
 <p>Corrections and Community Supervision</p> <p>DIRECTIVE</p>	<p>TITLE</p> <p>Sex Offender Registry Monthly Address Verification Procedure</p>		<p>NO. 9393</p>
			<p>DATE 01/04/2019</p>
<p>SUPERSEDES</p>	<p>DISTRIBUTION A</p>	<p>PAGES PAGE 1 OF 10</p>	<p>DATE LAST REVISED</p>
<p>REFERENCES (Include but are not limited to) Directive #8305; NYS Correction Law Article 6-C; Executive Law 259 (c) 14; SARA Law</p>		<p>APPROVING AUTHORITY</p> 	

- I. **DESCRIPTION:** To provide Department of Corrections and Community Supervision (DOCCS) staff with guidelines and instructions for completing the sex offender registry monthly address verification reports.
- II. **POLICY:** Pursuant to Article 6-C of the New York State Correction Law, the Sex Offender Registration Act, all registered sex offenders have a duty to register and verify their address with the NY State Sex Offender Registry on an annual basis and whenever a change in address is made. All Registry cases must report any change of address as well as any internet accounts, service providers and screen names in writing to the Registry within 10 days. Additionally, all Registry cases are required to notify the New York State Division of Criminal Justice Services (DCJS) of the name and address of an institution of higher education (this includes two and four-year colleges, universities, and vocational schools) no later than 10 days after the offender enrolls, starts attending, or working at the school. The offender also must notify DCJS if he or she plans on living in a dorm, apartment, or house owned by the school. Within 10 days after the offender is no longer enrolled in, residing, attending, or employed at a school, he or she must notify DCJS.

All Registry Level 3 offenders, and those with a sexual predator designation, must personally verify their address with the local law enforcement agency every 90 days.

It is the practice of DOCCS to provide quarterly address verification data to DCJS of all registered sex offenders under its supervision. In order to facilitate this, an Online Print report, Sex Offender Registry Monthly Address Verification Report (SORVER), is produced to assist staff with verifying whether a registered sex offender's address is current and that proper notification to the Registry is made to update the address on the DCJS Registry. The SORVER also includes information on whether the offender is subject to the Sexual Assault Reform Act (SARA) special condition; and if so, a monthly verification to ensure the residence is in compliance with this law must be made.

III. PROCEDURE

- A. The SORVER lists all Registry Level 1, 2, 3, and "P" (pending) cases assigned to each Bureau by assigned Parole Officer (PO). This report also includes cases that are past their maximum expiration date, such as absconders who have been declared delinquent and certain non-report status cases. The SORVER is available in Online Printing the 1st of every month and consists of the following forms:
 1. An Instructional Form – Attachment A, "Staff Instructions"
 2. The Sex Offender Address Verification Form for each PO – Attachment B, "Sex Offender Registry Monthly Address Verification Worksheet."

3. The Parole Officer Summary sheet – Attachment C, "Sex Offender Registry Monthly Address Verification Parole Officer Summary Sheet."
4. The Bureau Summary Sheet – Attachment D, "Sex Offender Registry Monthly Address Verification Bureau Summary Sheet."
5. The Region Summary Sheet – Attachment E, "Sex Offender Registry Monthly Address Verification Region Summary Sheet."
6. A Central Office Summary Sheet is printed only to SOMU – Attachment F, "Sex Offender Registry Monthly Address Verification Central Office Summary Sheet."
7. The Region will also receive a master list of all cases in the Region (CMSE004) in Online Print.

NOTE: A listing of cases will be printed for each Region and the Interstate Bureau. It is noted that some Regions include such areas as Community Supervision Operations Center (CSOC, formerly Bureau of Special Services (BSS)), Willard, and Rikers/Declared Delinquent Other Institution (DDOI). Regions responsible for these areas must ensure all cases on these lists are accounted for and submitted to the Regional Director.

- B. For cases who are assigned to the Bureau, the following steps must be taken to ensure this information is recorded accurately and on a timely basis:
1. Designated Bureau staff will print and distribute the SORVER report to the assigned PO/Senior Parole Officer (SPO) and establish a due date for completion. The SORVER report contains a listing of all Registry cases by assigned PO/SPO (Attachment B) and instructions (Attachment A).
 2. The assigned PO will review the SORVER report. If the case is no longer assigned to them, the PO will leave all sections blank and advise the Bureau Chief who will follow-up to ensure the verification process is completed.
 3. For cases assigned to the PO, the PO will compare the address listed on the SORVER report (which is the address on the NYS Sex Offender Registry) with the address listed in CMS. Verification of the current address of a registrant is to be made by the PO through an in-person visit with the parolee at the home address within 10 business days of the PO's completion of the verification report. This includes verification that the apartment/floor and other information is exactly the same.
 4. If the offender is still living at the Registry address, the PO will respond to numbers 1, 2, 7, and 8 (if applicable) on the worksheet (Attachment B).
 5. If the offender no longer lives at the address listed on the Registry, the PO will respond to 1, 3, and either 4 or 5 (that either a 48-hour form or change of address form was completed), 7, and 8 (if applicable).
 6. Any discrepancy between the CMS and Registry records must be reconciled. When an original offender signature can be obtained, the PO will complete the Change of Address form (DCJS Form 3231) and immediately send it to the Sex Offender Registry. A copy of the form must be placed in the parolee's file.

7. If an offender is incarcerated, deported, deceased, or an absconder warrant has been issued and this does not show in the Registry address field, this information is to be recorded on the DCJS 48-hour form (DCJS Form 3287), which must be completed by the PO and sent, emailed, or faxed to the DCJS Sex Offender Registry within 48 hours of the change in address. This form must be used in cases where no offender signature can be obtained, as indicated above.
8. It is noted that even if a sex offender registrant does not yet have a risk level assigned (level is pending), change of address responsibilities apply.
9. If a warrant for absconding or other failure related to Sex Offender Registry requirements was issued as a result of this verification, the PO will respond to number 6 on the worksheet (Attachment B) indicating that a warrant for absconding or other failure related to sex offender registration requirements was issued.
10. If the offender has the SARA condition imposed, the PO will check 7 on the worksheet (Attachment B). It is noted that staff must ensure the SARA condition is properly imposed and if it is not, steps must be taken to have it added or removed as appropriate (see Directive #8305, "Sexual Assault Reform Act (SARA) Mandatory Condition").
11. If the offender is subject to the SARA law, the PO must ensure that the current approved address is in compliance with Executive Law 259 (c) 14, the Sexual Assault Reform Act. In order to verify this information, the assigned PO must:
 - a. Perform a CIRIS check of the residence and document that it was completed in CMS by making a chronological entry and using the contact code "CWI"; and
 - b. Conduct an in-person home visit to the residence and conduct a visual inspection of the surrounding area. The visual inspection must be made by the PO surveying the 1000-foot area surrounding the residence in all directions in order to ensure there are no schools or other areas of concern located within the 1000 feet.
12. The PO must tally the individual worksheets for all cases on the SORVER report assigned to them (Attachment C) and submit them to the SPO in accordance with established due dates.
13. The SPO will review the entries submitted by each PO and sign the bottom of the forms before submitting them to the Bureau Chief. By signing the forms, the SPO attests that they have reviewed the submissions and that any cases subject to the SARA Law have had a CIRIS check, as well as a home visit with visual inspection of the 1000-foot area surrounding the residence, completed prior to the residence being approved and the address is in compliance with the SARA Law.

C. Bureau/Regional Responsibility

1. The Bureau Chief will ensure that all cases on the SORVER report for their Bureau have been completed. As noted above, the Bureau Chief must ensure that the verification process is completed even if the case is no longer assigned to the Bureau.

2. For all cases still assigned to the Bureau, the Bureau Chief will review the PO Summary Sheets (Attachment C) after they have been signed and submitted by the SPO and tally the numbers on the Bureau Summary Sheet (Attachment D) before signing the form and submitting it to the Regional Director. By signing the form, the Bureau Chief attests that they have reviewed the submissions and that any cases subject to the SARA Law have had a CIRIS check, as well as a home visit with visual inspection of the 1000-foot area surrounding the residence, completed prior to the residence being approved and the address is in compliance with the SARA Law.
3. The Regional Director will collect and review all final Bureau Summary Sheets (Attachment D) and must ensure that all cases on the master list (SORE004) are accounted for. The Regional Director will tally the numbers on the Region Summary Sheet (Attachment E) before signing it. By signing the form, the Regional Director attests that they have reviewed the submissions and that any cases subject to the SARA Law have had a CIRIS check, as well as a home visit with visual inspection of the 1000-foot area surrounding the residence, completed prior to the residence being approved and the address is in compliance with the SARA Law. The signed and completed Region Summary Sheet (Attachment E) will be sent to the Sex Offender Management Unit (SOMU) no later than the 5th day of the following month.
4. Regional Directors must examine all reports and retain all materials for a period of one year.

D. SOMU Responsibility

1. SOMU receives a monthly Online Print report (SORE004), which contains a count of all Registry cases assigned to each Bureau for each Region. SOMU completes the Central Office Summary Sheet (Attachment F) and compares the numbers submitted by the Regions with the master list counts.
2. Once the numbers are reconciled, SOMU provides statewide outcomes to the Deputy Commissioner of Community Supervision each month and to DCJS on a quarterly basis.

Staff Instructions

During the verification period, confirm the accuracy of the listed Sex Offender Registry address for individuals assigned to you. You will be confirming whether the listed residence is where the offender lives or is located. The "48 Hour Form" referenced herein is used to report any change in offender status or address where a signed change of address form has not yet been obtained from an offender, or is not required (death, incarcerated, absconded, or deported).

Complete the section under each offender according to these directions:

- ☐ Leave all sections blank if the offender is no longer assigned to you.
- ☐ If the offender is assigned to you and lives or is located at the listed registry address, respond only to numbers 1, 2, 7, and 8, if applicable.
- ☐ If the offender is assigned to you and no longer lives or is located at the listed registry address, respond to numbers 1, 3, 4 or 5, 7, and 8, if applicable.
- ☐ If a warrant for absconding or other failure related to Sex Offender Registry requirements was issued as a result of this verification, respond to number 6.
- ☐ Check if the offender has the SARA condition imposed.
- ☐ If the offender is subject to Executive Law 259 (c) 14 (SARA Law) check number 8 to verify that a CIRIS check and home visit with visual inspection of the surrounding area was completed prior to approving this address and that the residence is in compliance with this law. A visual inspection means the PO surveyed the 1000-foot area surrounding the residence in all directions.
- ☐ Tally up all responses by number and record in the final section of your worksheet.

**SEX OFFENDER REGISTRY MONTHLY
ADDRESS VERIFICATION WORKSHEET**

Date: _____

PON: _____

SPO: _____

PO: _____

Name: _____

NYSID: _____

Supervision Status: _____

SOR Level: _____

Registry Address

1. Check if the offender is assigned to you. ☐
2. Check if the offender was living at or is located at the SOR address listed above on the date of the verification. ☐
3. Check if the offender no longer lives at or is located at the SOR address listed above. ☐
4. Check if you sent in a 48-hour change of address form as a result of this verification. ☐
5. Check if you sent in an offender-signed change of address form as a result of this verification. ☐
6. Check if you issued a warrant for absconding or other failure related to SOR requirements as a result of this verification. ☐
7. Check if the offender has the SARA condition imposed. ☐
8. If this case is subject to the residency restrictions set forth in Executive Law 259 (c) 14 (SARA Law), a CIRIS check, as well as a home visit and visual inspection, has been completed prior to approving the residence, and the residence has been found to be in compliance with this law. ☐

**SEX OFFENDER REGISTRY MONTHLY
ADDRESS VERIFICATION
PAROLE OFFICER SUMMARY SHEET**

Date: _____

PON: _____

SPO: _____

PO: _____

Total # Cases on printout	_____
Total checks in number #1	_____
Total checks in number #2	_____
Total checks in number #3	_____
Total checks in number #4	_____
Total checks in number #5	_____
Total checks in number #6	_____
Total checks in number #7	_____
Total checks in number #8	_____

By submitting this verification report, I, SPO _____, attest that I have reviewed the submissions regarding all cases in compliance with the Sex Offender Registration Act (Correction Law Article 6-C). Any cases that are subject to Executive Law 259 (c) 14 (SARA Law) have had a CIRIS check and home visit with visual inspection of the surrounding area completed prior to approving the residence, and the residence has been found to be in compliance with this law.

Submitted by: _____
Senior Parole Officer

Date: _____

**SEX OFFENDER REGISTRY MONTHLY
ADDRESS VERIFICATION REPORT
BUREAU SUMMARY SHEET**

Date: _____

Region: _____

Bureau: _____

Bureau Chief: _____

Instructions: Report Bureau totals to Regional Director by submitting this summary sheet

- ☐ Total number of cases assigned Bureau from master list _____
- ☐ Total number of cases on caseloads (#1) _____
- ☐ Total number of cases living or located at SOR address (#2) _____
- ☐ Total number of cases not living or located at SOR address (#3) _____
- ☐ Total number of 48-hour change of address forms sent (#4) _____
- ☐ Total number of offender signed change of address forms sent (#5) _____
- ☐ Total number of warrants issued (#6) _____
- ☐ Total number of SARA cases (#7) _____
- ☐ Total number of CIRIS/address verifications (#8) _____

By submitting this verification report, I, Bureau Chief _____,
attest that I have reviewed the submissions regarding all cases in compliance with the Sex
Offender Registration Act (Correction Law Article 6-C). Any cases that are subject to Executive
Law 259 (c) 14 (SARA Law) have had a CIRIS check and home visit with visual inspection of the
surrounding area completed prior to approving the residence, and the residence has been found
to be in compliance with this law.

Submitted by: _____
Bureau Chief

Date: _____

**SEX OFFENDER REGISTRY MONTHLY
ADDRESS VERIFICATION REPORT
REGION SUMMARY SHEET**

From Region: _____

RD: _____

TO: Mary Kopp Adams

Instructions: Tally all cases assigned to Region; attach Bureau Summary sheets and forward to CO Operations no later than five days after close of the verification period.

- ☐ Total number of cases assigned to region from master list _____
- ☐ Total number of cases on caseloads (#1) _____
- ☐ Total number of cases living or located at SOR address (#2) _____
- ☐ Total number of cases not living or located at SOR address (#3) _____
- ☐ Total number of 48-hour change of address forms sent (#4) _____
- ☐ Total number of offender-signed change of address forms sent (#5) _____
- ☐ Total number of warrants issued (#6) _____
- ☐ Total number of SARA cases (#7) _____
- ☐ Total number of CIRIS/address verifications (#8) _____

By submitting this verification report, I, Regional Director _____, attest that I have reviewed the submissions of all cases by all Regional Bureaus in compliance with the Sex Offender Registration Act (Correction Law Article 6-c). Any cases that are subject to Executive Law 259 (c) 14 (SARA Law) have had a CIRIS check and home visit with visual inspection of the surrounding area completed prior to approving the residence, and the residence has been found to be in compliance with this law.

Submitted by: _____ Date: _____
Regional Director

**SEX OFFENDER REGISTRY MONTHLY
ADDRESS VERIFICATION
CENTRAL OFFICE SUMMARY SHEET**

Total # of cases assigned to Department from master list _____

Total # of cases on caseloads (#1) _____

Total # of cases living or located at SOR address (#2) _____

Total # of cases not living or located at SOR address (#3) _____

Total # of 48-hour change of address forms sent (#4) _____

Total # of offender-signed change of address forms sent (#5) _____

Total # of Warrants issued (#6) _____

Total # of SARA cases (#7) _____

Total # CIRIS/address verifications (#8) _____