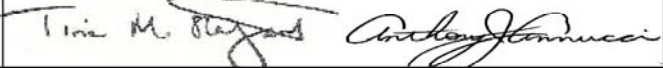
 NEW YORK STATE	Corrections and Community Supervision DIRECTIVE		TITLE Certificate of Release to Community Supervision		NO. 8710
					DATE 07/22/2019
SUPERSEDES DOP P&P Manual Item 8405.00		DISTRIBUTION A B	PAGES PAGE 1 OF 8	DATE LAST REVISED	
REFERENCES (Include but are not limited to) Correction Law Article 4 §74; Executive Law 259; ACA Expected Practices 4-APPFS-2B-01, 2-APA-1001, 2-APA-1003, 2-APA-1004, 2-APA-1102; Directives #2612, #2614, #4490, #8600, #8700, #9601; ECPDO/CPDO		APPROVING AUTHORITY 			

- I. **PURPOSE:** Department of Corrections and Community Supervision (DOCCS) staff will follow established release procedures and utilize the Certificate of Release to Community Supervision document to ensure that individuals are advised of the requirements of discretionary and statutory release, the conditions of Community Supervision, and their responsibilities while on parole or post-release supervision. The conditions of release shall be established in consideration of public safety, the individual's criminogenic risks and needs, and in support of the supervision plan. This directive provides instructions for staff on how to prepare, certify, and distribute Certificates of Release to Community Supervision for any individual released to Community Supervision or released under the authority of the Interstate Commission for Adult Offender Supervision (ICAOS).
- II. **POLICY:** Appropriate authority exists to release an individual to the community, and it is the policy of DOCCS to maintain a standard and uniform process to ensure accurate documentation of release or restoration to a period of Community Supervision.
- III. **CERTIFICATE OF RELEASE FORMS & REFERENCE CHART**
 - A. "Certificate of Release to Community Supervision," [Form #CS3010](#) (electronic version) & [Form #CS3010.P](#) (paper version)
 - B. "Application for Conditional Release to Community Supervision," [Form #CS3041](#)
 - C. "Conditional Parole for Deportation Only," [Form #CS3010A](#)
 1. Early Conditional Parole for Deportation Only Cases
 2. Conditional Parole for Deportation Only Cases
 - D. "Executive Clemency Certificate of Release to Community Supervision," [Form #CS3010EC](#)
 1. Commutation of Sentence
 - E. "Cooperative Supervision Certificate of Release to Community Supervision," [Form #CS3010INT](#)
 1. Interstate Transfers to New York.
 - F. [Certificate of Release Reference Chart](#)
- IV. **PAROLE BOARD RELEASE AUTHORIZATION:** For discretionary release cases only, [Form #CS3010BOP](#), "Parole Board Release Authorization," shall be utilized as part of the Parole Board interview process. Upon the receipt of an open date, said form shall be signed by the Parole Board Members granting release.

NOTE: In the event facility staff members cannot access the electronic version of the Parole Board Release Authorization, staff shall utilize the paper version, [Form #CS3010BOP.P](#), "Parole Board Release Authorization," and process as indicated in this directive. A supply of blank paper copies of the form shall be kept in a secure location and are to be used in emergency situations.

V. PRE-RELEASE PROCEDURE

A. Supervising Offender Rehabilitation Coordinator (SORC) or Designee

1. Staff will prepare [Form #CS3010BOP](#) for any eligible inmate scheduled to be interviewed by the Board of Parole for discretionary release by pre-recording the inmate's identifying information.
2. Only upon a decision of an open date by the Board of Parole, participating Board members will sign [Form #CS3010BOP](#). If a release is denied, the partially completed copy of [Form #CS3010BOP](#) shall be shredded to avoid any copies being distributed to or obtained by the inmate population.
3. Upon completion of the Board, the original completed [Form #CS3010BOP](#), with the Board signatures, will be sent to the Community Supervision Central Files Unit. Designated staff will enter a Case Management System (CMS) entry utilizing Contact Code "LTO" – Letter to Other, with a corresponding contact confirming the original [Form #CS3010BOP](#) was mailed to Central Files.
4. A copy of the completed [Form #CS3010BOP](#), with Board signatures, will be filed in Section III-A of the Community Supervision case folder. Copies of the completed [Form #CS3010BOP](#), designated for the Inmate Records Coordinator (IRC) and the inmate, shall remain in the case file until distributed with the copies of the completed Certificate of Release.
5. Within three business days of an inmate's tentative release date, Guidance staff shall confirm with the IRC the release date, maximum expiration (ME) date, post-release supervision maximum expiration (PRSME) date (if applicable), and the Community Supervision end date; and then complete the applicable Certificate of Release that matches the sentence and release type, utilizing the [Certificate of Release Chart](#) as a reference. If the release type is by action of the Board of Parole, the Board members' names listed on [Form #CS3010BOP](#) must be typed on the applicable Certificate of Release.

NOTE: In the event facility staff members cannot access the electronic version of the Certificate of Release, staff shall utilize the paper version, [Form #CS3010.P](#), "Certificate of Release," and process as indicated in this directive. A supply of blank paper copies of the form shall be kept in a secure location and are to be used in emergency situations.

6. Staff will ensure that the balance of restitution owed and the amount owed on any applicable mandatory surcharge or fee (as of the day the Certificate of Release is being signed) is noted on the original Certificate of Release and distributed copies.
7. The release interview may occur more than three days prior to an inmate's actual release date with respect to releases involving special needs inmates, releases that require heightened security or specialized release planning, or where there exist significant public safety considerations.

8. The Offender Rehabilitation Coordinator (ORC) shall review and verify the accuracy of the Certificate of Release, Board of Parole and Parole Officer (PO) imposed special conditions of release, the approved address and reporting instructions that are provided in the CMS Community Preparation Investigation Report, travel plans, maximum expiration ME and post-release supervision maximum expiration PRSME dates, and the Community Supervision end date. The aforementioned information will be reviewed with the inmate within three business days of the inmate's scheduled release from a DOCCS or a local correctional facility. The ORC will emphasize the importance of complying with the conditions of release and reporting instructions.

NOTE: The Community Supervision end date is the controlling date that identifies the end of a parolee's term of supervision and is the later of a ME or PRSME date.

9. In addition to having the inmate sign the completed Certificate of Release, the ORC shall instruct the inmate to sign other case-specific documents, including but not limited to, [Form #CS6001](#), "Supervision Fee Acknowledgement Form."
10. Language assistance services will be obtained for inmates with limited English proficiency in accordance with Directive #4490, "Cultural and Language Access Services."
11. Reasonable accommodations will be provided in accordance with Directive #2612, "Inmates with Sensorial Disabilities," and Directive #2614, "Reasonable Accommodations for Inmates with Disabilities."
12. The ORC will document in CMS utilizing the Release Interview (RI) contact code and the Parental Notice Pre-Release (PN1) contact code, outlining that the ORC has met with the inmate and reviewed his or her maximum expiration ME and post-release supervision maximum expiration PRSME dates, the Community Supervision end date, special conditions, reporting instructions, Parental Notice Form provided to and signed by inmate, total amount of release funds the inmate will be provided, and release plans.

NOTE: The Community Supervision end date is the controlling date that identifies the end of a parolee's term of supervision and is the later of a ME or PRSME date.

NOTE: A Maximum Expiration for Parole Supervision (MEPS) case occurs when an inmate is previously released to parole/post-release supervision and is returned with a new commitment still owing time on the first sentence without having had the first sentence interrupted by a parole revocation. In instances involving a MEPS release, both the MEPS end date and PRSME date (if applicable) shall be recorded on the Certificate of Release. In addition, sentencing information from both commitment orders should be noted on the Certificate of Release.

13. In the event a tentative release date falls on a Friday, Saturday, Sunday, or a legal holiday, the SORC shall ensure that the actual day the inmate will be released from the facility is recorded on the Certificate of Release. For inmates being admitted to a DOCCS Residential Treatment Facility (RTF), and for those who are judicially sanctioned to Willard, staff shall refer to Section VII of this directive for proper release date selection. Staff shall comply with Department policy as it applies to Correction Law Article 4 §74.

14. The original Certificate of Release, signed by the inmate, with their release photo and fingerprints, shall be sent to Community Supervision Central Files immediately following the release or discharge from a DOCCS facility. In addition, Guidance staff shall copy and distribute as indicated on the Certificate of Release form.

NOTE: Certificates of Release for inmates who are judicially sanctioned to Willard should be sent to Community Supervision Central Files upon admission to the Willard facility. Refer to Section VII for further processing instructions related to Willard cases.

NOTE: Certificates of Release shall be maintained electronically for six months from the date of release within a folder in the facility Guidance shared drive and saved as "Last Name_First Name_DIN_Facility." After six months, the electronic copies may be deleted.

VI. REVIEW AND AMENDMENT PROCEDURE

A. Central Office Quality Control (QC) Unit Responsibility

1. QC staff shall retrieve completed Certificates of Release received by the Community Supervision Central Files Unit on a daily basis.
2. QC staff shall review each Certificate of Release for accuracy and ensure that all release documents have been signed and are complete.
3. For every approved Certificate of Release, QC will initial the document confirming that it has been reviewed and then send the Certificate of Release to Community Supervision Central Files for placement in the central file.
4. For every erroneous Certificate of Release, QC will provide the assigned bureau and the releasing facility with a Certificate of Release Error Memo that outlines the error, and will also provide a copy of the corrected Certificate of Release.
5. Upon receipt of the returned Certificate of Release Error Memo from assigned field personnel, QC staff will initial the Certificate of Release Error Memo indicating that it has been received, update the control log, and send the memorandum to Community Supervision Central Files.

B. Bureau Staff Responsibility

1. Upon receipt of the Certificate of Release Error Memo from QC, the assigned PO shall meet with the parolee, review the changes, and have the parolee sign the form. In addition, the PO shall modify the bureau copy of the Certificate of Release based on the changes provided by QC.
2. The signed copy of the Certificate of Release Error Memo shall be returned to Quality Control via interagency mail and a copy shall be placed in the case folder.

NOTE: In the event the parolee has a change in supervision status to delinquent, non-reporting, incarcerated, hospitalized, or discharged from Community Supervision, email notification shall be directed to the QC shared mailbox noting the reason(s) why field personnel were unable to obtain the parolee's signature. Staff shall also document the occurrence in CMS. In addition, a copy of the email to QC and the form shall be placed in the bureau folder until the parolee is available to sign the amended Certificate of Release.

- C. Releasing Facility Staff Responsibility (excludes RTF facilities): The releasing facility Deputy Superintendent of Programs (DSP) will receive a monthly report detailing the number and types of errors. The DSP will ensure the SORC(s) are provided a copy of the monthly report and take corrective action.

VII. SPECIAL RELEASE SCENARIOS

A. Residential Treatment Facility

1. The sending facility shall complete the Certificate of Release upon approval for an inmate's admission into a DOCCS RTF. The release date will be the DOCCS RTF admission date. The approved residence address is "DOCCS RTF" only. The City/State/Zip field will be blank.
2. The sending facility shall send the original Certificate of Release, signed by the inmate, to Community Supervision Central Files. In addition, Guidance staff shall copy and distribute as indicated on the Certificate of Release form with the exception of the inmate copy.
3. The RTF participant shall receive their copy of the Certificate of Release when they are released to a community residence or program. Upon release from the DOCCS RTF to a community residence or program, Guidance staff shall complete [Form #CS3010RTF](#), "RTF Release Form." In the event facility staff members cannot access the electronic version of the RTF Release Form, staff shall utilize the paper version, [Form #CS3010RTF.P](#), "RTF Release Form."
4. Guidance staff shall utilize [Form #CS3020A](#), "Special Conditions of Release to Community Supervision," to include any reporting instructions and/or special conditions imposed by the field bureau.
5. A new Certificate of Release shall not be completed upon an inmate's release to the community unless there is a change in special conditions imposed by the Board of Parole.

B. Merit Time Allowance Subsequent to Initial Open Date: For an inmate who is issued a Merit Time Certificate after granted an open date at the Initial Interview:

1. Guidance staff, under the direction of the SORC, shall notify the Board of Parole for purposes of initiating review, consideration, and determination regarding release on the merit eligibility date.
2. Guidance staff, under the direction of the SORC, shall send to the Board of Parole: a copy of the Merit Time Certificate, the most recent Parole Board Report packet, the signed [Form #CS3010BOP](#), the Parole Board Commissioner's Worksheet, and the Pre-Sentence Investigation Report(s).
3. Upon review of the Merit Time Certificate and the documents referenced in subsection VII-B-2, the Board of Parole shall render a decision to either grant release on the merit eligibility date or defer the matter for an interview before a panel of the Board of Parole.
4. If the decision is to defer, the inmate shall be scheduled for a merit time interview at the next available Parole Board at the current facility.

5. If the decision is to grant merit time release, Parole Board Operations shall document the decision on the designated section of [Form #CS3010BOP](#). Parole Board Operations will send a copy of the amended [Form #CS3010BOP](#) to the facility and send the original amended copy to Central Files. An amended copy shall be filed in the Community Supervision folder upon receipt with a corresponding CMS entry. Only an amended copy of [Form #CS3010BOP](#) will be provided to the IRC and the inmate with the Certificate of Release.
 6. Upon receipt of the decision to grant merit time, Guidance staff, under the direction of the SORC, shall amend the Initial Parole Board open date decision in the Guidelines Entry System (GES), record the determination in the narrative section of the Parole Board Decision Notice (Form #9026), and distribute in accordance with policy and procedure.
 7. Guidance staff will update CMS in accordance with Directive #8700, "Community Preparation – Case Assignment and Release Investigation Process," and email the assigned Community Supervision Bureau Chief, Senior Parole Officer, and Parole Officer. Assigned field staff shall act accordingly in response to the authorization to release the inmate on the merit time date.
- C. Willard Judicially Sanctioned Cases
1. Certificates of Release shall be drafted and completed upon arrival to the Willard Drug Treatment Campus.
 2. The release date shall be the sentencing date by the sentencing court.
- D. Alternative Drug Treatment (Alt 90): Upon completion of the alternative program, a new [Form #CS3010](#) with SORC/SPO imposed special conditions shall be completed upon his or her release to the community.
- E. Interstate CO-OP Cases
1. Prior to an arrival report from a sending state, the assigned bureau shall complete [Form #CS3010INT](#), "Cooperative Supervision Certificate of Release to Community Supervision." At the parolee's arrival report, the Certificate of Release shall be signed and then distributed as indicated on the bottom of the Certificate of Release.
 2. For approved transfers to another state from a DOCCS correctional facility, Guidance staff shall utilize [Form #CS3010](#).
- F. Local Conditional Release (LCR)
1. During the preparation of an LCR case for the Board of Parole's review, Internal Operations staff shall ensure [Form #CS3010BOP](#) is included in the blue folder.
 2. Upon an approval decision by the Board of Parole, [Form #CS3010](#) will be completed by Internal Operations staff and distributed to the field for further processing.
- G. Parole Diversion Programs (PDP): If a parolee has entered a PDP and the violation warrant is being held in abeyance, a new Certificate of Release is not needed upon release from the PDP. The parolee shall be provided with a copy of the original Certificate of Release, updated reporting instructions, and special conditions if applicable ([Form #CS3020A](#)).

- H. Revoke/Return Cases: When a parole or PRS violator has returned to a State correctional facility and is within three days of the assessed expiration date of the time assessment, a new Certificate of Release must be completed by the ORC. All accompanying steps are outlined in the procedure section of this directive.
- I. Revoke/Restore
 - 1. Parole and PRS violators who are being restored back to supervision locally from a county or city correctional facility shall be provided with a copy of the original Certificate of Release, updated reporting instructions, and special conditions, if applicable ([Form #CS4160](#), "Supplement to Certificate of Release").
 - 2. In the event that a parole violator has received an amended revocation decision to Revoke and Restore, and the parole violator is assigned to a NYS DOCCS correctional facility, Guidance staff shall complete [Form #CS4160](#), which shall include the reporting instructions and any additional special conditions imposed.

VIII. SUMMARY OF DUTIES AND RESPONSIBILITIES BY TITLE

- A. Completion of Certificates of Release Pre-Release
 - 1. Deputy Superintendent of Programs (DSP)
 - a. Oversight of the Certificate of Release pre-release process.
 - b. Ensuring all staff are trained and equipped with appropriate resources to complete Certificates of Release.
 - c. Ensure staff are made aware of any specific errors and corrective actions.
 - 2. Supervising Offender Rehabilitation Coordinator (SORC)
 - a. Ensure Certificates of Release are completed accurately and timely, as detailed in this directive.
 - b. Provide instructions to staff on how to complete the Certificates of Release and supplemental steps to the pre-release process, such as, but not limited to, the CMS entry and notification to the assigned bureau.
 - c. Establish duties and responsibilities for staff responsible for preparing and distributing Certificates of Release.
 - 3. Offender Rehabilitation Coordinator (ORC)
 - a. Review completed Certificates of Release accurately and timely, as instructed within this directive.
 - b. Review release date, ME date, PRSME date, and Community Supervision end dates to ensure accuracy.
 - c. Meet with the inmate to review and explain all conditions of release and reporting instructions, and ensure that the inmate signs the Certificate of Release.
 - d. Document the release interview and the completed release agreement, with supplemental documents, in the CMS record of the inmate.

B. Review and Amendment Procedure**1. Quality Control (QC)**

- a. QC staff shall review each Certificate of Release for accuracy.
- b. For every approved Certificate of Release, QC will initial in the corner that it has been reviewed, and will send the Certificate of Release to Community Supervision Central Files.
- c. For every erroneous Certificate of Release, QC staff will provide the assigned bureau with a Certificate of Release Error Memo.
- d. Receive signed copies of the Certificate of Release Error Memo from the field and distribute to the assigned facility.
- e. Update control log and tracking sheets.

2. Parole Officer

- a. Receive Certificate of Release Error Memo and schedule time to meet with the parolee to review changes.
- b. Instruct the parolee to sign the Certificate of Release Error Memo.
- c. Return signed Certificate of Release Error Memo to QC via interagency mail within 30 days of receipt of the request from QC.

IX. ASSOCIATED DOCUMENTS

- A. Certificate of Release to Community Supervision ([Form #CS3010](#))
- B. Application for Conditional Release to Community Supervision ([Form #CS3041](#))
- C. Conditional Parole for Deportation Only ([Form #CS3010A](#))
- D. Executive Clemency Certificate of Release to Community Supervision ([Form #CS3010EC](#))
- E. Cooperative Supervision Certificate of Release to Community Supervision ([Form #CS3010INT](#))
- F. Parole Board Release Authorization ([Form #CS3010BOP](#))
- G. [Certificate of Release Reference Chart](#)
- H. Supervision Fee Form ([Form #CS6001](#))
- I. Paper Version of Certificate of Release ([Form #CS3010.P](#))
- J. Paper Version of Parole Board Release Authorization ([Form #CS3010BOP.P](#))
- K. RTF Release Form ([Form #CS3010RTF](#))
- L. RTF Release Form ([Form #CS3010RTF.P](#))
- M. Supplement to Certificate of Release – PDF ([Form #CS4160](#))
- N. Supplement to Certificate of Release – Carbon Copy ([Form #CS4160.P](#))
- O. Special Conditions of Release to Community Supervision ([Form #CS3020A](#))



Corrections and Community Supervision

Certificate of Release Chart (7.2019)

Release Type	Release Sheet Type	Timing	Special Condition(s) Authority	Supplemental Documents
PIE – Parole Board	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Initial – Parole Board	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Reappearance- Parole Board	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Special Consideration	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Parole Violator Reappearance (PVRE)	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Local Conditional Release	CS3010	Within 72 Hours	BOARD OF PAROLE	CS3041, 3010BOP
Medical Parole/Compassionate Release	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Conditional Release	CS3010	Within 72 Hours	BOARD OF PAROLE	CS3041
Merit Time (Parole Board)	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Shock (Parole Board - Indeterminate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
SORC Reappearance (PVAE)	CS3010	Within 72 Hours	OPERATIONS/BUREAU	
Supplemental Merit Time (Indeterminate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Executive Clemency (Commutation to Parole Board for Decision)	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Limited Credit Time (Parole Board - Indeterminate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	3010BOP
Judicially Sanctioned (JS) & JS Violator	CS3010	Within 72 Hours	BOARD OF PAROLE/OPERATIONS/ BUREAU	
Presumptive Release (Indeterminate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Merit Presumptive Release (Indeterminate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Supplemental Merit Presumptive (Indeterminate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Maximum Expiration with PRS	CS3010	Within 72 Hours	BOARD OF PAROLE/OPERATIONS/ BUREAU	

Release Type	Release Sheet Type	Timing	Special Condition(s) Authority	Supplemental Documents
Merit (Determinate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Shock (Determinate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Shock PRS Violator Re-Release (Determinate Only)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Post-Release Supervision Violator Re-Release (CRC-PV)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Limited Credit Time Allowance (Determinate)	CS3010	Within 72 Hours	BOARD OF PAROLE	
Admission to Residential Treatment Facility (RTF)	CS3010	Within 72 Hours	BOARD OF PAROLE/COMMISSIONER'S DESIGNATION	
Streeted to Community Supervision from Residential Treatment Facility (RTF)	CS3010RTF	Within 72 Hours	N/A	
Parole Violator Alternate Programs (Alt-90)	CS3010	Within 72 Hours	Senior Parole Officer/Supervising Offender Rehabilitation Coordinator	
Commutation of Sentence by Governor	CS3010EC	Completed by Executive Clemency Bureau		
Early Conditional Parole/Discretionary Release for Deportation Only -Non VFO prior to Parole Eligibility Date (Indeterminate, Determinate & Indeterminate/Determinate Mixed)	CS3010A	Within 72 Hours	BOARD OF PAROLE	3010BOP
Conditional Parole for Deportation Only at or after Parole Eligibility Date (Indeterminate, Indeterminate/Determinate Mixed)	CS3010A	Within 72 Hours	BOARD OF PAROLE	3010BOP
Interstate CO-OP	CS3010INT	Completed by the Assigned Community Supervision Area Office		

STATE OF NEW YORK

DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)

CERTIFICATE OF RELEASE TO COMMUNITY SUPERVISION

SENTENCE:

Choose an item

RELEASE TYPE:

Choose an item

INMATE 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

1.
- I will proceed directly to the area to which I have been released, and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office indicated below, unless other instructions are designated on my release agreement.

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.

2.
- I will make office and/or written reports as directed.
3.
- 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

☐ INMATE COPY

☐ COMMUNITY SUPERVISION FOLDER (GREY FOLDER)

☐ COPY TO FACILITY IRC

4.

I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.
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 immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7.

I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8.

I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9.

I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10.

In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist 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. Special Conditions:

13.

I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release and that I have received a copy of the Certificate of Release.

Signed the_____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

STATE OF NEW YORK

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 manner as to violate the provisions of any law which I am subject, which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well being of myself or others.
- (10) I hereby waive my right to resist 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

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my sentence. 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 conditional parole for deportation only.

(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 any additional instructions or special conditions imposed by the New York State Board of Parole.

(13) I will fully comply with the instructions of a Parole Officer and obey such special additional written conditions as he or she, a member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release for deportation purposes only and that I have received a copy of this Certificate of Release.

Signed the_____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

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Corrections and
Community Supervision

ANDREW M. CUOMO
Governor

TINA STANFORD
Chairwoman, Board of Parole

PAROLE BOARD
RELEASE AUTHORIZATION

Pursuant to sections 259-i, 259-r or 259-s of the Executive Law, the State Board of Parole has the power and duty of determining whether eligible inmates may be released on parole, or medical parole and when and under what conditions. Said decision shall be made in accordance with the procedures adopted pursuant to subdivision four of 259-c of the Executive Law. In addition, pursuant to section 803-b of the Correction Law, the State Board of Parole has the power to determine which inmates serving a definite sentence of imprisonment may be conditionally released and when and under what conditions.

Click or tap here to enter text.*is hereby granted Parole by the NYS Board of Parole, by virtue of the authority conferred by New York State Law.*

DECISION: OPEN DATE/PAROLE DATE/GRANTED

BOARD MEMBERS SIGNATURES

PRINT NAME

SIGN NAME

DIN: Click or tap here to enter text.

NYSID: Click or tap here to enter text.

FACILITY: Click or tap here to enter text.

PAROLE BOARD MONTH: Click or tap here to enter text.

INTERVIEW DATE:

INTERVIEW TYPE: Click or tap here to enter text.

DECISION DATE:

AMENDED DECISION (Board of Parole Use Only)

MERIT TIME GRANTED ☐

VERIFIED BY:

DATE:

- ☐Original to Community Supervision Central Files
- ☐Copy to Community Supervision Case Folder
- ☐Copy to IRC (With Certificate of Release)
- ☐Copy to Inmate (With Certificate of Release)



Corrections and
Community Supervision

ANDREW M. CUOMO
Governor

TINA STANFORD
Chairwoman, Board of Parole

PAROLE BOARD
RELEASE AUTHORIZATION

Pursuant to sections 259-i, 259-r or 259-s of the Executive Law, the State Board of Parole has the power and duty of determining whether eligible inmates may be released on parole, or medical parole and when and under what conditions. Said decision shall be made in accordance with the procedures adopted pursuant to subdivision four of 259-c of the Executive Law. In addition, pursuant to section 803-b of the Correction Law, the State Board of Parole has the power to determine which inmates serving a definite sentence of imprisonment may be conditionally released and when and under what conditions.

is hereby granted Parole by the NYS Board of Parole, by virtue of the authority conferred by New York State Law.

DECISION: OPEN DATE/PAROLE DATE/GRANTED
BOARD MEMBERS SIGNATURES

PRINT NAME

SIGN NAME

DIN:
NYSID:
FACILITY:
PAROLE BOARD MONTH:
INTERVIEW DATE:
INTERVIEW TYPE:
DECISION DATE:

AMENDED DECISION (Board of Parole Use Only)
MERIT TIME GRANTED ☐
VERIFIED BY:
DATE:

- ☐Original to Community Supervision Central Files
- ☐Copy to Community Supervision Case Folder
- ☐Copy to IRC (With Certificate of Release)
- ☐Copy to Inmate (With Certificate of Release)

STATE OF NEW YORK

DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)

EXECUTIVE CLEMENCY CERTIFICATE OF RELEASE TO COMMUNITY SUPERVISION

SENTENCE: Choose an item. RESTITUTION/SURCHARGES:Click or tap here to enter text.

RELEASE TYPE: Executive Clemency INMATE ACCOUNT BALANCE: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 Executive Clemency by the Governor of the State of New York, by means of a commutation of sentence**, 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.

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

1. I will proceed directly to the area to which I have been released, and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office indicated below, unless other instructions are designated on my release agreement.
 - 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.
 - 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.
2. I will make office and/or written reports as directed.
3. 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.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty

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to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.

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 immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist 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. Special Conditions:

13. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release and that I have received a copy of the Certificate of Release.

Signed the_____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

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

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

ICOTS OFFENDER NUMBER: Click or tap here to enter text.

RELEASE TYPE: **CO-OP SUPERVISION** SENDING STATE ID NUMBER: Click or tap here to enter text.

Click or tap here to enter text., from the state of Click or tap here to enter text. who was convicted 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 **transfer to the State of New York**, by virtue of the authority conferred by the **Interstate Compact for Adult Offender Supervision**.

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 (Date of Arrival): 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 other 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

1. Upon my release I have been assigned to the Community Supervision Office indicated below, unless other instructions are designated on my release agreement.
 - 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.
2. I will make office and/or written reports as directed.
3. 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.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty

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to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.

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 immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist 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. Special Conditions:

13. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, or other authorized representative of the Department of Corrections and Community Supervision, may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release and that I have received a copy of the Certificate of Release.

Signed the _____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

SENTENCE:

RELEASE TYPE:

INMATE RELEASE FUNDS:

RESTITUTIONS/SURCHARGES:

NYSID:

DIN:

, now confined in

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:

PRS Maximum Expiration Date:

Post Release Supervision Period (Year/Months/Days):

It is hereby directed that _____ be released and placed under legal jurisdiction of the Department of Corrections and Community Supervision until the Community Supervision End Date of _____.

Date of Release:

Board of Parole (Deciding Members Names):

Board Decision Date:

Approved Residence Address:

City/State/Zip:

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

DIN:

I, _____, 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 or its representatives. I understand that my violation of these conditions may result in the revocation of my release.

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released, and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office indicated below, unless other instructions are designated on my release agreement.

Assigned Bureau:

Assigned Bureau Address:

City/State/Zip:

Bureau Phone Number:

Assigned Parole Officer:

Assigned Senior Parole Officer:

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

2. I will make office and/or written reports as directed.
3. 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.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.
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.

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

6. I will notify my Parole Officer immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist 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. Special Conditions:

13. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose.

I hereby certify that I have read and that I understand the foregoing conditions of my release and that I have received a copy of the Certificate of Release.

Date:

Releasee:

DIN:

Witness Signature:

Witness Name:

Witness Title:

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Corrections and Community Supervision

ANTHONY J. ANNUCCI
Acting Commissioner

TINA STANFORD
Chairwoman, Board of Parole

DOCCS RESIDENTIAL TREATMENT FACILITY (RTF) RELEASE AUTHORIZATION

Pursuant to Penal Law §70.45(3) and Correction Law §73(10), inmates can be placed in a RTF to await approval of SARA-compliant housing in accordance with Executive Law §259-c(14) or other appropriate housing based upon the releasee's needs while under Community Supervision.

Click or tap here to enter text. *is hereby approved to be transferred from a DOCCS RTF by Department of Corrections and Community Supervision staff to a residence in the community, by virtue of the authority conferred by New York State Law. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose for my period of Community Supervision.*

DIN: Click or tap here to enter text.

NYSID: Click or tap here to enter text.

FACILITY: Click or tap here to enter text.

ASSIGNED BUREAU: Click or tap here to enter text.

BUREAU ADDRESS: Click or tap here to enter text.

ASSIGNED SPO/PO: Click or tap here to enter text.

APPROVED ADDRESS: Click or tap here to enter text.

Signed the _____ day of _____, 20_____

Releasee:

Witness Signature:

Witness Name:

Witness Title:

- ☐ Original to Community Supervision Central Files
☐ Copy to Inmate ☐ Copy to Community Supervision Case Folder
☐ Copy to IRC (With Certificate of Release)



Corrections and
Community Supervision

ANTHONY J. ANNUCCI
Acting Commissioner

TINA STANFORD
Chairwoman, Board of Parole

DOCCS RESIDENTIAL TREATMENT FACILITY (RTF)
RELEASE AUTHORIZATION

Pursuant to Penal Law §70.45(3) and Correction Law §73(10), inmates can be placed in a RTF to await approval of SARA-compliant housing in accordance with Executive Law §259-c(14) or other appropriate housing based upon the releasee’s needs while under Community Supervision.

_____ is hereby approved to be transferred from a DOCCS RTF by Department of Corrections and Community Supervision staff to a residence in the community, by virtue of the authority conferred by New York State Law. I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose for my period of Community Supervision.

DIN:

NYSID:

FACILITY:

ASSIGNED BUREAU:

BUREAU ADDRESS:

ASSIGNED SPO/PO:

APPROVED ADDRESS:

Signed the _____ day of _____, 20_____

Releasee:

Witness Signature:

Witness Name:

Witness Title:

- ☐ Original to Community Supervision Central Files
- ☐ Copy to Inmate ☐ Copy to Community Supervision Case Folder
- ☐ Copy to IRC (With Certificate of Release)

STATE OF NEW YORK
NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
SPECIAL CONDITIONS OF RELEASE TO COMMUNITY SUPERVISION

Name: _____ **NYSID:** _____

Date of Release: _____ **Supervision Maximum:** _____

I, _____, acknowledge that under the provisions of my Conditions of Release that the following Special Conditions have been imposed upon me and that these Special Conditions will remain in effect until the termination of my legal period of supervision. _____

Unless otherwise amended, in writing by the Department of Corrections and Community Supervision (DOCCS).

I hereby certify that I have read and understand the above Special Conditions of my release and that I have received a copy of these Special Conditions.

Signed this _____ day of _____, _____.

Releasee: _____ **Witness:** _____

CS3020A (Facility Version – 8710) (Revised 7/2019)

☐ Copy to Releasee ☐ Copy to Area Office ☐ Copy to Central Files

STATE OF NEW YORK

DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)

APPLICATION FOR CONDITIONAL RELEASE TO COMMUNITY SUPERVISION

SENTENCE: Choose an item. RELEASE TYPE: Choose an item.
CONDITIONAL RELEASE DATE: Click to enter a date.

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

I, Click or tap here to enter text, hereby apply for Conditional Release. I understand that I will be in the legal custody of the Department of Corrections and Community Supervision until expiration of the Community Supervision period, which will be calculated upon my release. I agree to abide by the conditions of my release with the full knowledge that failure to do so may result in my imprisonment by order of the Board of Parole pursuant to law.

CONDITIONS OF RELEASE

1.

I will proceed directly to the area to which I will be released, and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office indicated on my Certificate of Release agreement, unless other instructions are designated on my release agreement.
2.

I will make office and/or written reports as directed.
3.

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.
4.

I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.
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 immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.
7.

I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
8.

I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
9.

I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
10.

In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist 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 Conditional Release or 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 Conditional Release or Community Supervision.
11.

I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
12.

Special Conditions: **TO BE DETERMINED**
13.

I will fully comply with the instructions of my Parole Officer and obey such special additional written conditions as he or she, a Member of the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision, may impose.
- ☐

LOCAL SENTENCE: I also understand and agree that if I am returned to a correctional facility for violation of any of the above conditions; the time spent under Conditional Release will not be credited against the term of my sentence.
- ☐

STATE SENTENCE: I understand and agree that if I am returned to an institution under the jurisdiction of the Department of Corrections and Community Supervision for violation of any of the above conditions, that the good behavior time earned by me prior to the date of my Conditional Release cannot be used as a basis for requesting any subsequent release. I further understand that if I am so returned I may, however, subsequently receive time allowance against the remaining portion of my maximum or aggregate maximum term not to exceed in the aggregate of one-third of such portion provided such remaining portion of my maximum or aggregate maximum is more than one year and that I shall not again earn any good behavior time against the remaining portion of my sentence if such remaining portion of my sentence is one year or less.

I hereby certify that I have read and that I understand the foregoing conditions of my release. Upon release, I will receive a copy of the Certificate of Release agreement.

Signed the_____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____ Witness Title: _____

☐ ORIGINAL TO CENTRAL FILES ☐ INMATE COPY

☐ COMMUNITY SUPERVISION FOLDER (GREY FOLDER) ☐ COPY TO FACILITY IRC

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

TO:

NYSID #:

DIN#:

FROM:

FACILITY:

SUPPLEMENT TO CERTIFICATE OF RELEASE (FORM CS3010)

Pursuant to the Administrative Law Judge's decision to restore you to supervision on your recent violation of the Conditions of Release.

Your violation has caused an interruption of your sentence based upon a delinquency date of .

As of today's date, your estimated Maximum Expiration Date or Post Release Supervision Maximum Expiration date is .

You are being restored to community supervision under the same Conditions of Release as existed at the time of your violation.

The following additional conditions of release are imposed at this time.

- 1.
- 2.
- 3.
- 4.
- 5.

Copy Received:

Signature

Date:

Witnessed

DISTRIBUTION: WHITE/RELEASEE, GREEN/IRC – FACILITY, YELLOW/CS QUALITY CONTROL, PINK/AREA OFFICE FOLDER,

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

TO: _____ NYSID #: _____
DIN: _____
FROM: _____ FACILITY: _____

SUPPLEMENT TO CERTIFICATE OF RELEASE (FORM CS3010)

Pursuant to the Administrative Law Judge's decision to restore you to supervision on your recent violation of the Conditions of Release.

Your violation has caused an interruption of your sentence based upon a delinquency date of _____.

As of today's date, your estimated Maximum Expiration Date or Post Release Supervision Maximum Expiration date is _____.

You are being restored to community supervision under the same Conditions of Release as existed at the time of your violation.

The following additional conditions of release are imposed at this time.

1. _____
2. _____
3. _____
4. _____
5. _____

Copy Received: _____
Signature

Date: _____

Witnessed

DISTRIBUTION: WHITE/RELEASEE, GREEN/IRC – FACILITY, YELLOW/CS QUALITY CONTROL, PINK/AREA OFFICE FOLDER,

**State of New York
Department of Corrections and Community Supervision (DOCCS)**

SUPERVISION FEE ACKNOWLEDGEMENT FORM

Name: _____ DIN: _____ NYSID: _____

Offender Rehabilitation Coordinator (ORC): _____

Supervising Offender Rehabilitation Coordinator (SORC): _____

Facility: _____

Date of Interview: _____

_____ I understand I am required under NYS Corrections Law §201 (9)(a) to pay a monthly supervision fee of \$30 while under community supervision.

_____ I understand that my Parole Officer is responsible for monitoring my compliance with fee payment and my Parole Officer will review my income/financial situation to determine if any fee adjustment is warranted. I understand that I must provide my Parole Officer with any and all financial information and documentation he or she may request to make this determination. If I believe I am not able to pay the required monthly supervision fee, I understand it is my responsibility to make efforts to pay such fee in order to obtain any fee adjustment consideration by my Parole Officer and the Senior Parole Officer.

_____ I understand that my supervision fees may be paid via money order to a contractor (JPay) provided Post Office Box or by credit or debit card via MoneyGram, JPay online, JPay mobile app, or telephone to JPay. I further understand that if I make supervision fee payments via MoneyGram, JPay online, JPay mobile app, or via telephone to JPay, I will be required to pay a convenience transaction fee (money transfer fee) in addition to the monthly payment. I also understand that there is no JPay transaction fee for payments made via money order.

_____ I understand that my early discharge from community supervision (5 Year Discharge, 3 Year Discharge or Merit Termination of Sentence) and any consideration by the Department of Corrections and Community Supervision (DOCCS) for issuance of a Certificate of Relief from Disabilities or a Certificate of Good Conduct may be denied if I do not make a good faith effort to pay the supervision fee.

_____ I understand that my failure to pay the required supervision fee may subject me to debt collection proceedings in which the Department of Corrections and Community Supervision (DOCCS) or the State of New York will seek a judgment against me in a court of competent jurisdiction for the entire amount of unpaid fees, and thereafter, will utilize whatever remedy the law allows for, e.g., wage garnishment, to collect that amount.

Parolee Signature: _____ Date: _____

ORC/SORC Signature: _____ Date: _____