



## Department of Public Safety and Correctional Services

### Maryland Parole Commission

6776 REISTERSTOWN ROAD • SUITE 307 • BALTIMORE, MARYLAND 21215-2343  
(410) 585-3200 • FAX (410) 764-4355 • TOLL FREE (877) 241-5428 • [www.dpscs.maryland.gov](http://www.dpscs.maryland.gov)

STATE OF MARYLAND

March 2, 2015

LAWRENCE J. HOGAN, JR.  
GOVERNOR

BOYD K. RUTHERFORD  
LT. GOVERNOR

STEPHEN T. MOYER  
INTERIM SECRETARY

DAVID R. BLUMBERG  
CHAIRMAN

Ms. Lisa Banks  
For Lauren Gilmer  
834 Mildred Ave  
Dundalk, MD 21222

RE: Donald Brunstetter  
352546 Md. Correctional Training Center

Dear Ms. Banks:

This is in response to your request for notification of the status of the offender referenced above.

This offender has been scheduled for a parole hearing in July 2015. You will be notified of the results of that hearing, or if this offender's status should change in the interim.

The following is in response to your specific concerns/questions or provides you with additional information concerning this offender's case: (You may choose any or all of the following)

- You may request an office appointment to speak with a Commissioner about parole consideration for this offender. Please call Ms. Melissa Cox at 410-585-3256 to arrange a convenient date;
- You may also submit a written statement expressing the effects this crime has had on you. Consideration will be given to your input in the parole determination process;
- The following information has been enclosed with this letter:
  - Open Parole Hearings - Fact Sheet
  - Victim Request for Open Parole Hearing form. **Please return this form within 45 days if you wish/wish not to open the offender's parole hearing to the public.**

The Maryland Parole Commission expects all victims (family representatives) to keep their address current with the Commission.

If you have any questions about parole issues, please contact Ms. Lywanda S. Johnson, Victim Services, at 410-585-3213.

Very truly yours,

David R. Blumberg, Chairman

By: 

Lywanda S. Johnson, Victim Services Coordinator

DRB:LSJ:eh

Enclosures (OPH Fact Sheet; OPH Application)

c: File

(A-1)

**MARYLAND PAROLE COMMISSION – VICTIM'S REQUEST FOR AN OPEN PAROLE HEARING**

Effective 10/01/94, the victim (or a designated family member of a deceased victim) of a violent crime is entitled to request that any parole hearing for the offender who committed the crime be open to the general public.

- ◆ Should you request that the hearing be open to the public, you and a companion 18 years old or older have the right to attend the hearing and may choose to make an oral statement of up to eight minutes at the beginning of the hearing.
- ◆ No one under 18 years of age are permitted to attend the hearing. A parent, legal guardian, or other person over 18 may represent you.
- ◆ Once an open parole hearing is held, you must submit a new request to open any subsequent parole hearing to the public.

If you request that the offender's parole hearing be open to the public, you will be notified in writing of the date, time, and place of the hearing. Please complete the form below and return it by the date indicated on the form. If you need any assistance in completing this form, please call (410) 585-3213.

**PLEASE COMPLETE AND RETURN TO:**

**FAX 410- 764-4355**

Maryland Parole Commission, 6776 Reisterstown Road, Suite 307, Baltimore, Maryland 21215-2343

**Court (county): Circuit Court For Anne Arundel Co,**

**Offender: Donald S. Brunstetter DOC # 352546 Case #(s): 02-K-07001889**

**Violent offense(s): Child Abuse: Parent**

I (print name) \_\_\_\_\_ hereby **certify** that I am the victim / designated family member of the deceased victim, of the offender's violent crime(s), as identified.

My date of Birth: \_\_\_\_\_ Day Tel.#: (\_\_\_\_) \_\_\_\_\_ Eve Tel.#: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BLOCK and RETURN:**

\_\_\_\_ I DO request that the hearing be open and I WILL attend WITH a companion\*\*(fill out below)

\_\_\_\_ I DO request that the hearing be open and I WILL attend WITHOUT a companion.

\_\_\_\_ I DO NOT request that the hearing be open.

I DO \_\_\_\_\_ DO NOT \_\_\_\_\_ plan to make an oral statement at the time of the open parole hearing.

**To Schedule An Open Parole Hearing, You MUST Return This Form Not Later Than: April 16, 2015**

**SCHEDULED HEARING FOR: July 2015**

**Open Parole Hearing: Location: Maryland Correctional Institution-Hagerstown DATE: To Be Announced**

I HAVE READ AND UNDERSTAND THE ENCLOSED OPEN PAROLE HEARING FACT SHEET

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*If you wish a companion at the open hearing, you MUST designate this person here, as part of this form:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relation to victim: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Day Tel.#: (\_\_\_\_) \_\_\_\_\_ Eve Tel.#: (\_\_\_\_) \_\_\_\_\_