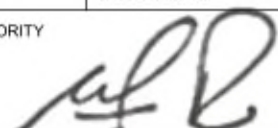
	Department of Corrections and Community Supervision		NO. 9405
	DIRECTIVE		DATE 05/15/2025
SUPERSEDES REFERENCES (Include but are not limited to) ACA Expected Practices 4-APPFS-2B-03, 4-APPFS-2B-04, 4-APPF-3B-01-M, 4-APPF-3B-02-M; Directives #4004, #4903, #9430	DISTRIBUTION A	PAGES PAGE 1 OF 8	DATE LAST REVISED
		APPROVING AUTHORITY 	

- I. **PURPOSE:** To provide the Department of Corrections and Community Supervision (DOCCS) staff with guidelines to ensure the safe and secure custody of releasees who are in a community hospital or medical facility and are receiving medical attention and treatment.
- II. **POLICY:** In order to enhance community protection and provide continual supervision of releasees in the community who are in the custody of DOCCS and require medical attention, DOCCS staff will maintain custody of individuals while they receive necessary treatment and until they are discharged by a physician or other authorized medical personnel.
- III. **PROCEDURE**
 - A. Notifications
 1. Upon learning that a releasee with a DOCCS detainer is at a hospital or upon staff's determination that a releasee in custody needs medical attention, and if staff are not already with the individual, two officers will immediately be deployed to the hospital or medical facility by a supervisor.
 2. Responding Parole Officers (PO) and/or Senior Parole Officers (SPO) will ensure that they are in possession of handcuffs, a restraining belt, leg restraints (leg irons), and a communication device. Responding Officers will also have all required State-issued field equipment to include a firearm, handcuffs, baton, oleoresin capsicum spray (OC), a state-issued radio, and a mobile (cellular) telephone.
 3. POs will ensure that they are in possession of a copy of the parole violation warrant and a photograph of the releasee. Where required and in response to the case-specific circumstances, POs will ensure they have the violation of release packet, all evidentiary documents, and [Form #CS9011](#), "Notice of Violation" (Attachment C), in their possession for purposes of providing the releasee (alleged violator) with copies of the documents.
 4. If the releasee (alleged violator) is the subject of a DOCCS parole violation warrant, is at a hospital and is not in the custody of DOCCS staff law enforcement personnel, the PO or the SPO will contact the hospital's security staff and advise them of the releasee's status. The PO/SPO will work with hospital security and hospital staff to ensure that supervision of the releasee is maintained until Officers arrive.
 5. The PO, SPO, or other staff person receiving information will contact the Bureau Chief (BC) and advise the BC of the releasee's status.

6. If the releasee has been admitted to a hospital outside of the assigned area office's geographic coverage area, the BC or their designee will contact the appropriate area office and request assistance as needed. The contacted area office should make all efforts to assist and coordinate hospital coverage with the assigned area office. Such action requires notification to the Regional Directors (RD) and Assistant Regional Directors (ARD) for both affected regions.

B. Custodial Supervision of Parole Violators While Hospitalized

1. Two Officers will be present during all hospital duties. When possible, at least one of the Officers will be a person of the same gender.
2. The releasee will be secured in an appropriate manner. Accommodations may need to be made to the method of restraint consistent with the releasee's physical limitations and medical restrictions. The releasee will not be handcuffed in the front without a transport belt. Custodial control will include the use of leg restraints unless the releasee's physical condition prohibits such.
3. Unless it is medically prohibited (i.e., a surgical procedure, MRI, labor, etc.) a minimum of one Officer will maintain custody and direct sight of the releasee for the duration that the warrant is active, until the person is lodged, or until they are moved to a secure unit where available.
4. The releasee will not be permitted any visitors without the permission of the RD/ARD (or higher rank).
5. The releasee will not be permitted any phone calls without the permission of the RD/ARD (or higher rank).
6. POs will remain vigilant and maintain the security of the hospital room. This includes but is not limited to:
 - a. Ensuring only medical/hospital staff are permitted in the room. If a person attempts to enter the room without hospital identification (ID) prominently shown, POs will request to see their ID and if necessary, request the presence of a hospital supervisor.
 - b. Maintaining a safe physical environment to include searching and clearing areas which the releasee may move to and from (i.e., in and out of a bathroom or returning from a medical test) and monitoring items that are brought into and removed from the room (i.e., eating utensils).
 - c. Searching the releasee upon returning to their room/bed when returning from another area.
 - d. Releasees (alleged violators) shall always be monitored and under no circumstances shall the alleged violator be left without supervision by a PO or SPO unless directed by authorized medical personnel due to required medical procedures.

C. Custodial Supervision of Pregnant Parole Violators

1. While maintaining custody of a releasee who is known to be pregnant, has stated that they are pregnant, experienced a pregnancy outcome (delivery, miscarriage, abortion) in the last eight weeks, or appears to be pregnant, at least one supervising PO will be female. If a female Officer is not available, the BC must be advised and the transport will continue with staff members on site.
2. A releasee in custody who is pregnant, has experience a pregnancy outcome (delivery, miscarriage, abortion) in the last eight weeks, or appears to be pregnant will not be handcuffed or placed in leg restraints with the exception of an exigent circumstance where the releasee is a harm to themselves or someone else and cannot be safely maintained via other means. If restraints are deemed necessary, only handcuffs with wrists restrained in front of the body may be used. Leg restraints are not to be used.
3. Should restraints be used, an Unusual Incident (UI) report must be filed in accordance with Directive #9430, "Unusual Incident Report – Community Supervision," and [Form #CS9403A](#), "Use of Restraints During Transportation of Pregnant Parole Violators or Post Pregnancy Outcome" (Attachment A), will be completed by the end of the PO's shift.
4. No Community Supervision staff member shall be present in the delivery room. In the event that staff are required by a medical provider or requested by the releasee to be present, only female staff may be in the delivery room. [Form #9403B](#), "Consent for Staff to be Present in the Delivery Room" (Attachment B), will be completed and a UI report must be filled out in accordance with Directive #4004, "Unusual Incident Report."
5. No restraints of any kind shall be used when a releasee is in labor or admitted to a hospital, institution, or clinic for delivery.

D. Use of Restraints

1. Front handcuffing is prohibited without the use of a restraining belt.
 - a. The restraining belt should be set up prior to application with the cuffs closed.
 - b. The keyholes should be directed toward the prisoner.
 - c. The double strap should be facing up.
 - d. The handcuffs should always be double-locked.
2. Leg restraint cuffs should be used any time a releasee is moved unless the releasee's medical condition prohibits such.
 - a. Leg restraint cuffs must be closed prior to application.
 - b. Leg restraints should always be double-locked.
 - c. Direction of keyholes may depend upon the releasee's position during application or removal.

E. Escape

1. In the event of an escape, Officers will immediately give pursuit.

2. Officers will notify local law enforcement and hospital (or medical facility) security staff.
 3. Officers will promptly make phone contact and report the escape to the SPO or a higher-ranking supervisor as soon as practicable.
- F. Hospital Emergency: Whenever a hospital emergency occurs, such as a fire or other major disturbance that requires evacuation of the hospital, POs shall follow the instructions of authorized hospital personnel while maintaining custody of the releasee. POs will notify their supervisor of the incident as soon as practicable.
- G. Attitude of Staff Assigned: Officer(s) assigned to hospital security detail:
1. Must maintain a high degree of alertness.
 2. Must comport themselves in a manner appropriate to the hospital setting.
 3. Must maintain a cooperative and understanding demeanor at all times with members of the hospital staff.
 4. Be professional and courteous in contact with the general public and visitors.

IV. RESPONSIBILITIES

A. Parole Officer (PO) Responsibilities

1. Upon arrival at the hospital, POs will assume custody of the releasee.
2. POs will consult with attending medical personnel and, where applicable, the hospital social worker to ascertain the releasee's status and treatment information in preparation for Officer shift changes. This information is to be made readily available to those Officers who are assuming responsibility for coverage.
3. For any change of shift that may occur, outgoing POs will conference the case with incoming POs.
4. At the end of the shift and no later than the next business day, POs will make an entry in the Case Management System (CMS) and include any notable events.

B. Senior Parole Officer (SPO) Responsibilities

1. The SPO will ensure that the POs immediately respond to any notification that a releasee with a DOCCS warrant is in custody at a hospital or other medical center or a releasee in DOCCS custody needs medical attention.
2. The SPO will coordinate constant supervision of the releasee and coordinate shift coverage.
3. The SPO will utilize a seniority-driven overtime rotation when overtime is necessary.
4. The SPO will keep the BC apprised as to the status of the releasee.

C. Bureau Chief (BC) Responsibilities

1. The BC will remain abreast of the releasee's status and the status of the need for continued hospital coverage.
2. The BC will alert the RD/ARD any time that there is a need for hospital coverage and the anticipated length of such if known.
3. The BC will ensure that any overtime is necessary and prudent.

4. In the event of an escape, the BC or their designee will immediately alert the chain of command, DOCCS Command Center, and the Community Supervision Operations Center of the event via telephone call.
- D. Regional Director (RD)/Assistant Regional Director (ARD) Responsibilities: The RD/ARD will advise their Assistant Commissioner any time that there is a hospital detail that is expected to last more than 24 hours, an escape, or another operational concern.

Form #CS9403A (12/22)
PHOTOCOPY LOCALLY AS NEEDED

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
**USE OF RESTRAINTS DURING TRANSPORTATION OF PREGNANT PAROLE VIOLATORS OR
POST PREGNANCY OUTCOME**

_____Area Office

Releasee Name: _____

DIN: _____

Date: _____

NYSID: _____

Reason for restraints:

Time restraints were applied: _____AM/PM

Restraints attached to*: _____

Time restraints were removed: _____AM/PM

Time owning facility notified: _____AM/PM

Authorized by: _____

Print Name/Title

Signature

Bureau Chief Review: _____

cc:
Case Folder
Central File

*NOTE: Where restraints are necessary, parole violators may be cuffed by one wrist only, and secured to a movable object such as a gurney, stretcher, wheelchair, etc.

Form #CS9403B (12/22)
PHOTOCOPY LOCALLY AS NEEDED

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CONSENT FOR STAFF TO BE PRESENT IN DELIVERY ROOM

_____Area Office

Releasee Name: _____

DIN: _____

Date: _____

NYSID: _____

The undersigned medical provider hereby requests for Department of Corrections and Community Supervision (DOCCS) staff to be present in the delivery room of the above releasee.

Authorized By: _____

(Print Name/Title)

Signature

Witness By: _____

(Print Name/Title)
(Non-DOCCS Staff Only)

Signature

The undersigned releasee hereby requests for Department of Corrections and Community Supervision (DOCCS) staff to be present in the delivery room.

Authorized By: _____

(Print Name/Title)

Signature

Witness By: _____

(Print Name/Title)
(Non-DOCCS Staff Only)

Signature

cc:
Case Folder
Central File

NOTE: Where consent is given for DOCCS staff to be present in the delivery room, only a female staff member will be assigned.

Form CS9011 (01/22)

NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
NOTICE OF VIOLATION

TO: _____ INST.# _____

WARRANT# _____ CASE# _____ NYSID# _____

You are charged with violating the conditions of your release in the manner specified on the attached violation of Release Report.

You are being directed to report to the _____ Area Office on _____ at _____ at _____
Date Time Location

to meet with your Parole Officer. Failure to report may result in the issuance of a warrant and/or the violation being sustained.

A preliminary hearing on these charges is scheduled for _____ at _____ at _____
Date Time Location☐ Check here if you are eligible and wish to request a virtual hearing.

Should you waive a preliminary hearing, or if found by a preponderance of the evidence at this hearing that you have violated any condition of your release

in an important respect, a final hearing on these charges is scheduled for _____ at _____ at _____
Date Time Location☐ Check here if you are eligible and wish to request a virtual hearing.

If your return to the State of New York cannot be affected for either hearing as scheduled above due to circumstances beyond the Department's control, you will be afforded a preliminary hearing and final revocation hearing at such time as you become available for return.

You have the right to a preliminary and final revocation hearing. A preliminary hearing is held to determine whether, by a preponderance of the evidence, you violated one or more of the conditions of your release in an important respect. At this hearing you have the right to be represented by counsel, to appear and speak on your own behalf, introduce letters and documents, present witnesses who can give relevant information, and confront and cross-examine adverse witnesses. Proof of your conviction of a crime committed after your release shall constitute prima facie evidence of a violation of a condition of release. Your waiver of the right to this preliminary hearing is equivalent to a finding of a preponderance of the evidence at such a hearing.

At the final revocation hearing, the presiding officer will determine whether there is clear and convincing evidence to support each of the charged violations. At this hearing, you have the right to be represented by counsel; to appear and speak on your own behalf; to introduce letters and documents; present witnesses who can give relevant information; and confront and cross-examine adverse witnesses. At this hearing, you also have the right to present mitigating evidence relevant to your restoration to community supervision.

In the event you are convicted of a felony offense committed while under community supervision and you receive a new sentence, any scheduled final revocation hearing may be cancelled. In such instances, the Board of Parole may issue a final declaration of delinquency based upon that conviction and sentence. In the event the Board of Parole issues a final declaration of delinquency, you will be served with a copy of that determination together with a copy of the commitment.

A request to adjourn either the preliminary or final revocation hearing must be made in writing, to the local area office. In the case of a preliminary hearing, a minimum three (3) day notice is required, and in the case of a final hearing, a minimum seven (7) day notice is required. Requests for adjournments made at the hearing will only be granted for good cause shown.

Violation of Release Report received:

Signature_____
Date

All persons charged with a violation are required to be present at all proceedings authorized by the Board of Parole regarding the violation of community supervision. Any voluntary failure on your part to be present at any of these proceedings may result in a finding that your failure to appear was a voluntary, knowing, and intelligent waiver of your right to appear. Should such a finding be made, a hearing in absentia can be held and a final determination be made regarding the charges pending against you, including, if necessary, time assessments due to the violations of community supervision.

☐ I DO wish to have a preliminary hearing☐ I do NOT wish to have a preliminary hearing_____
Date_____
Signature of Releasee_____
Date_____
Signature of Witness

If you cannot afford an attorney and wish to have counsel at your preliminary hearing, sign and detach this form. It is your responsibility to mail the form to the address shown on the form. If you request counsel at your preliminary hearing, you must mail this form **IMMEDIATELY**.

TO: _____ RE: _____

Name

WARRANT # or Case #

I am an alleged community supervision violator being held at: _____

I am scheduled for a preliminary hearing to be held on _____ at _____ at _____
Date Time PlaceI have waived my preliminary hearing. A final hearing has been scheduled for _____
Dateat _____ at _____
Time PlaceI cannot afford an attorney and request that I be assigned counsel. Releasee _____
Signature

NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
NOTICE OF VIOLATION

TO: _____ INST.# _____

WARRANT# _____ CASE# _____ NYSID# _____

You are charged with violating the conditions of your release in the manner specified on the attached violation of Release Report.

You are being directed to report to the _____ Area Office on _____ at _____ at _____
Date Time Location
to meet with your Parole Officer. Failure to report may result in the issuance of a warrant and/or the violation being sustained.

A preliminary hearing on these charges is scheduled for _____ at _____ at _____
☐ Check here if you are eligible and wish to request a virtual hearing. Date Time Location

Should you waive a preliminary hearing, or if found by a preponderance of the evidence at this hearing that you have violated any condition of your release
in an important respect, a final hearing on these charges is schedule for _____ at _____ at _____
☐ Check here if you are eligible and wish to request a virtual hearing. Date Time Location

If your return to the State of New York cannot be affected for either hearing as scheduled above due to circumstances beyond the Department's control, you will be afforded a preliminary hearing and final revocation hearing at such time as you become available for return.

You have the right to a preliminary and final revocation hearing. A preliminary hearing is held to determine whether, by a preponderance of the evidence, you violated one or more of the conditions of your release in an important respect. At this hearing you have the right to be represented by counsel, to appear and speak on your own behalf, introduce letters and documents, present witnesses who can give relevant information, and confront and cross-examine adverse witnesses. Proof of your conviction of a crime committed after your release shall constitute prima facie evidence of a violation of a condition of release. Your waiver of the right to this preliminary hearing is equivalent to a finding of a preponderance of the evidence at such a hearing.

At the final revocation hearing, the presiding officer will determine whether there is clear and convincing evidence to support each of the charged violations. At this hearing, you have the right to be represented by counsel; to appear and speak on your own behalf; to introduce letters and documents; present witnesses who can give relevant information; and confront and cross-examine adverse witnesses. At this hearing, you also have the right to present mitigating evidence relevant to your restoration to community supervision.

In the event you are convicted of a felony offense committed while under community supervision and you receive a new sentence, any scheduled final revocation hearing may be cancelled. In such instances, the Board of Parole may issue a final declaration of delinquency based upon that conviction and sentence. In the event the Board of Parole issues a final declaration of delinquency, you will be served with a copy of that determination together with a copy of the commitment.

A request to adjourn either the preliminary or final revocation hearing must be made in writing, to the local area office. In the case of a preliminary hearing, a minimum three (3) day notice is required, and in the case of a final hearing, a minimum seven (7) day notice is required. Requests for adjournments made at the hearing will only be granted for good cause shown.

Violation of Release Report received:

Signature Date

All persons charged with a violation are required to be present at all proceedings authorized by the Board of Parole regarding the violation of community supervision. Any voluntary failure on your part to be present at any of these proceedings may result in a finding that your failure to appear was a voluntary, knowing, and intelligent waiver of your right to appear. Should such a finding be made, a hearing in absentia can be held and a final determination be made regarding the charges pending against you, including, if necessary, time assessments due to the violations of community supervision.

☐ I **DO** wish to have a preliminary hearing ☐ I do **NOT** wish to have a preliminary hearing

Date Signature of Releasee

Date Signature of Witness

If you cannot afford an attorney and wish to have counsel at your preliminary hearing, sign and detach this form. It is your responsibility to mail the form to the address shown on the form. If you request counsel at your preliminary hearing, you must mail this form **IMMEDIATELY**.

TO: _____ RE: _____
Name

WARRANT # or Case #

I am an alleged community supervision violator being held at: _____

I am scheduled for a preliminary hearing to be held on _____ at _____ at _____
Date Time Place

I have waived my preliminary hearing. A final hearing has been scheduled for _____
Date

at _____ at _____
Time Place

I cannot afford an attorney and request that I be assigned counsel. Releasee _____
Signature

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
**USE OF RESTRAINTS DURING TRANSPORTATION OF PREGNANT PAROLE VIOLATORS OR
POST PREGNANCY OUTCOME**

_____Area Office

Releasee Name: _____

DIN: _____

Date: _____

NYSID: _____

Reason for restraints:

Time restraints were applied: _____AM/PM

Restraints attached to*: _____

Time restraints were removed: _____AM/PM

Time owning facility notified: _____AM/PM

Authorized by: _____

Print Name/Title

Signature

Bureau Chief Review: _____

cc:
Case Folder
Central File

*NOTE: Where restraints are necessary, parole violators may be cuffed by one wrist only, and secured to a movable object such as a gurney, stretcher, wheelchair, etc.

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CONSENT FOR STAFF TO BE PRESENT IN DELIVERY ROOM

_____Area Office

Releasee Name: _____

DIN: _____

Date: _____

NYSID: _____

The undersigned medical provider hereby requests for Department of Corrections and Community Supervision (DOCCS) staff to be present in the delivery room of the above releasee.

Authorized By: _____

(Print Name/Title)

Signature

Witness By: _____

(Print Name/Title)
(Non-DOCCS Staff Only)

Signature

The undersigned releasee hereby requests for Department of Corrections and Community Supervision (DOCCS) staff to be present in the delivery room.

Authorized By: _____

(Print Name/Title)

Signature

Witness By: _____

(Print Name/Title)
(Non-DOCCS Staff Only)

Signature

cc:
Case Folder
Central File

NOTE: Where consent is given for DOCCS staff to be present in the delivery room, only a female staff member will be assigned.