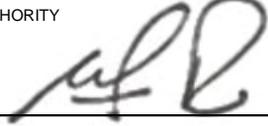


 Department of Corrections and Community Supervision DIRECTIVE	TITLE Return of Parole Violators from Other Jurisdictions		NO. 9072
			DATE 12/11/2025
SUPERSEDES DIR #9072 Dtd. 02/21/24	DISTRIBUTION A	PAGES PAGE 1 OF 7	DATE LAST REVISED
REFERENCES (Include but are not limited to) NYS Penal Law Articles 125 & 130; Directive #9403	APPROVING AUTHORITY 		

- I. PURPOSE:** To provide Department of Corrections and Community Supervision (DOCCS) staff with guidelines for the return of parole violators to New York State who have been detained in other jurisdictions.
- II. POLICY:** To enhance public safety, DOCCS staff, as directed, will return parole violators who have been arrested and detained in jurisdictions other than New York State.
- III. DEFINITIONS**
- A. **Jurisdiction:** An authority other than New York State and its subdivisions.
 - B. **Extradition/Governor’s Warrant:** The legal process required to compel a parole violator to return to New York State when the parole violator refuses to be voluntarily returned to face revocation of parole following an arrest in another jurisdiction.
 - C. **Pre-Signed Waiver of Extradition:** Language included on the releasee’s Certificate of Release to Parole Supervision (see subsection IV-B-3-e) or Agreement to Return form.
 - D. **Waiver of Extradition for Interstate Compact Services:** A document signed by all releasees who apply for interstate transfer of parole supervision.
 - E. **Teletype:** An electronic message that can be transmitted to another police/criminal justice agency by means of [eJusticeNY](#) Integrated Justice Portal. There are different categories of messages. One indicates the subject is a “WANTED” fugitive and a warrant for arrest exists. On the basis of such a message, most jurisdictions will hold and arraign the subject.
 - F. **Locate:** Notification to the National Crime Information Center (NCIC) by the arresting law enforcement agency that a “WANTED” person has been located. A locate leads to the cancellation of an NCIC wanted posting.
- NOTE: If DOCCS staff make the determination that the apprehended subject is not the parole violator and a locate was entered by the arresting agency, then the Fugitive Wanted Notice will need to be re-posted.

IV. PROCEDURE

- A. **Notification of Arrest in Another Jurisdiction**
 NOTE: ALL NOTIFICATIONS OF ARREST MUST BE ACTED UPON IMMEDIATELY.
 The Community Supervision Operations Center (CSOC) will respond to all teletypes (Hit Confirmation Requests and/or Administrative Messages) regarding the arrest of a parole violator, verify that an active DOCCS parole warrant exists, and request the other jurisdiction to detain the parole violator on this Agency’s behalf.
 CSOC will also provide contact information for the assigned Community Supervision staff to the other jurisdiction.

1. Parole Officer (PO)/Senior Parole Officer (SPO)/Bureau Chief (BC)/DOCCS Staff:
Upon notification of the arrest of a parole violator in another jurisdiction, will do the following:
 - a. Inform the assigned SPO/supervisor and conference whether DOCCS will be seeking rendition of the fugitive.

NOTE: Only the Deputy Commissioner for Community Supervision or designee can authorize the return of a parole violator from a foreign country. Extradition from other countries is extremely involved. The Area Office must obtain guidance and direction from the Director of Internal Operations (DIO) in order to proceed with such a process (see subsection IV-E).

NOTE: No parole violator should be returned who is past the original Maximum Expiration of the sentence(s) and who owes less than one year of delinquent time, except those convicted in the instant offense(s) under Article 125 of the Penal Law, relating to murder and homicide, and Article 130 of the Penal Law, relating to sex offenses. In all cases, the return of a parole violator will be at the discretion of the BC/Unit Chief based upon the following return guidelines:

- (1) The decision as to whether or not to return a particular parole violator will be based upon the Department's mission to promote and enhance public safety.
- (2) Absent mitigating circumstances, DOCCS should return parole violators with a prior, instant, or subsequent record of sex offense, violent felony, and/or felony driving while intoxicated.
- (3) Consideration must be given to whether the parole violator is being held on a DOCCS parole warrant only, being held on new criminal charge(s), or is serving a sentence on a new conviction.
- (4) If the parole violator is being held on a DOCCS parole warrant only, a report requesting Cancel Delinquency and Close by Maximum Expiration (CDME) may be submitted to the Board of Parole for consideration. If CDME is approved, the violator will not be returned. If CDME is not approved, the parole violator will be returned.
- (5) If the parole violator is being held on a new felony charge(s), the request for CDME will be deferred pending disposition of the charge(s) in the other jurisdiction or waiver of extradition.
- (6) If the new charge(s) results in a misdemeanor conviction, CDME may be requested.
- (7) If the parole violator is serving a sentence for a new conviction(s), the nature of the conviction(s) will be considered in determining whether or not the violator will be returned.
- (8) For any case, the BC/Unit Chief, in conjunction with the Regional Director (RD)/Unit Head, may return a parole violator where failure to return the violator would diminish the seriousness of the instant offense, obstruct the administration of local law enforcement, or jeopardize public safety.

- b. Contact the arresting agency to confirm detention of the parole violator on the DOCCS parole warrant and advise that a decision on extradition will be forthcoming.
 - c. Confirm identity by:
 - (1) Sending a photo, fingerprints, and a physical description to the arresting agency and receiving written communication that the subject is the DOCCS fugitive.
 - (2) Reviewing the criminal history to determine if the fugitive arrest appears on the Interstate Identification Index report.
 - (3) Receipt of Federal Bureau of Investigation – Criminal Justice Information Services (FBI – CJIS) teletype indicating an arrest fingerprint card was submitted by the arresting jurisdiction.
2. DOCCS staff assigned to the case must immediately ascertain the following from the arresting agency:
- a. Arrest name, alias, date of birth, and physical description.
 - b. The date, time, and place of arrest.
 - c. The name, address, telephone, email address, and fax number of the holding facility.
 - d. Whether there are pending criminal charges, and if so, the nature of the charges and the next court date(s).
 - e. Whether the parole violator will waive extradition and if the court will accept the pre-signed waiver.
 - f. The name, address, telephone, email address, and fax number of the contact person.
 - g. Confirm that the local jail or detention facility Records Unit has a copy of the DOCCS parole warrant lodged against the fugitive.
3. DOCCS staff will conference the case with the SPO/Unit Chief, who will consider all pertinent factors and make a recommendation to the BC/Unit Head.
- NOTE: Should a decision to CDME be recommended, then all paperwork necessary for the Board of Parole should be submitted immediately.
4. The DOCCS staff member assigned to the case will then send correspondence via fax or email (see Appendix A) to the contact person requesting that the warrant be enforced and include the following:
- a. [Form #CS3010](#), "Certificate of Release to Community Supervision," or [Form #CS3010A](#), "Conditional Parole for Deportation Only."
 - b. Certified copy of the DOCCS parole warrant.
 - c. The parole violator's photograph and fingerprint card.
 - d. A request that the arresting agency advise the PO in writing whether or not the parole violator agrees to waive extradition.

5. Should the DOCCS staff member determine that the fugitive was arrested and is detained in the state to which he was released through the Interstate Compact, notification is to be made to the Interstate Bureau so that a Probable Cause proceeding can be scheduled pursuant to the Interstate Compact agreement.

B. Arranging for Return of Parole Violators

1. Assigned DOCCS Staff Member/Supervisor
 - a. Upon notification that a parole violator, for whom there is an active DOCCS parole warrant, is in custody in another jurisdiction (except if that jurisdiction is in a foreign country) and is available to the DOCCS Parole Warrant, the officer must immediately notify the Fugitive Investigation Division, which will coordinate the parole violator's return to New York State.
 - b. The assigned DOCCS staff member must provide the following information to the Fugitive Investigation Division (FID) via email to the shared mailbox (osiwarrantandtransfer@doccs.ny.gov) utilizing [Form #CS9072A](#), "Extradition Request Form":
 - (1) The date the parole violator became available to the DOCCS parole warrant.
 - (2) The date DOCCS was notified that the parole violator was available to the DOCCS parole warrant.
 - (3) Whether the parole violator waived extradition, the Pre-Signed Waiver/Waiver of Extradition for Compact Services is being accepted, or the parole violator is being returned pursuant to a Governor's Warrant.
 - (4) The name, Area Office, telephone number, and email of the PO and the SPO of record.
 - (5) The alias or name under which the parole violator was arrested.
 - (6) The parole violator's name and New York State Identification (NYSID) Number.
 - (7) The name, address, telephone, fax number, and email of the facility where the parole violator is being held.
 - (8) The name, address, telephone, and fax number of the contact person.
 - (9) Parole time owed.
 - (10) Maximum Expiration Date.
 - (11) Facility in which parole violator is to be lodged upon return to New York State.
 - (12) Whether or not the parole violator is entitled to a Preliminary Hearing.

NOTE: Eligibility for a Preliminary Hearing is determined by whether or not the parole violator has been convicted of a misdemeanor or a felony committed since release to parole supervision. The PO **must** obtain a certified copy of the Certificate of Conviction as evidentiary documentation.
2. The PO must also provide any additional information and documents useful to, or pertaining to, the safety of the parole violator and the officers assigned to return the parole violator to New York State.

3. The officer must provide legible copies of the following documents to FID via email to the shared mailbox (osiwarrantandtransfer@doccs.ny.gov):
 - a. The parole violator's photograph, physical description, and fingerprint card.
 - b. The DOCCS parole warrant.
 - c. Notification, from the jurisdiction where the parole violator is in custody, of availability to the DOCCS Parole Warrant.
 - d. The Violation of Release Report and Case Summary, including criminal history.
 - e. [Form #CS3010](#) or [Form #CS3010A](#).
 - f. [Form #CS9011](#), "Notice of Violation," or a memorandum stating dates, times, and locations of Preliminary and Final Hearings, and the assigned counsel's address.

NOTE: FID staff will determine and provide both Preliminary and Final Hearing dates for parole violators returned to New York City Department of Corrections custody.

4. Fugitive Investigation Division
 - a. FID will coordinate assignment of staff to return parole violators to New York State. One of the officers should be of the same gender as the parole violator.

NOTE: Investigators will be used to return parole violators from other jurisdictions when using Investigators is compatible with the best interest of DOCCS.
 - b. FID staff will make travel arrangements including transportation and lodging.
 - c. FID staff will provide all necessary information and documents to one of the assigned officers.

C. Return of Parole Violators to New York State

1. Investigator/Parole Officer
 - a. The Investigator/PO, to whom the documents were provided, will contact the jurisdiction where the parole violator is in custody to:
 - (1) Re-confirm the parole violator's availability to the DOCCS parole warrant.
 - (2) Make specific arrangements to take custody of the parole violator.
 - b. Assigned Investigators/POs must ensure that, prior to traveling to the jurisdiction where the parole violator is in custody, they have all necessary documents and information and that the documents are legible.
 - c. Assigned Investigators/POs will travel to and from the jurisdiction where the parole violator is in custody, as described in the itinerary provided by FID, and will not deviate without coordinating with Unit staff.
 - d. The jurisdiction where the parole violator is in custody will designate the specific custodial facility or court where the violator is to be picked up.
2. Officers must allow adequate time for procedures required by the facility or court.
3. When commercial airline or railroad travel is used, Investigators/POs must allow adequate time for required check-in procedures at the travel terminal.

NOTE: Transportation of Prisoners is addressed in Directive #9403, "Transporting Parole Violators/Prisoners/Releasees."

- D. Lodging Parole Violators Returned from Other Jurisdictions: Investigators/POs who return a parole violator must, within 24 hours:
1. Submit, via email to the PO/SPO of record and FID to the shared mailbox (osiwarrantandtransfer@doccs.ny.gov), the completed [Form #CS9011](#). The PO/SPO of record will then notify the Parole Violation Unit of the hearing dates.
 2. Submit, to FID, the original completed [Form #CS9011](#) and any documents from the jurisdiction where the parole violator was taken into custody.
- E. Return of Parole Violators from a Foreign Country
1. Community Supervision Staff
 - a. When staff are advised of the availability of a parole violator in a foreign country, staff will send a memorandum to the Deputy Commissioner for Community Supervision or designee, summarizing all information and documentation needed to reach a decision as to whether or not to return the parole violator.
 - b. If the Deputy Commissioner for Community Supervision or designee **does not** authorize the return of a parole violator from a foreign country, staff will notify the Board of Parole, forward information and documentation to the Board, and request that a Parole Board member grant permission not to enforce the DOCCS Parole Warrant unless the parole violator voluntarily returns to the United States.
 - c. If the Deputy Commissioner for Community Supervision or designee **does** authorize the return of a parole violator from a foreign country, staff will communicate, through the DOCCS Interstate Bureau **only**, with the United States Department of Justice, Criminal Division, Office of International Affairs to obtain necessary authorizations and consents to return the parole violator.
 2. Interstate Staff: Staff will follow all necessary procedures described in this directive to return the parole violator and will keep the Deputy Commissioner for Community Supervision or designee advised of the status of the return proceedings.

SAMPLE LETTER TO HOLDING AUTHORITY

DATE:

[Street Address]_____
[City/State/Zip]Dear _____:
[Holding Authority]

This subject is wanted by the New York State Department of Corrections & Community Supervision (NYS DOCCS). DOCCS Parole Warrant # _____ has been issued for their apprehension. Please hold no bond or bail. NYS DOCCS will extradite. Please advise if the subject will waive extradition or refuses to waive extradition. A certified copy of the warrant, a photograph, fingerprints, the Certificate of Release, and a copy of the NYS Executive Law documenting the Department's authority to issue warrants are enclosed. Please reply by teletype confirming positive identification, the date arrested on the NYS DOCCS Parole Warrant, extradition waiver status (waived or your acceptance of the Certificate of Release noting item #10, or the subject's refusal to waive extradition), and next scheduled appearance date. If you have any questions, contact the following SPO/PO at:

[name] at _____
[phone]

Thank you for your assistance and cooperation in this matter.

Very Truly Yours,

Bureau Chief

Attachments

cc: Area Office
Central Files
Quality Control

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

EXTRADITION? IS YOUR SUBJECT READY FOR PICK UP? NO! YES!

The following documentation is **REQUIRED before contacting FID**, and to schedule an extradition pick up:

- ① Waiver of Extradition – Indicates whether Pre-Signed or Waiver included on form below at ① (or written confirmation of the holding state’s willingness to accept the Pre-Signed Waiver).
- ② Notice of Availability – Provide required information on form below at ②. Written documentation from the holding state, including: **When** PV is available for pick up and **Contact** information/ physical location of facility.

- PHOTO FINGERPRINTS ID MARKERS (SCARS, MARKS, TATOOS) WARRANT
- SUP VOP/VOP CERTIFICATE OF RELIEF 9011 (With dates and attorney address **REQUIRED** FOR ALL)
- UBER SO OMH-1S NEW VFO: _____ (list)

***** EXTRADITION TRIP REQUEST SHEET *****

INTERSTATE COMPACT CASE? YES NO ICE CASE? YES NO WARRANT #: _____

DATE:	SUBJECT NAME:
FROM:	PV: <input type="checkbox"/> INCAR. INDIV.: <input type="checkbox"/> ICE CASE? YES <input type="checkbox"/> NO <input type="checkbox"/> WARRANT #:
Assigned Area Office:	DOB:
PO:	NYSID #:
SPO:	DIN #:
RD/BC:	AKA:
Phone:	Crime of Conviction:
Address:	Sentence:
	Delinquency Date:
	Time Owed:
	ME Date:

MUST HAVE ←

② Date Notified/How:	② Date Available:
Date FID Notified:	SERVE BY:
Entitled to PH: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date if already SERVED:

① WAIVED EXTRADITION: YES NO **OR** → ① JURISDICTION ACCEPTS PRE-SIGNED WAIVER:
(Condition 10 on Certificate of Release. Include statement from out-of-state jurisdiction)

➤ PICK UP LOCATION	➤ RETURN TO / LODGE LOCATION
② Pick-up Facility Name/ Address:	Returning Facility Name/ Address:
② Main Phone Number:	Main Phone Number:
② Contact for pick up:	Facility Contact/ Approved by:
Booking Number:	Title:

COVID – 19 SCREENING QUESTIONS
Is the subject a: SO <input type="checkbox"/> , SIST <input type="checkbox"/> , OMH-1S <input type="checkbox"/> ; or have a New VFO <input type="checkbox"/> : _____ (list)?
Is the subject lodged in a state that is currently on NYS travel advisory? Yes <input type="checkbox"/> No <input type="checkbox"/>
➤ If Yes, Date of COVID-19 test: _____
Result of test: Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending <input type="checkbox"/>
Are there any COVID-19 Restrictions at facility (receiving or returning)? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate: _____
This extradition is approved by: Name: _____ Title: _____

NOTE: Scan ALL documentation and completed form as ONE LEGAL-SIZED packet to:
doccs.sm.osiwarrantandtransfer@doccs.ny.gov
 Include subject name and NYSID in subject line. If you do not receive a response in 1 business day, contact (518) 485-8732.

Type Department ID Number & Name

Applicable to releases to Community Supervision on or after March 1, 2022

**NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
CERTIFICATE OF RELEASE TO COMMUNITY SUPERVISION**

SENTENCE: Choose an item

RELEASE TYPE: Choose an item

INCARCERATED INDIVIDUAL RELEASE FUNDS: Enter Balance.

RESTITUTION/SURCHARGES: Click or tap here to enter text.

NYSID: Click or tap here to enter text DIN: Click or tap here to enter text

Click or tap here to enter text, now confined in Click or tap here to enter text Facility who was convicted and/or adjudicated of:

CRIME/COUNTS	SENTENCE	COUNTY	COURT	SENTENCING DATE	JUDGE

has agreed to abide by the conditions to which they have signed their name below, and is hereby granted release, by virtue of the authority conferred by New York State Law.

Maximum Expiration Date: Click here to enter a date

PRS Maximum Expiration Date: Click here to enter a date

Post-Release Supervision Period (years/months/days): Click or tap here to enter text

It is hereby directed that Click or tap here to enter text be released and placed under legal jurisdiction of the Department of Corrections and Community Supervision until the Community Supervision End Date of Click here to enter a date.

Date of Release: Click here to enter a date

Parole Eligibility Date: Click here to enter a date

Board of Parole: Click or tap here to enter text.

Board Decision Date: Click here to enter a date

Approved Residence Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

I, Click or tap here to enter text., understand I will be subject to Community Supervision. I fully understand that my person, residence and property are subject to search and inspection. I understand that Community Supervision is defined by these Conditions of Release and all other conditions that may be imposed upon me by the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision. I understand that my violation of these conditions may result in the revocation of my release.

CONDITIONS OF RELEASE

- I will proceed directly to the area to which I have been released and, within twenty-four hours or by the next available business day after my release, make my arrival report to the Community Supervision Office indicated below. I will make office and/or other reports thereafter as directed by my Parole Officer.

Assigned Bureau: Click or tap here to enter text.

Assigned Bureau Address: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Bureau Phone Number: Click or tap here to enter text.

Assigned Parole Officer: Click or tap here to enter text.

Assigned Senior Parole Officer: Click or tap here to enter text.

Emergency/After Office Hours & Weekends, contact the Community Supervision Operations Center (CSOC) (212) 239-6159

Click or tap here to enter text.

- I will not leave the State of New York or any other state to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.

ORIGINAL TO CENTRAL FILES INCARCERATED INDIVIDUAL COPY

COMMUNITY SUPERVISION FOLDER (GREY FOLDER) COPY TO FACILITY IRC

Type Department ID Number & Name

Applicable to releases to Community Supervision on or after March 1, 2022

- 3. I will not abscond from supervision, which includes intentionally avoiding supervision by failing to maintain contact or communication with my Parole Officer and failing to notify my assigned Parole Officer of a change in residence. Should I ever fail to maintain contact as required herein, I will cooperate with any efforts by my Parole Officer or other representative of the Department of Corrections and Community Supervision to have me re-engage my supervision as directed.
- 4. I will permit my Parole Officer to visit me at my residence, will permit the search and inspection of my person, residence and property, and will discuss any proposed changes in my residence, employment or program status with my Parole Office.
- 5. I will reply promptly, fully and truthfully to any inquiry of, or communication by, my Parole Officer or other representative of the Department of Corrections and Community Supervision.
- 6. I will notify my Parole Officer any time I am in contact with, or arrested by, law enforcement. I understand, like every member of the public, I have a right to seek the assistance of law enforcement at any time.
- 7. I will not act in concert with a person I know to be engaged in illegal activity.
- 8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provides for a penalty of imprisonment, nor will my behavior threaten the health and safety of myself or others.
- 9. I will not own, possess, or purchase a shotgun, rifle, or firearm of any type including any imitation firearm. I will not own, possess or purchase any deadly weapon or use any dangerous instrument, as those terms are defined under Article 10 of the Penal Law. Further, I will not possess a dangerous knife or razor without the permission of my Parole Officer.
- 10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to contest extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from community supervision. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my community supervision.
- 11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
- 12. I will fully comply with the instructions of my Parole Officer.
- 13. I will fully comply with those special conditions set by my Parole Officer, a Member of the Board of Parole or an authorized representative of the Board or the Department of Corrections and Community Supervision. I understand that special conditions are additional conditions, set on an individualized basis, meant to be reasonably tailored to my circumstances and aimed toward my rehabilitation. I will fully comply with the following special conditions:
Click or tap here to enter text.

14. I will personally appear at all recognizance hearings and parole revocation process hearings and appearances for which I may be the subject, including the appearances directed to be in response to a notice of violation, any preliminary and final parole revocation hearings, and any related adjourned or continuation appearances. I will also personally appear, if so directed, in regard to the service of any other notices related to revocation proceedings, including, but not limited to, the service of any preliminary and final hearing determinations. I understand that while I have a right to be present at any recognizance, preliminary, or final hearing; my voluntary decision not to be present constitutes a forfeiture of such right and the matters may proceed in my absence including, but not limited to, a final revocation hearing which may result in the issuance of a decision therefrom revoking my release and directing my reincarceration.

I fully understand that a violation of any condition of release in an important respect may result in the revocation of my period of Community Supervision. I hereby certify that I understand and have received my Certificate of Release to Community Supervision.

Signed the _____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

ORIGINAL TO CENTRAL FILES INCARCERATED INDIVIDUAL COPY

COMMUNITY SUPERVISION FOLDER (GREY FOLDER) COPY TO FACILITY IRC

Type Department ID Number & Name

Applicable to releases to Community Supervision on or after March 1, 2022

**NEW YORK STATE
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
CONDITIONAL PAROLE FOR DEPORTATION ONLY**

SENTENCE: Choose an item.

NYSID: Click or tap here to enter text. DIN: Click or tap here to enter text.

ALIEN REGISTRATION NUMBER: Click or tap here to enter text.

WARRANT NUMBER: Click or tap here to enter text.

Click or tap here to enter text, now confined in Click or tap here to enter text Facility who was convicted and/or adjudicated of:

CRIME/COUNTS	SENTENCE	COUNTY	COURT	SENTENCING DATE	JUDGE

has agreed to abide by the conditions to which they have signed their name below, and is hereby granted Conditional Parole for Deportation Only by the Board of Parole, by virtue of the authority conferred by New York State Executive Law §259-i (2)(d)(i): "Parole for Deportation Only."

Maximum Expiration Date: Click here to enter a date. PRS Maximum Expiration Date: Click here to enter a date.

Post-Release Supervision Period (years/months/days): Click or tap here to enter text.

It is hereby directed that Click or tap here to enter text be released and placed under legal jurisdiction of the Department of Corrections and Community Supervision until the Community Supervision End Date of Click here to enter a date..

Date of Release: Click here to enter a date.

Board of Parole: Click or tap here to enter text.

Board Decision Date: Click here to enter a date.

I, Click or tap here to enter text., voluntarily accept Conditional Parole for Deportation Only. I fully understand that I have been granted release for the purpose of effecting my deportation out of the U.S.A. Conditional Parole for Deportation Only is defined by the Conditions of Release noted below.

I understand that I am being transferred to the custody of the Immigration and Customs Enforcement (ICE) for the purpose of deportation only and that only the United States government and the New York State Board of Parole can give me permission to return to the U.S. after I have been deported. I understand that once I am deported from the United States, I cannot re-enter the United States unless my re-entry is authorized under 8 U.S.C. § 1326. If I am convicted of illegally re-entering the United States, 8 U.S.C. § 1326 authorizes the United States District Court to impose a fine, a period of imprisonment up to ten (10) years, or both. I further understand that I cannot re-enter the United States prior to the maximum expiration of my sentence, unless I receive prior written permission from the New York State Board of Parole. I fully understand that re-entry to the United States prior to the maximum expiration of my sentence, without the authorization of the United States District Court and permission of the New York State Board of Parole, may be the basis for a revocation of my conditional parole for deportation only.

I understand that at no time while in the custody of the Immigration and Customs Enforcement (ICE) authorities will I attempt to escape or escape.

I also understand that I must comply with the following general conditions of release, should I return to the United States of America:

(8) I will not behave in such a manner as to violate the provisions of any law to which I am subject which provides for a penalty of imprisonment, nor will my behavior threaten the health and safety of myself or others.

(10) In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to contest extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from community supervision. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another

ORIGINAL TO CENTRAL FILES INCARCERATED INDIVIDUAL COPY

COMMUNITY SUPERVISION FOLDER (GREY FOLDER) COPY TO FACILITY IRC

Type Department ID Number & Name

Applicable to releases to Community Supervision on or after March 1, 2022

state and return me to New York, and I freely and knowingly waive this right as a condition of my community supervision.

(11) I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.

(12) I will fully comply with the instructions of my Parole Officer.

(13) I will fully comply with those special conditions set by my Parole Officer, a Member of the Board of Parole or an authorized representative of the Board or the Department of Corrections and Community Supervision. I understand that special conditions are additional conditions, set on an individualized basis, meant to be reasonably tailored to my circumstances and aimed toward my rehabilitation.

(14) I will personally appear at all recognizance hearings and parole revocation process hearings and appearances for which I may be the subject, including the appearances directed to be in response to a notice of violation, any preliminary and final parole revocation hearings, and any related adjourned or continuation appearances. I will also personally appear, if so directed, in regard to the service of any other notices related to revocation proceedings, including, but not limited to, the service of any preliminary and final hearing determinations. I understand that while I have a right to be present at any recognizance, preliminary, or final hearing; my voluntary decision not to be present constitutes a forfeiture of such right and the matters may proceed in my absence including, but not limited to, a final revocation hearing which may result in the issuance of a decision therefrom revoking my release and directing my reincarceration.

I fully understand that a violation of any condition of release in an important respect may result in the revocation of my period of Community Supervision. I hereby certify that I understand and have received my Certificate of Release to Community Supervision.

Signed the _____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

ORIGINAL TO CENTRAL FILES INCARCERATED INDIVIDUAL COPY

COMMUNITY SUPERVISION FOLDER (GREY FOLDER) COPY TO FACILITY IRC

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 _____ Date at _____ Time at _____ 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 _____ Date at _____ Time at _____ 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 schedule for _____ Date at _____ Time at _____ 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 _____ Date at _____ Time at _____ Place

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

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