officer

Enclosure: As stated

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

SAMPLE COVER LETTER FOR FINAL REPORT

HON. _____

Presiding Judge

Sir/Madam:

In connection with the Order of this Honorable Court granting probation dated _____ and received by the office _____,
I have the honor to submit the Final Report prepared by _____ re: _____,
probationer in Crim. Case No. _____ for resolution.

Very truly yours,

Chief Probation and Parole Officer

Enclosure: As stated

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION

(to be translated to local dialect)

SAMPLE LETTER FOR CLIENT REPORTING

PS/PR/PD _____

You are hereby ordered to report to the _____ Parole and
Probation Office _____ on _____
(Address of Office) (Date and Time)
to enable you to _____
(Purpose)

Ordered.

Supervising Officer

NOTED:

Chief Probation and Parole Officer

REPUBLIC OF THE PHILIPPINES
PAROLE AND PROBATION ADMINISTRATION

Region _____

(Name of Field Office)

1 ½ x 1 ½
ID PICTURE

VPA APPLICATION FORM

PERSONAL DATA:

Name: _____ Sex: _____ Civil Status: _____
Last First Middle

Date of Birth: _____ Place of Birth: _____ Religion: _____

Age: ____ Height: ____ Weight: ____ Identifying Marks: _____

Present Home Address: _____ No. of yrs: ____ Phone No. _____

Business Address: _____ No. of yrs: ____ Phone No. _____

Highest Educational Attainment: _____ Occupation: _____

Special Skills/Interests/Hobbies: _____

MEMBERSHIP IN ORGANIZATIONS:

<u>Name of Organization</u>	<u>Position/No. of years in the organization</u>
-----------------------------	--

_____	_____
_____	_____
_____	_____

(Use additional sheet if necessary)

VOLUNTEER EXPERIENCE:

Name of Organization: _____ Period of Involvement: _____

Role: _____

REASONS FOR WANTING TO BE A VOLUNTEER:

CLASSIFICATION AS VOLUNTEER:

☐

Case Supervisor

☐

Resource

Individual

As a Volunteer Probation Aide, you are expected to perform the following functions:

1. Work in close consultation and cooperation with the Supervising Officer.
2. Keep all information about your supervisee in strict confidentiality.
3. Maintain an honest recording and monthly reporting of activities to the Supervising Officer.
4. Devote a substantial and quality time for supervision of clients and perform the following tasks:
 - 4.1 offer guidance and counselling
 - 4.2 act as job placement facilitator
 - 4.3 implement treatment objectives as provided for in the program of supervision
 - 4.4 refer to corresponding agencies clients with spiritual, mental, social, emotional, economic, physical or health needs
 - 4.5 act as resource individual
5. Endeavor to heal the victim, client and community relationships.
6. Attend Therapeutic Community, Restorative Justice and other rehabilitation activities as may be required.

REFERENCES:

Position	Name	Address	Contact No.
1. Barangay Captain	_____	_____	_____
2. Parish Priest/Minister	_____	_____	_____
3. School Personnel	_____	_____	_____
4. Health Personnel	_____	_____	_____
5. Others	_____	_____	_____

I hereby certify that the statements in this application are true and correct to the best of my knowledge and that I have accomplished this form in my desire to serve as a Volunteer Probation Aide in the Parole and Probation Administration.

Community Tax Cert. No. _____

Issued at: _____

Date Issued: _____



Right Thumbmark

Signature of Applicant

Assessed by:

Name and Signature of
Recruiting Officer

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION
DOJ Agencies Building, NIA Road
1104 Diliman, Quezon City



Certificate of Appointment

NAME

of

ADDRESS

is hereby appointed as

VOLUNTEER PROBATION ASSISTANT

of the

NAME OF OFFICE

Date of Appointment

Head of the Agency/Position

PPA FORM 39

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION
Region _____

MONTHLY PROGRESS REPORT

I. CLIENT'S NAME	ADDRESS	INTERVENTION GIVEN	REMARKS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. PROBLEMS ENCOUNTERED:

III. RECOMMENDATIONS:

Noted:

Submitted by:

Supervising VPA

CPPO / SPPO

Date

PERFORMANCE APPRAISAL REPORT

Rating Period: _____

DIRECTION: In a scale of 2 to 10, where ten (10) is the highest and two (2) is the lowest, rate the VPA's performance per duty and function listed below in terms of the measures of quality, quantity and time.

PART I: PERFORMANCE (70%)

Duties and Functions

Rating

- | | |
|--|-------|
| 1. Supervises all clients assigned to him/her. | _____ |
| 2. Works in close coordination with the Officer-on-case and the CPPO . | _____ |
| 3. Submits the required reports. | _____ |
| 4. Observes utmost confidentiality regarding all information on clients. | _____ |
| 5. Performs such other functions as may be assigned. | _____ |

TOTAL SCORE _____

AVE. POINT SCORE _____

EQUIV. POINT SCORE _____

PART II: BEHAVIORAL DIMENSION (30%)

- | | |
|--------------------------------|-------|
| 1. Leadership | _____ |
| 2. Human Relations | _____ |
| 3. Initiative | _____ |
| 4. Reliability and Integrity | _____ |
| 5. Physical and Mental Fitness | _____ |

TOTAL SCORE _____

AVE. POINT SCORE _____

EQUIV. POINT SCORE _____

Overall Point Score _____

Part I _____

Part II _____

Equiv. Numerical Rating _____

Adjectival Rating _____

REMARKS / RECOMMENDATIONS:

Prepared by: _____

Discussed with / Rated by: _____

Supervising Officer-on-Case _____

Approved by: _____

Chief Probation and Parole Officer

Front

Republic of the Philippines
Department of Justice
PAROLE AND PROBATION ADMINISTRATION



ID NO. _____

NAME
Volunteer Probation Assistant
Name of Office/Region

Head of Agency
Position

Back

ADDRESS:		
BLOOD TYPE	HEIGHT	WEIGHT

IN CASE OF EMERGENCY, NOTIFY:
TELEPHONE NO.

*This card is non-transferable and must be worn at all times
when supervising clients

*Heavy penalty for unlawful use pursuant to Article 177 and 197, RPC

Signature

This ID is valid from _____ until _____

LETTERHEAD

CERTIFICATION

This is to certify that Criminal Case No/s. _____ for
_____ entitled _____
was decided by this court _____: and
that the defendant did not file an appeal/filed an appeal but on
_____ the appeal was dismissed/withdrawn/decided with finality.

Clerk of Court

PAROLE AND PROBATION ADMINISTRATION

Parole and Probation Office

Month of _____ 20____

SUSPENDED SENTENCE CASELOAD SUMMARY**I. INVESTIGATION CASELOAD****NUMBER**

- A. Total Carry Over Investigation Caseload
- B. Total Investigation Referrals Received
 - 1. Investigation Referrals Received
 - 2. Reinvestigation Referrals Received
- C. Total Investigation Cases Handled
- D. Total Investigation Referrals Acted Upon
 - 1. Reports Submitted to the Executive Director
 - a. For Grant
 - b. For Denial
 - 2. Investigation Cases Transferred to other PPOs
- E. Total Active Investigation Caseload

II. EXECUTIVE DIRECTOR DISPOSITION OF INVESTIGATION CASES

- A. Total Carry Over Cases Pending Disposition by the Executive Director
- B. Total Report Submitted to the Executive Director
- C. Total Cases to be Acted Upon by the Executive Director
- D. Total Cases Disposed of by the Executive Director
 - 1. Granted
 - 2. Denied
- E. Total Cases Pending Disposition by the Executive Director

III. COURTESY INVESTIGATION CASELOAD

- A. Total Carry Over Courtesy Investigation Caseload
- B. Total Courtesy Investigation Referrals Received
- C. Total Courtesy Investigation Cases Handled
- D. Total Courtesy Investigation Completed and Returned
- E. Total Active Courtesy Investigation Caseload

IV. SUPERVISION CASELOAD

- A. Total Carry Over Supervision Caseload
- B. Total Supervision Referrals Received
- C. Total Supervision Cases Handled
- D. Total Supervision Cases Dropped
 - 1. Terminated
 - 2. Revoked
 - 3. Transferred to other offices
- E. Total Supervision Cases Acted Upon by the PPO
 - 1. Reports Submitted to the Executive Director
 - a. Termination
 - b. Revocation
 - c. Transfer to other offices
- F. Total Active Supervision Caseload

PAROLE AND PROBATION ADMINISTRATION

Parole and Probation Office

Month of _____ 20____

SUSPENDED SENTENCE CASELOAD SUMMARY

V. COURT DISPOSITION OF SUPERVISION CASES

- A. Total Carry Over Cases Pending Disposition by the Court
- 1. Termination
- 2. Revocation
- 3. Transfer to other offices

VI. COURTESY SUPERVISION CASELOAD

- A. Total Carry Over Courtesy Supervision Caseload
- B. Total Courtesy Supervision Referrals Received
- C. Total Courtesy Supervision Cases Handled
- D. Total Courtesy Supervision Referrals Terminated
- E. Total Active Courtesy Supervision Caseload

PAROLE AND PROBATION ADMINISTRATION

Parole and Probation Office

Month of _____ 20____

COMMUNITY SERVICE CASELOAD SUMMARY**NUMBER****I. INVESTIGATION CASELOAD**

A. Total Carry Over Investigation Caseload

B. Total Investigation Referrals Received

1. Investigation Referrals Received

2. Reinvestigation Referrals Received

C. Total Investigation Cases Handled

D. Total Investigation Referrals Acted Upon

1. Reports Submitted to the Court

a. For Grant

b. For Denial

2. Investigation Cases Transferred to other PPOs

E. Total Active Investigation Caseload

II. COURT DISPOSITION OF INVESTIGATION CASES

A. Total Carry Over Cases Pending Disposition by the Court

B. Total Report Submitted to the Court

C. Total Cases to be Acted Upon by the Court

D. Total Cases Disposed of by the Court

1. Granted

2. Denied

E. Total Cases Pending Disposition by the Court

III. COURTESY INVESTIGATION CASELOAD

A. Total Carry Over Courtesy Investigation Caseload

B. Total Courtesy Investigation Referrals Received

C. Total Courtesy Investigation Cases Handled

D. Total Courtesy Investigation Completed and Returned

E. Total Active Courtesy Investigation Caseload

IV. SUPERVISION CASELOAD

A. Total Carry Over Supervision Caseload

B. Total Supervision Referrals Received

C. Total Supervision Cases Handled

D. Total Supervision Cases Dropped

1. Terminated

2. Revoked

3. Transferred to other offices

PAROLE AND PROBATION ADMINISTRATION
Parole and Probation Office
Month of _____ 20____

COMMUNITY SERVICE CASELOAD SUMMARY

	NUMBER
PPA FORM 45/p.2	
E. Total Supervision Cases Acted Upon by the PPO	<div></div>
1. Reports Submitted to the Court	
a. Termination	<div></div>
b. Revocation	<div></div>
c. Transfer to other offices	
F. Total Active Supervision Caseload	<div></div>
V. EXECUTIVE DIRECTOR DISPOSITION OF SUPERVISION CASES	
A. Total Carry Over Cases Pending Disposition by Executive Director	<div></div>
1. Termination	<div></div>
2. Revocation	<div></div>
3. Transfer to other offices	
B. Total Reports Submitted to Executive Director	<div></div>
1. Termination	<div></div>
2. Revocation	<div></div>
3. Transfer to other offices	
C. Total Cases to be Acted Upon by the Executive Director	<div></div>
D. Total Cases Disposed of by the Executive Director	<div></div>
1. Termination	<div></div>
2. Revocation	<div></div>
3. Transfer	
E. Total Cases Pending Disposition by the Executive Director	<div></div>
VI. COURTESY SUPERVISION CASELOAD	
A. Total Carry Over Courtesy Supervision Caseload	<div></div>
B. Total Courtesy Supervision Referrals Received	<div></div>
C. Total Courtesy Supervision Cases Handled	<div></div>
D. Total Courtesy Supervision Referrals Terminated	<div></div>
E. Total Active Courtesy Supervision Caseload	<div></div>

PAROLE AND PROBATION ADMINISTRATION

_____ Parole and Probation Office
Month of _____ 20____

VOLUNTARY CONFINEMENT CASELOAD SUMMARY

	NUMBER
A. No. of Applicants Given Application	_____
B. No. of Verified Applications Received	_____
C. No. of Cases Transferred/Referred to Other DDB Representatives	_____
D. No. of Applicants Referred for DD Exam	_____
E. No. of DDE Reports Received	_____
F. No. of Petitions for Voluntary Confinement Filed in Court	_____
G. No. of Petition Hearings Conducted	_____
H. No. of Petitions Acted Upon By Court	_____

Prepared by:

Name & Signature

PAROLE AND PROBATION ADMINISTRATION

_____ Parole and Probation Office
Month of _____ 20____

RELEASE ON RECOGNIZANCE CASELOAD SUMMARY

NUMBER

I. SUPERVISION CASELOAD ON ROR

- | | |
|--|-------|
| A. Total Carry Over Supervision Caseload | _____ |
| B. Total Supervision Referrals Received | _____ |
| C. Total Supervision Cases Handled | _____ |
| D. Total Supervision Cases Dropped* | _____ |
| E. Total Monitoring Reports Submitted to Court | _____ |
| F. Total Active Supervision Caseload | _____ |

II. TOTAL COURT DISPOSITION ON ROR _____

Prepared by:

Name & Signature

**Refers to the cases when the accused after the judgment has become final or when the accused has started serving the sentence.*