

# ProjectNewOpportunity

## Enrollment Form

Greetings! This enrollment form and letter which comes with it is being sent to you because you are a successful applicant for Clemency. Your release date has been modified and your return back to society is closer than before. Project New Opportunity (PNO) is a privately- ran program that helps people scheduled for release from Federal Prison with Clemency, Drug Minus 2 sentence modification, or release ordered as a result of the U.S. Supreme Court decision in United States v. Johnson.

Your participation in PNO is entirely **voluntary**. If you are interested in PNO's assistance, you must enroll. You can change your mind at any time. PNO is entirely independent from federal agencies including the Bureau of Prisons and the U.S. Probation and Pretrial Services. PNO is funded by a private grant. **There is no charge for PNO's assistance. Neither you nor your family will be asked to pay for PNO's services.**

You are welcome to ask your attorney about PNO, especially if you have questions about sharing any information with PNO. Your attorney can forward a request to enroll to us.

To request PNO's assistance as you prepare for your release, please complete as much of this form as you can, sign it and send it by mail or fax to:

Lucinda Greene  
Project New Opportunity  
1220 L Street NW - Suite 605  
Washington, DC 2005  
Fax # (202) 386-9807

You can also contact us via Corrlinks addressed to [mjenkins@communityalternatives.org](mailto:mjenkins@communityalternatives.org).

If you have access, we are on the web at [www.projectnewopportunity.org](http://www.projectnewopportunity.org)

Once we receive your Enrollment Form, a Reentry Consultant will contact you, by telephone or email if possible, to explain more about PNO and to find out more about what you and PNO can do to make your return successful. The Reentry Consultant will then find and introduce you to people and resources that will be available to assist you before and after you are released.

Name: \_\_\_\_\_ Gender:  M  F Date of Birth: \_\_\_\_\_

Bureau of Prisons (BOP) Register #: \_\_\_\_\_ Your Correctional Facility \_\_\_\_\_

In which jurisdiction or court where you convicted? \_\_\_\_\_ Date of conviction \_\_\_\_\_

Which of the above three cases we service was your sentence reduced under? Check one below

Drug Minus 2  Clemency  Johnson Case

Who was your attorney and where is he or she located, if you know? \_\_\_\_\_

What was the date of release after your sentence was commuted? \_\_\_\_\_

When do you expect to be released from BOP custody? \_\_\_\_\_

Will you be going to a BOP halfway house?  Yes Location? \_\_\_\_\_  No  I Don't Know

BOP Case Manager's Name: \_\_\_\_\_

Are you a veteran, having served in any branch of the United States Armed Forces?  Yes  No

In what city or county do you expect to live? \_\_\_\_\_ (City/County) \_\_\_\_\_ (State)

Do you know where or with whom you will live after release?  Yes  No  
If you do, would it be with:  Family  Friend  Alone  Half-Way House  I Don't Know  
Do you have:  Birth Certificate  State Identification Card  Social Security Card  
Family Status:  Single  Married  Divorced  Separated  
Children:  Yes  No If yes, ages of children: \_\_\_\_\_  
Primary language spoken where you expect to live: \_\_\_\_\_  
Do you have the possibility of a job lined up?  No  Yes  Maybe, or not sure  
Are you planning or hoping to continue with your education?  No  Yes  Maybe, or not sure  
If you wish, tell us what you most want help with as you leave the BOP? \_\_\_\_\_

**With your permission**, PNO will begin to contact your family, friends, possible employers, people with whom you may live, or people who know your situation and would like to help. We will add to this list once we start to work together, but in the meantime, we invite you to provide names and contact information for people who would be good first points of contact for the Reentry Consultant who will work with you. You need not give this information now. If you prefer, you can wait and we can come back to this later, after the Reentry Consultant will have been in touch with you.

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address: \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Email Address: \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address: \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Email Address: \_\_\_\_\_

(3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address: \_\_\_\_\_ City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number(s) \_\_\_\_\_ Email Address: \_\_\_\_\_

Print and sign your name and the date if you want a PNO Reentry Consultant to get back to you and if you give us permission to contact individuals whose names you have provided above:

\_\_\_\_\_   
Print Name

\_\_\_\_\_   
Sign your name

\_\_\_\_\_   
Date signed

**If you are moved from your present location after sending us your enrollment form, be sure to send us a letter or email with your new location so we can contact you!**