
 <b>NEW YORK STATE</b>	<b>Corrections and Community Supervision</b>  <b>DIRECTIVE</b>	TITLE <b>Return of Parole Violators from Other Jurisdictions</b>		NO. 9072
		DISTRIBUTION A		DATE 11/12/2020
SUPERSEDES DIR #9072 Dtd. 09/17/19  REFERENCES (Include but are not limited to) NYS Penal Law Article 125 & Article 130; Directive #9403		PAGES PAGE 1 OF 7	DATE LAST REVISED	
		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 Section 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 makes 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/Senior Parole Officer/Bureau Chief/DOCCS Staff: Upon notification of the arrest of a parole violator in another jurisdiction, DOCCS staff, to whom the case is assigned, will do the following:

- a. Inform the supervising Senior Parole Officer/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 Bureau must obtain guidance and direction from the Director of Internal Operations (DIO) in order to proceed with such a process (see Section IV-E of this directive).

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 Bureau Chief/Unit Chief based upon the following Return Guidelines:

- 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;
  - 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;
  - 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;
  - 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;
  - 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;
  - If the new charge(s) results in a misdemeanor conviction, CDME may be requested;
  - 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; and
  - For any case, the Bureau Chief/Unit Chief, in conjunction with the Regional Director/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 NYS 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 Ill report; and
  - (3) Receipt of 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; and
  - 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 Senior Parole Officer/Unit Chief, who will consider all pertinent factors and make a recommendation to the Bureau Chief/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. "Certificate of Release to Supervision" ([Form #CS3010](#) or [Form #CS3010A](#));
  - b. Certified copy of the DOCCS parole warrant;
  - c. The parole violator's photograph and fingerprint card; and
  - d. A request that the arresting agency advise the Parole Officer 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.



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**B. Arranging for Return of Parole Violator****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 parole warrant, the officer must immediately notify the Warrant and Transfer Unit, 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 Warrant and Transfer Unit via email to the shared mailbox ([osiwarrantandtransfer@doccs.ny.gov](mailto: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, Bureau/Area Office, telephone number, and email of the Parole Officer and the Senior Parole Officer 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; and
- (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 Parole Officer MUST obtain a certified copy of the Certificate of Conviction as evidentiary documentation.

2. The Parole Officer 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 the Warrant and Transfer Unit via email to the shared mailbox

([osiwarrantandtransfer@doccs.ny.gov](mailto: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 parole warrant;
- d. The Violation of Release Report and Case Summary, including criminal history;
- e. "Certificate of Release to Parole Supervision" ([Form #CS3010](#) or [Form #CS3010A](#)); and
- 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: Warrant and Transfer Unit staff will determine and provide both Preliminary and Final Hearing dates for parole violators returned to New York City Department of Corrections custody.

4. Warrant and Transfer Unit

- a. The Warrant and Transfer Unit 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: Warrant Officers will be used to return parole violators from other jurisdictions when using Warrant Officers is compatible with the best interests of DOCCS.

- b. Warrant and Transfer Unit staff will make travel arrangements including transportation and lodging.
- c. Warrant and Transfer Unit staff will provide all necessary information and documents to one of the assigned officers.

C. Return of Parole Violator to New York State

1. Parole/Warrant Officer

- a. The officer, 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; and
  - (2) Make specific arrangements to take custody of the parole violator.
- b. Assigned officers 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 officers will travel to and from the jurisdiction where the parole violator is in custody, as described in the itinerary provided by the Warrant and Transfer Unit 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, officers 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."

D. Lodging Parole Violator Returned from Other Jurisdictions

Parole/Warrant Officers who return a parole violator must, within 24 hours:

1. Submit, via email to the Parole Officer/Senior Parole Officer of record and the Warrant and Transfer Unit to the shared mailbox ([osiwarrantandtransfer@doccs.ny.gov](mailto:osiwarrantandtransfer@doccs.ny.gov)), the completed [Form #CS9011](#). The Parole Officer/Senior Parole Officer of record will then notify the Parole Violation Unit of the hearing dates.
2. Submit, to the Warrant and Transfer Unit, the original completed [Form #CS9011](#) and any documents from the jurisdiction where the parole violator was taken into custody.

E. Return of Parole Violator 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 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 NYS 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:

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Dear \_\_\_\_\_:

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. The New York State DOCCS will extradite. Please advise if 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 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 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 SPO/PO \_\_\_\_\_ at \_\_\_\_\_. Thank you for your assistance and cooperation in this matter.



Very Truly Yours,

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Bureau Chief

cc: Area Office  
Central Files  
Quality Control  
Attachments



	<b>Corrections and Community Supervision</b>  <b>DIRECTIVE</b>		TITLE  <b>Temporary Staff Housing- Hudson Valley</b>	NO. 4005B
				DATE 11/12/2020
SUPERSEDES DIR# 4005B Dtd. 06/06/18	DISTRIBUTION A	PAGES PAGE 1 OF 3	DATE LAST REVISED	
REFERENCES (Include but are not limited to) Real Property Actions and Proceedings Law; OSC Bulletin on Taxable Status; Budget Policy & Reporting Manual Items B- 300, B-300A			APPROVING AUTHORITY 	

I. **DESCRIPTION:** This directive establishes the rules for the administration of temporary staff housing.

II. **PURPOSE:** The Department recognizes that there is a shortage of housing in the Westchester and Dutchess County areas. This housing shortage and the relatively high prices for housing have created a particularly burdensome condition for employees who are initially assigned to this area but whose preference is to transfer to Department facilities that are “closer to home” and distant from the Westchester/Dutchess County area. In an effort to lessen the burden on these individuals of locating decent, affordable, temporary accommodations, the Department voluntarily wishes to make available to eligible employees housing on a temporary basis. In order to assure that housing is utilized for this targeted need, and taking into account the possibly temporary availability of this housing to the Department, the Department has determined to avoid a landlord/tenant “leasehold” relationship or any of the legal relationships set forth in the Real Property Actions and Proceedings Law, and to administer housing instead on the basis of revocable permits with user fees.

It should also be noted that the offering of temporary housing accommodations is not intended to be and shall not become a term or condition of employment, either through past practice or any other means. The Director of the Budget retains the right to establish the user fee, and to revise it, which occurs as of April 1<sup>st</sup> each year. The Department retains sole authority to apply that fee, to determine whether temporary housing shall be continued, curtailed, or eliminated, and to revoke any permit.

### III. HOUSING

- A. Types of Housing: Multiple occupancy rooms are located at the Hudson Valley Staff Housing in New Windsor.
- B. Eligibility Requirements: To be eligible for consideration to occupy temporary housing at Hudson Valley Staff Housing, an individual must:
  1. Be an employee of the Department assigned to either Bedford Hills, Downstate, Fishkill, Green Haven, Sing Sing, or Taconic Correctional Facility;
  2. Reside more than 50 miles from such facility;
  3. Be listed on the current reassignment list to a DOCCS correctional facility located more than 50 miles distant from their current assigned facility;
  4. Not be an occupant of Department housing; and
  5. Not have an unsatisfactory Departmental work record.



- C. Placement: To the degree practicable, temporary staff housing at Hudson Valley Staff Housing will be made available to eligible employees based on the date of one's initial appointment to State service. One waiting list will be maintained as directed by the Green Haven Hub Supervising Superintendent. See [Form #4005B A](#), "Application for Placement in DOCCS Temporary Housing."
- D. Duration of Occupancy
1. The duration of occupancy is limited to a maximum of one year.
  2. When no demand for housing exists (no waiting list), the duration of occupancy may be extended.
  3. Extended occupancy can be continued as long as a waiting list does not exist. Employees taking advantage of this benefit will receive a minimum of two weeks notice to vacate the premises.
- E. Termination: The privilege of occupancy under this directive may be terminated as follows:
1. If the occupancy represents a hazard or danger to health, safety, or welfare of the inmates or employees of the facility, or to the premises;
  2. For violation of any of the terms of the permit;
  3. For visitor misbehavior;
  4. Upon termination of employment; or
  5. For any other reason.
- F. Limited Expectation of Privacy: Facility staff who live in Department-owned housing have a limited expectation of privacy. If there is a reasonable suspicion to believe that either criminal activity or a violation of Department rules has occurred or is occurring on the premises, upon approval by the Facility Superintendent or the Watch Commander, or upon approval by the Deputy Commissioner for Correctional Facilities or the Chief of Special Investigations, appropriate staff may be directed to enter the premises without the consent of the employee for the purpose of conducting an investigation, which may include a search of the premises. The facts giving rise to such belief must first be reviewed by the Office of Counsel for a determination as to whether they constitute a reasonable suspicion. A reasonable suspicion is the quantum of knowledge sufficient to induce an ordinarily prudent and cautious person to act under the circumstances. A reasonable suspicion must be based upon specific and articulable facts, and the logical inferences and deductions that can be drawn from those facts. If a reasonable suspicion is found to be present, then the search can be authorized. If a reasonable suspicion is not found to be present, then the search cannot be conducted unless a search warrant is obtained.
- G. Stipulation
1. All Department employees who occupy Department-owned staff housing are required to pay fees as established by the Director of the State Division of the Budget. Fees are based on the quality rating of the unit in accordance with the criteria established by Budget Policy & Reporting Manual Items B-300 and B-300A.

These fees are to be collected by payroll deduction only. These fees are generally taxable per OSC and IRS regulations (please refer to the latest OSC Bulletin on "Determining Taxable Status of Maintenance Deductions").

2. Staff housing calculation forms have been devised based on B-300 and B-300A. The appropriate calculation form (multi-room, single room, or shared, etc.) will be prepared by Central Office upon receipt of an updated B-300 or B-300A (generally issued by April 1<sup>st</sup>) and sent back to the facilities. Facilities will verify the items on the form and return a signed verification to Central Office. The computation can then be used until staff housing rates change or the housing units are modified.

If the quality rating of a residence has changed, facilities should request a Central Office review of the residence to determine if a change is appropriate. A modification affecting the quality rating of any staff housing unit may only be made with prior approval of the Deputy Commissioner for Administrative Services through the Division of Facilities Planning and Development. Facilities Planning will prepare a new staff housing calculation form and send it to the facility for approval.

3. Upon determination of the fee, in accord with Step 2 above, [Form #4005B B](#), "Revocable Permit – Temporary Occupancy (Employee Housing)," shall be completed for all permits granted by the facility with a commencement date and termination date to be renewed yearly. No reduction in fees is allowed for any absence.
4. The Superintendent or designee will establish a general cleanliness policy for single rooms and shared rooms. The policy will require occupants to maintain cleanliness and order in their personal rooms or areas and shared common areas and will establish a periodic inspection schedule.



**STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**

**APPLICATION FOR PLACEMENT IN  
DOCCS TEMPORARY HOUSING**

I \_\_\_\_\_, \_\_\_\_\_, hereby apply for temporary  
print name title

Department of Corrections and Community Supervision housing at \_\_\_\_\_. I am currently  
on a reassignment list for \_\_\_\_\_ Correctional Facility, located at least 50 miles from my  
current facility, which is \_\_\_\_\_. I understand that, if accepted for this  
housing, I will abide by the conditions outlined in the "Revocable Permit" which I acknowledge by signature  
prior to commencement of occupancy. I further understand that:

- (1) My application is a continuing application which means that I may be denied housing if I do not satisfy  
eligibility requirements on the date my placement becomes effective;
- (2) This housing is temporary and is subject to termination and/or revocation as set forth in Department  
Directive #4005B; and
- (3) Housing, its termination or revocation, is not subject to the grievance process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ACTION ON APPLICATION FOR PLACEMENT**

As the Superintendent or designee of the Superintendent of \_\_\_\_\_  
Correctional Facility. I certify that the above employee (meets/does not meet) the eligibility requirements as  
set forth in Departmental Directive #4005B, and that the applicant herein is (approved/disapproved) for  
placement.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**SENIORITY DATE**



**APPROVED**



**DISAPPROVED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Approved applications should be immediately forwarded to the Deputy Superintendent for  
Administration at Green Haven: Copies of all applications should be provided to the applying employee and  
maintained in your files.

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\_\_\_\_\_  
Authorized Green Haven Signature

\_\_\_\_\_  
Effective Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Room Assigned

EMPLOYEE TEL # \_\_\_\_\_

**STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
REVOCABLE PERMIT- TEMPORARY OCCUPANCY (EMPLOYEE HOUSING)**

THIS REVOCABLE PERMIT IS GRANTED this \_\_\_\_\_, day of \_\_\_\_\_, by the STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION acting by and through the Green Haven Correctional Facility, hereinafter referred to as "Department" to \_\_\_\_\_ employed as \_\_\_\_\_,

hereinafter referred to as "PERMITTEE."

The Department holds jurisdiction of certain real property at 563 Reed St. New Windsor, NY, which it wishes to make available to PERMITTEE as an accommodation. This permit and the user fee shall not become a term or condition of employment, either per past practice or any other means. Permit termination or revocation is not subject to grievance processes and may not be used as evidence of damages in any forum.

1. **THE PREMISES** - DEPARTMENT grants occupancy of the premises described as follows: Room#: \_\_\_\_\_ Bed#: \_\_\_\_\_.
2. **THE TERM** - This permit shall commence on \_\_\_\_\_ and shall terminate no later than the last day of the current fiscal year, March 31, 20\_\_\_\_, or PERMITTEES suspension from or termination of employment by the Department, or transfer from \_\_\_\_\_ Correctional Facility, PERMITTEES current assigned facility, unless sooner revoked under the provisions of paragraph 19. Reinstatement of employment after suspension or termination does not reinstate this permit.
3. **COST** - PERMITTEE hereby agrees to pay \$ \_\_\_\_\_ BI-WEEKLY as a user fee for occupying the premises pursuant to this permit. The amount of such payment is governed by the Division of Budget and shall be made by payroll deduction. The Department reserves the right to adjust the amount of the user fee to remain in compliance with Division of Budget Policy & Reporting Manual Items B-300 or B-300A.
4. **APPLICABILITY OF RULES** - Premises means both the specific room and common areas which are the subject of this permit and all lands which constitute the former Stewart Air Force Base. PERMITTEE shall comply with all rules, regulations, and directives applicable to Department employees.
5. **QUIET ENJOYMENT** - PERMITTEE hereby agrees to occupy said premises in a manner that will not disturb the quiet and peaceful enjoyment of occupancy of other employees or interfere with the orderly operation of the premises.
6. **IMMEDIATE USE** - Occupancy is restricted to PERMITTEE and no part of the premises so occupied may be rented, subleased, or used for any business enterprise whatsoever.
7. **MAINTENANCE OF PREMISES** - Premises described in paragraph 1 shall be kept in a clean, orderly, and sanitary condition and in accordance with the standards set by the facility. Littering on the premises is prohibited. PERMITTEE may not use public containers other than the outside dumpster for the placement of garbage. PERMITTEE may not sweep debris into common areas.
8. **DAMAGE** - Except for normal wear and tear, PERMITTEE will be held financially responsible for any damage or loss to the premises or any appliances, fixtures, or furnishings thereof.
9. **VISITORS** - Visitors are allowed only in the common areas and only between the hours of 7AM and 11 PM, and must be attired properly. A PERMITTEE is responsible for the behavior of his or her visitor(s). Visitor misbehavior may result in permit revocation.
10. **FIREARMS** - PERMITTEE hereby understands and agrees that firearms (of any kind) and ammunition shall not be possessed or stored in State owned residences. Personally owned firearms may be stored in the arsenal or any other secure area authorized by the Superintendent of the facility. Special permission is not required for this storage.
11. **PETS/ANIMALS** - No pets or animals shall be kept on said premises.
12. **ALTERATIONS** - PERMITTEE shall make no repairs, modifications or changes to the premises, including painting, without written permission from the Superintendent of the facility. To prevent damage to walls, PERMITTEES who wish to hang pictures or curtain rods should furnish a written request to the Plant Superintendent who will issue the appropriate request to the Maintenance Department. PERMITTEES are not allowed to set up antennae outside their rooms.
13. **KEYS** - PERMITTEES will be provided keys. If a key is lost, it will be replaced at a charge of \$5.00. Keys are not to be given to other employees or visitors. Duplication of keys is prohibited.
14. **PROPERTY** - The Department is not an insurer of PERMITTEE's property and is responsible for damage or loss only to the extent as set forth in the State Finance Law.
15. **BULLETINS** - A bulletin board is provided to each resident for notices. PERMITTEES should check the bulletin board frequently so they may be kept informed.
16. **ACCESS** - The Superintendent or his or her authorized designee shall have access to said premises at reasonable and appropriate times for inspections to determine compliance with aforesaid rules, regulations, and directives, and to do such work or make such repairs as are deemed necessary by the Superintendent.
17. **INTENTION TO VACATE** - PERMITTEE shall give the Superintendent written 15 day notice in advance of intention to vacate occupied premises.
18. **SOLE RESIDENCE** - PERMITTEE may not have another residence within 50 miles of his or her assigned facility.
19. **REVOCATION** - The privilege of occupancy under this permit may be revoked at the discretion of the Superintendent:
  - (a) If the occupancy represents a hazard or danger to health, safety, or welfare of the inmates or employees of the facility, or to the premises;
  - (b) For violation of any of the terms of this permit;
  - (c) For visitor misbehavior;
  - (d) Upon termination of employment; or
  - (d) For any other reason.
20. **VACATION OF PERMISES** - PERMITTEE acknowledges that the granting of this permit and the imposition of a user fee do not constitute the creation of a landlord tenant relationship, waives any and all notice and procedure requirements incident to that relationship or provided for by the Real Property Actions and Proceedings Law of the State of New York, and consents to vacate the premises immediately upon the date specified by the Superintendent, in his or her sole discretion. PERMITTEE also hereby acknowledges the Superintendent's right to re-enter said premises and take possession thereof immediately in the event PERMITTEE does not vacate as set forth above, without liability by the State, its officers or employees on account of the PERMITTEE or his or her property.

PERMIT GRANTED BY

CONDITIONS AGREED TO AND ACCEPTED

\_\_\_\_\_

Permittee

\_\_\_\_\_

Print Name Signed

\_\_\_\_\_

Print Name Signed

\_\_\_\_\_

Superintendent



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

TO: \_\_\_\_\_ INST.# \_\_\_\_\_

WARRANT# \_\_\_\_\_ NYSID# \_\_\_\_\_

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

A preliminary hearing on these charges has been scheduled on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Place

Should you waive a preliminary hearing or should probable cause be found at this hearing that you have violated any condition of your release in an important respect, a

final hearing on these charges will be held on \_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_  
Date Time Place

In the event that your return to the State of New York cannot be effected for the 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 may become available for return on the Department's warrant.

You have the right to a preliminary and final revocation hearing. A preliminary hearing may be held to determine whether there is probable cause to believe that you violated one or more of the conditions of your release in an important respect. At this hearing you are entitled 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 probable cause for the purpose of the preliminary hearing. You may be represented by counsel. It is your responsibility to obtain counsel. Your waiver of this preliminary hearing is the equivalent to a finding of probable cause.

In the event you are convicted of either a misdemeanor or a felony offense committed while under community supervision and a preliminary hearing has not been completed, you will not be entitled to the preliminary hearing on the basis of the new conviction. Any preliminary hearing which may have been scheduled may therefore be cancelled upon your conviction for such misdemeanor or felony.

Following the establishment of probable cause, the Board of Parole or its designee will review your case and may order that you be held for a final revocation hearing.

At the final revocation hearing, the presiding officer will determine whether there is a preponderance of evidence to support each of the charged violations. At this hearing, you have the right to be represented by counsel; to speak on your own behalf; have the right to introduce letters and documents; present witnesses who can give relevant information; and confront and cross-examine adverse witnesses against you. 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 indeterminate or determinate sentence, any final revocation hearing which has been scheduled for you 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.

Should you be convicted of a crime committed after your release, it is the intention of the Department of Corrections and Community Supervision to introduce evidence of your conviction at the time of your revocation hearing.

A request to adjourn either scheduled hearing should be made in the case of a preliminary hearing, at least three (3) days, and in the case of a final hearing, at least seven (7) days prior to the hearing, in writing, to the local area office. 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 regarding that violation of community supervision which are authorized by the Board of Parole. 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, a time assessment because of the violation 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 # \_\_\_\_\_

I am an alleged community supervision violator being held at: \_\_\_\_\_

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

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

at \_\_\_\_\_ at \_\_\_\_\_  
Time Place

I cannot afford an attorney and request that I be assigned counsel.  
Releasee \_\_\_\_\_  
Name

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 W&T**, 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.

PHOTOFINGERPRINTSID MARKERS (SCARS, MARKS, TATOOS)WARRANT

SUP VOP/VOPCERTIFICATE OF RELIEF9011 (With dates and attorney address REQUIRED FOR ALL)

UBERSOOMH-1SNEW VFO: (list)

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

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

DATE:		SUBJECT NAME:	
FROM:		PV: INMATE: SIST: SO: OMH-1S: UBER:	
		DOB:	
Owning Bureau:		NYSID #:	
PO:		DIN #:	
SPO:		AKA:	
RD/BC:		Crime of Conviction:	
Phone:		Sentence:	
Address:		Delinquency Date:	
		Time Owed:	
		ME Date:	

MUST HAVE

2	Date Notified/How:		2	Date Available:	
	Date W & T Notified:			SERVE BY:	
	Entitled to PH:	YES NO		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: UBER , SO , SIST , OMH-1S ; or have a New VFO : (list)?

Is the subject lodged in a state that is currently on NYS travel advisory? Yes No

➤ If Yes, Date of COVID-19 test:

Result of test: Positive Negative Pending

Are there any COVID-19 Restrictions at facility (receiving or returning)? Yes No

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.

DO NOT submit packet until A LL documentation is assembled, FORM is COMPLETED, and it is WITHIN 30 DAYS of A AVAILABILITY. For questions, email or call the WARRANT & TRANSFER OFFICE at (518) 485-8732.



Applicable to releases to Community Supervision on or after July 8, 2020

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 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

Additional Reporting Instructions.
2. 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.
3. I will not abscond, which means intentionally avoiding supervision by failing to maintain contact with my Parole Officer and failing to reside at my approved residence.

Applicable to releases to Community Supervision on or after July 8, 2020

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 Officer.
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:  
Special Conditions.

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: \_\_\_\_\_



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

☐ ORIGINAL TO CENTRAL FILES ☐ INMATE COPY

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

(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 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: \_\_\_\_\_