| | NEW Corrections and | TITLE | NO. 9200 | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|----------------|-------------------|
| | Community Supervision | Local Condition (LCR) | DATE 1/12/2017 | |
| | DIRECTIVE | | | |
| | SUPERSEDES | DISTRIBUTION | PAGES | DATE LAST REVISED |
| DIR #9200 Dtd. 1/29/2015 REFERENCES (Include but are not limited to) Penal Law §70.40(2); Correction Law Sections, 168e, 803; Executive Law Section 259-i(3); 9 NYCRR 8005.20 | | AB | PAGE 1 OF 12 | |
| | | APPROVING AUTHORITY | Varlaid | 7 V |

- PURPOSE: To guide staff in the preparation of Local Conditional Release (LCR) cases for review and decision by the New York State Board of Parole and supervision in the community by the New York State Department of Corrections and Community Supervision (DOCCS).
- II. POLICY: It is the policy of DOCCS to consider applications for LCR received from inmates in local custody who are eligible for consideration based on the requirements of New York State Penal Law §70.40(2). It is also the policy of DOCCS to prepare for the local conditional release of inmates approved by the Board of Parole and to supervise these releasees for a period of one (1) year from the date of release.
- III. **DEFINITIONS**: Local Conditional Release (LCR) Penal Law §70.40(2)
 - A. <u>Eligible Inmate</u>: An inmate who is serving one (1), or more than one (1), definite sentence of imprisonment for a qualifying offense (see below "Ineligible Inmate"), with a term or aggregate term in excess of ninety (90) days may, upon the inmate's request, and after consideration and approval by the New York State Board of Parole, be conditionally released to supervision within the community after service of at least sixty (60) days of that term. The sixty (60) day requirement includes any credit for presentence jail time. If an inmate is serving consecutive sentences, the aggregate of such sentences cannot exceed two (2) years. LCR shall be at the discretion of the New York State Board of Parole. An inmate must serve a minimum period of thirty (30) days before applying for LCR. Before being released from a local jail or local correctional facility to serve a period of LCR supervision, the inmate must agree in writing to all conditions governing their release.

A locally confined inmate previously under DOCCS jurisdiction who has been discharged from sentence, has reached the maximum expiration of sentence, or has reached the post-release supervision maximum expiration date may apply for consideration. There must be no indeterminate sentence, determinate sentence, or post-release supervision time remaining. A locally confined inmate who was previously under probation supervision in the community and has been discharged from the term and sentence may apply for consideration.

B. <u>Ineligible Inmate</u>: Inmates sentenced to a definite term(s) for offenses making them ineligible for a merit time allowance under Section 803 of the Correction Law; inmates previously convicted of offenses making them ineligible for a merit time allowance under Section 803 of the Corrections Law; and inmates sentenced to definite term(s) by Family Court or those serving an intermittent sentence(s) or split sentence(s) are ineligible for LCR consideration. Inmates resentenced on a probation violation and those inmates required to serve a period of probation, subsequent to release on the definite sentence, are also ineligible for LCR.

Note: A prior Youthful Offender (YO) adjudication has no bearing on an eligible individual's application for LCR. A prior YO adjudication for a merit ineligible offense does not disqualify an individual seeking consideration while presently serving a sentence for a qualifying offense.

Note: An outstanding warrant does not preclude LCR consideration; however, where there are pending charges the application for LCR may not be processed or considered by the Board of Parole.

- C. <u>Local Conditional Release Supervision</u>: LCR shall interrupt the service of the definite sentence(s) and the remaining portion of the term(s) shall be held in abeyance. The LCR releasee will be under the supervision of DOCCS for a period of one (1) year (less one (1) day), calculated from the date of release. The LCR releasee must complete one (1) year of unrevoked LCR supervision regardless of the scheduled maximum expiration of the court imposed sentence. Upon successful completion of the period of supervision, the balance of sentence time held in abeyance is deemed satisfied and the LCR releasee will be discharged from sentence.
- D. Revocation of Local Conditional Release: If the LCR releasee is found, after a final revocation hearing conducted pursuant to Section 259-i(3) of the Executive Law, to have violated a condition or conditions of release in an important respect, the LCR releasee will be returned to the local jail or county correctional facility to serve the balance of sentence time owed (i.e., that portion of the definite sentence held in abeyance).
- E. <u>DOCCS Community Supervision Staff Assigned to Rikers Island Correctional Facility</u> (<u>CF</u>): Under the direction and immediate supervision of the Senior Parole Officer, professional, paraprofessional, and support staff assigned to the Rikers Island CF Community Supervision Office are responsible for reviewing applications received from locally confined inmates, determining eligibility, procuring case-specific records and documents, and preparing the required reports for all eligible inmates in the custody of New York City Department of Corrections (Rikers Island CF). Community preparation investigations shall be conducted by assigned field staff.
- F. <u>DOCCS Community Supervision Field Staff</u>: Under the direction of the Regional Directors and the supervision of the Bureau Chiefs, professional, paraprofessional, and support staff assigned to field Area Offices/Bureaus are responsible for reviewing applications received from locally confined inmates, determining eligibility, procuring case-specific records and documents, preparing reports for all eligible inmates, conducting community preparation investigations, and supervising releasees granted release by the Board of Parole.
- G. <u>Guidelines Entry System (GES)</u>: DOCCS PARTNER Program utilized for core case record creation, Parole Board application preparation, and Parole Board dispositions.

H. <u>Case Management System (CMS)</u>: DOCCS PARTNER Program defined as the core repository for case-specific information for the population of releasees under the jurisdiction of the Department. Staff shall enter and record all required contacts, interviews, activities, and case actions in the CMS record of the inmate.

<u>LDIN</u>: The Department issued case identification number for LCR applicants (locally confined inmates and releasees under supervision).

IV. PROCEDURE

- A. Local Conditional Release Procedure
 - 1. Application by an Inmate Serving a Definite Sentence (Local Custody)
 - a. All LCR applications, Form LCR9200, "Application for Local Conditional Release (LCR) NYS Penal Law §70.40 (2)," are to be submitted to the New York State Department of Corrections and Community Supervision, Attention: Community Supervision Operations, The Harriman State Campus, 1220 Washington Avenue, Albany, New York 12226-2050.
 - Upon receipt of a completed and signed application requesting LCR consideration, Community Supervision Operations (Central Office) staff will initiate core record creation in the GES and the LDIN identifier will be assigned.
 - c. The original LCR application will be directed to the attention of the Bureau Chief responsible for the particular county correctional facility. Applications received from inmates confined at Rikers Island CF will be directed to the attention of the Senior Parole Officer assigned to Rikers Island CF.

<u>Note</u>: Upon receipt of an application, field staff must document in CMS any action taken on the case.

- d. The Bureau Chief (and the Senior Parole Officer at Rikers Island CF) is primarily responsible for the following:
 - (1) Assigning of the LCR application to the Senior Parole Officer and Parole Officer,
 - (2) Supervising creation of the case file and compilation of the required documentation, and
 - (3) Monitoring the Parole Board case preparation, case review, and release processes.
- e. Upon receipt of an inmate's LCR application and assignment to field staff, the Parole Officer responsible for application review and case processing shall contact the Jail Administrator, or other appropriate Records Office personnel, to ascertain the crime and sentence data, the date the sentence was imposed, and amount of pre-sentence jail credit. The Parole Officer must confirm that the definite sentence or aggregate of definite sentences is in excess of ninety (90) days.
- f. After sentence eligibility is determined, the Parole Officer must verify that the inmate has served at least thirty (30) days of the sentence, prior to acceptance of a completed application. The Parole Officer will make arrangements with the Jail Administrator, or other appropriate staff person, in an effort to conduct an interview with the inmate at the local jail or local correctional facility.

- g. If the assigned Parole Officer determines that the inmate is not eligible for LCR, the Parole Officer shall inform the inmate and notify Community Supervision Operations staff in Central Office.
- h. The assigned Parole Officer is responsible for procuring all case-specific documents and records from the Jail Administrator or Records Office staff at the county facility. Where necessary, the assigned Parole Officer will procure case-specific records from the county probation department or the sentencing court.
- 2. Pre-Parole Board Review and Initial Inmate Interview
 - a. The Parole Officer will conduct an initial interview with the inmate consistent with the requirements associated with the preparation of a Parole Board Report and in preparation for case review by a panel of the Board of Parole. The interview shall occur within five (5) days of the eligibility determination. The Parole Board Report is to be identified as a "Local Conditional Release Parole Board Report," Form LCRPBR.
 - b. The Parole Officer must thoroughly explain the entire LCR process to the inmate including the Parole Board review and decision making process, the one (1) year requirement of LCR supervision, and the Parole Officer must also explain the impact a sustained revocation of LCR would have on the remaining portion of definite sentence(s). The Parole Officer must advise inmate applicants that they will be required to make weekly office reports, that there will be unannounced home visits conducted by field staff, that they will be required to pay a supervision fee, and in addition to the standard conditions of release, they may be required to comply with additional special conditions of release imposed by the Board of Parole and the assigned field Parole Officers.
 - c. If, during the course of the interview, the inmate decides to withdraw the application for LCR consideration, the Parole Officer will instruct the inmate to provide a brief written statement noting the voluntary withdrawal from consideration and the inmate shall be instructed to sign the document. The Parole Officer will retain the original copy of the document noting the withdrawal of the application and the Parole Officer shall also notify Community Supervision Operations staff in Central Office.
 - d. If the inmate elects to be considered for LCR, the inmate must sign the "Application for Conditional Release to Parole Supervision," Form #3041CS.
 - e. If it is determined that the inmate will be required to register as a sex offender, the Parole Officer will review the "Notice of Duties as a Sex Offender," Form #3012CS with the inmate and have the inmate sign the form. Form #3012CS will not be distributed until such time as the Parole Board grants release and the actual release date is scheduled.
 - f. The Parole Officer must obtain the proposed residence and proposed employment information, as well as any other pertinent background information that is to be included in the Parole Board Report and the community preparation investigation.

- g. Prior to completion of the interview, the inmate is to be provided with the Parole Officer's contact information, including the name of the Area Office location, mailing address, office telephone number, and instructions regarding the preferred method of contact in response to changes in status or the need to contact the Parole Officer or Area Office personnel.
- 3. Procurement of Case Documents, Case Folder Organization, and Program Records
 - The Department will solicit recommendations from the Sentencing Judge, a. District Attorney, and Defense Attorney for all eligible inmates who submit an application for LCR. Upon receipt of an application from an eligible inmate, assigned field staff will prepare and direct letters to the aforementioned individuals requesting a recommendation regarding release consideration by the Board of Parole. Staff will utilize the attached sample letter, Attachment A. The Department will afford the Sentencing Judge, District Attorney, and Defense Attorney a period of twenty-one (21) days to provide a response. This requirement is to be incorporated into the local processing controls of the area field office and under no circumstances shall an application package (LCR case folder) be submitted to the Community Supervision Operations Office and the Board of Parole prior to receipt of the responses or, if no responses are received, until such time as the twenty-one (21) day period has expired. The letters are to be prepared and directed to the attention of the Sentencing Judge, District Attorney, and Defense Attorney on or about the date of the initial interview (Parole Officer initial interview with the inmate). During the twenty-one (21) day comment period, assigned field staff will address and complete all other procedural requirements in preparation for submission of the case to the Board of Parole.
 - b. The Parole Officer responsible for the interview and preparation of the Parole Board Report must obtain copies of the following documents on the date that the initial interview is conducted at the county correctional facility:
 - (1) Pre-Sentence Report (PSR),
 - (2) A copy of the sentence and commitment order document,
 - (3) Copy or copies of any warrants or detainers on file,
 - (4) The inmate's photograph, and
 - (5) Fingerprint identification card.

The above referenced documents should be procured on the date that the inmate interview is conducted at the local correctional facility. It may be necessary to obtain a copy of the PSR from the county probation department or the sentencing court. If an inmate has been committed without a presentence report, the Parole Officer will contact the sentencing court or local probation department in an effort to procure a copy of the report. If the Parole Officer is unable to obtain a copy of the PSR or if no PSR has been prepared by the probation department, the Parole Officer shall advise the Board of Parole by noting the fact that no pre-sentence report is available in the "Comment" area of the Parole Board Report, Form LCRPBR.

- c. Assigned field staff is responsible for creating and organizing the case folder in preparation for Board of Parole review and supervision in the community. Staff will utilize the designated LCR "blue" case folder jacket. The case folder shall be organized as per established Department procedure.
- d. Field staff shall ensure a copy of the inmate's DCJS Criminal History Profile (rap sheet) is placed in the case folder.
- e. Field personnel are required to provide the following information (case folder documents) to the Board of Parole:
 - (1) Parole Board Report
 - (2) Sentence and Commitment Order(s)
 - (3) Pre-Sentence Report (PSR)
 - (4) DCJS Criminal Justice Profile (rap sheet)
 - (5) Application for Local Conditional Release (LCR)
 - (6) Application for Conditional Release (Form #3041CS)
 - (7) Confidential File (if applicable)
 - (8) Prior Parole and Post-Release Supervision Records (if applicable)
 - (9) Psychiatric Reports, Psychological Assessments, disciplinary history and Mental Status Evaluations (if applicable)
 - (10) Medical Reports (if applicable)
 - (11) "Commissioner's Worksheet" (Form #9026.2)
 - (12) Recommendations from Sentencing Judge, District Attorney, and Defense Attorney
 - (13) "Post-Interview Staff Worksheet" (Form #9028)

<u>Note</u>: A copy of each of the documents referenced in Section IV-A-3-e-(1) through (13) (above), shall be directed to the Community Supervision Central Files Unit for inclusion in the inmate's Central File.

<u>Note</u>: "Certificate of Release to Parole Supervision," <u>Form #3010CS</u>, will be prepared At Central Office.

f. Assigned field staff shall direct the completed LCR record (LCR case folder) to the attention of Community Supervision Operations (Central Office). Upon receipt of the LCR case folder by Community Supervision Operations staff, the contents of the folder will be inspected to ensure that all required documentation has been placed in the folder and complete the GES core record using the Pre-Sentence Report, sentence and commitment document and the rap sheet. Operations staff will submit the case folder to Board of Parole Operations staff for presentation to and review by the Board of Parole.

B. Parole Board Review and Decision

Upon receipt of the documents identified in Section IV-A-3-f-(1) through (13), Board
of Parole Operations staff will provide the information to the appropriate Board of
Parole members for review and decision.

- 2. The Board of Parole shall review the case folder and render a decision within five (5) days of receipt of the required documentation (complete case folder). The Board of Parole members will record their decision on Form #9026.2. Form #9026.2 shall specify the approved open date and the Board of Parole imposed conditions of release. In the case of a denial, the Commissioner will specify the reasons for the denial on Form #9026.2.
- 3. If the Board of Parole grants release, the decision shall reflect "Local Conditional Release Open Date." Board of Parole Operations staff shall ensure that the open date is established in accordance with Penal Law §70.40(2). The inmate is required to serve sixty (60) days prior to LCR. The sixty (60) day requirement must be taken into consideration when establishing the earliest release date.
- 4. The Board of Parole members (two member approval required) shall sign the "Certificate of Release to Supervision," <u>Form #3010CS</u>.
- Board of Parole Operations staff is responsible for entry of the decision in GES and distribution of the automatically generated "Parole Board Release Decision Notice," Form #9026, as follows:
 - Inmate (Applicant) to be sent via the U.S. Postal Service
 - Jail Administrator to be sent via the U.S. Postal Service
 - Community Supervision Central File Unit
 - Area Office and case folder copies are to be placed in the inmate's case folder
- 6. If the Board of Parole renders a denial decision, there is no additional opportunity for reapplication during the current definite term of imprisonment.
- 7. A Board of Parole decision to deny application for LCR may <u>not</u> be appealed. There is no provision in NYS Executive Law §259-i(4) that provides for an appeal mechanism in response to a Board of Parole decision to deny LCR.
- 8. Following completion of the Board of Parole decision phase and distribution of Form #9026, Internal Operations staff shall return the case folder to the attention of the field Bureau Chief. With regard to case folders prepared by Rikers Island CF Community Supervision staff, Board of Parole Operations staff shall return the case folders to the attention of the Rikers Island CF Senior Parole Officer.
- 9. If, after a decision to grant LCR, an inmate decides to withdraw from further consideration or refuses to be conditionally released to a period of supervision, assigned staff will proceed as follows:
 - a. The Parole Officer will interview the inmate and obtain the reason(s) for the decision to withdraw or refuse release, and record a chronological entry in the CMS record of the inmate.
 - b. The Parole Officer will direct the inmate to sign <u>Form #3010CS</u> and ensure that the document includes a brief statement noting the voluntary withdrawal or refusal. The Parole Officer will witness the signature of the inmate and also sign the document. The form will be placed in the case folder.
 - c. Assigned field staff shall amend the original GES Board of Parole decision record to reflect the withdrawal action. The amended Form #9026 will be distributed as per the required distribution as noted in Section IV-B-5.

- d. Staff shall immediately notify the Jail Administrator and Community Supervision Central Office Operations staff regarding the inmate's decision to voluntarily withdraw from consideration.
- C. Field Case Assignment, Community Preparation Phase, and Release Interview
 - 1. Assignment of Community Preparation Investigation
 - a. Upon receipt of the LCR Parole Board decision, Community Supervision Operations staff shall assign the case to a Senior Parole Officer and Parole Officer via CMS (case create screen). The community preparation investigation shall be completed no later than fourteen (14) days following the Board of Parole decision to grant LCR. Where applicable, the following case identifiers shall be referenced in the community preparation investigation:
 - (1) Sex Offender Registry Case
 - (2) Discretionary Sex Offender Referral
 - (3) Sexual Assault Reform Act (SARA)
 - (4) Bureau of Special Services (BSS) Alert
 - (5) Bureau Chief Alert
 - (6) Victim notification required
 - (7) Other appropriate special identifiers
 - b. If the inmate is confined at Rikers Island Correctional Facility, Rikers Island Community Supervision staff shall assign the community preparation investigation to appropriate field staff upon receipt of the Board of Parole decision to grant LCR and establish an investigation due date no later than fourteen (14) days from the assignment date.
 - c. Community Supervision staff shall comply with the community preparation investigation requirements as detailed in Parole Manual Item #8405.09, "Community Preparation."

<u>Note</u>: An inmate (releasee) approved for LCR may apply for an interstate transfer of supervision in accordance with the requirements of the Interstate Compact Agreement.

- 2. Community Preparation Investigation Phase
 - a. The Field Bureau Chief is responsible for ensuring the completion of the community preparation field investigation by the established investigation due date.
 - b. Upon completion of the field investigation and approval of the residence program, the Bureau Chief or designee (Senior Parole Officer) shall establish a release date and provide formal release notification to the Jail Administrator or other designated personnel at the county correctional facility. The notification to personnel at the county correctional facility shall stipulate that the inmate (releasee) cannot be released until such time as the Jail Administrator or other designated personnel are in receipt of the fully executed and signed release agreements "Application for Conditional Release to Parole Supervision," Form #3041CS, and the "Certificate of Release to Supervision," Form #3010CS.

- C. If the inmate is required to register as a sex offender, the assigned Parole Officer shall notify the Jail Administrator or designee immediately upon receipt of the Board of Parole decision to grant LCR. Field staff must provide the Jail Administrator or designee with the supervision residence and program information, as well as the address and contact information for the Parole Officer who will be responsible for the supervision of the releasee in the community. County correctional facility personnel are responsible for submitting the sex offender registration form to the New York State Division of Criminal Justice Services and they are also responsible for executing any additional requirements related to registration under §168-e of NYS Correction Law.
- d. Where applicable and based on case-specific circumstances, the Parole Officer will ensure that victim notification issues are addressed in accordance with Department policy and procedure. This shall include immediate notification of the Board of Parole decision to release to the Department's Office of Victim Assistance. The initial notification shall be made via telephone call and staff shall confirm receipt of the release decision via e-mail communication. Once the release date has been established and the date has been confirmed, assigned field staff shall also provide the Victim Assistance Unit with notification of release via both telephone call and e-mail.
- e. Following receipt of the Board of Parole's decision to release the inmate and throughout the community preparation investigation phase, it is the responsibility of assigned field staff to monitor the status of the inmate and to assess the inmate's overall adjustment in preparation for release to supervision. If an inmate receives a serious disciplinary infraction while confined in the county facility, the matter is to be investigated by assigned field staff as soon as practicable. If the circumstances warrant a temporary suspension of the release date, the Bureau Chief shall authorize a temporary suspension of the release date pending the preparation of a rescission report and presentation of the report to the Board of Parole.

3. Release Preparation and the Release Interview

- The assigned field Parole Officer (or other designated Parole Officer) is responsible for making arrangements to conduct the release interview at the county correctional facility.
- b. All release documents are to be prepared by Central Office staff prior to the release interview with the releasee. Staff must ensure that <u>Form #3010CS</u> includes the signatures of two Board of Parole members.
- c. Central Office staff shall note on Form #3010CS that the releasee has been granted "Local Conditional Release (LCR) in accordance with New York State Penal Law §70.40(2)." The sentence type on the release form shall indicate a definite sentence.
- d. The supervision maximum expiration date shall be recorded on Form #3010CS. The supervision maximum expiration shall be set at one (1) year less one (1) day from the actual release date (e.g., if the release date is 12/2/2014, the releasee will be under the jurisdiction of DOCCS until 12/1/2015).

- e. During the release interview, there is to be a thorough review and explanation of the reporting instructions and all conditions of release. The releasee must sign <u>Form #3010CS</u>.
- f. The interview must also cover all requirements of the one (1) year period of LCR supervision, including an explanation regarding the supervision maximum expiration date and the impact a revocation of release would have on the definite sentence(s).
- g. The Parole Officer is also responsible for providing both the releasee and the Jail Administrator or Records Office personnel with the "inmate" and "facility" copies of the release agreements (Form #3010CS and Form #3041CS).

<u>Note</u>: If the release location is Rikers Island CF, Rikers Island Community Supervision officer personnel are responsible for ensuring that each of the above referenced requirements (Section IV-C-3-a through g) are satisfied.

- h. The Bureau Chief or designee shall send e-mail notification of release to designated staff in the Community Supervision Central Office Operations Office. The e-mail notification must be sent on the actual date of release and the notification is to include the following information:
 - (1) Releasee name,
 - (2) LDIN,
 - (3) NYSID,
 - (4) Date of release,
 - (5) Name of the assigned Senior Parole Officer and Parole Officer,
 - (6) Bureau/Area Office,
 - (7) LCR supervision maximum expiration date,
 - (8) Releasee's address, and
 - (9) County of supervision.

Note: If the release location is Rikers Island CF, the Rikers Island Community Supervision Senior Parole Officer is responsible for sending the e-mail notification of release to designated staff in the Community Supervision Central Office Operations Office and to the field Bureau Chief, Senior Parole Officer, and Parole Officer.

D. Community Supervision – Local Conditional Release (LCR)

- Local conditional releasees shall be supervised in the same manner as releasees
 released under either parole supervision or post-release supervision. Releasees
 will be subject to the standard conditions of release and any additional conditions
 of release imposed by the Board of Parole or staff responsible for the supervision
 of the releasee.
- 2. Local conditional releasees are <u>not</u> subject to the revocation guidelines as defined in 9 NYCRR 8005.20. If release is revoked, the releasee will be returned to the county correctional facility and held to the maximum expiration of the definite term(s). The time to serve equates to the balance of sentence time owed or that portion of the definite sentence or aggregate of definite sentences held in abeyance.

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3. Upon completion of the one (1) year period of supervision, the releasee shall be discharged from supervision. There are no early discharges and the one (1) year period of supervision requirement must be satisfied.

Attachment A

Sample Letter for Local Conditional Release (LCR) Letter Head (See Directive #0008, "Use of Department Stationery & Business Cards")

Date:

First, MI, Last (Name of District Attorney) Name of County Street Address City, State, Zip

Name: DIN: NYSID:

Dear (Judge) or (District Attorney) or (Defense Attorney):

The above referenced inmate was convicted of the following offense(s):

Offense Date Sentence County Indict/Dkt Nos

The above-identified individual is eligible and has applied for local conditional release consideration pursuant to New York State Penal Law §70.40(2). The grant of local conditional release shall be in the discretion of the Board of Parole and shall be subject to any conditions that may be imposed by the New York State Board of Parole. If granted this type of release, the individual will be supervised in the community by the Department of Corrections and Community Supervision (DOCCS) for a period of one (1) year and the balance of the definite term(s) shall be held in abeyance at the time of release to the Department's jurisdiction.

At the time of the conditional release consideration, the Board of Parole will perform an extensive review of the subject's instant offense, prior criminal history, personal, and social history. The Board of Parole also wishes to consider any recommendations received from the Sentencing Judge, District Attorney, and Defense Counsel regarding the possible conditional release of this individual. Accordingly, the Board of Parole and Department of Corrections and Community Supervision respectfully request a statement or recommendation from you regarding the possible release of above referenced individual. We respectfully request that you provide our Department with a response no later than **twenty-one (21)** days from the date of this request. If you would like your recommendation and/or statement to remain confidential, please note your desire for confidentiality in your response letter.

Thank you for your time, attention, and consideration.

Very truly yours,

Signature

Name (Bureau Chief) (Title)

Please direct your response to:

NYS Department of Corrections and Community Supervision (Name of Bureau Chief and Bureau/Area Office Name) (Address) (City/Town, New York, Zip Code)

CC: Area Office/Bureau Case File Office of Victim Assistance

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|-----------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------|
| ENTENCE: | INDETERMINATE | DEFINITE | NYSID #.: | _ DIN# |
| | | , now confined in | who was convicted of | |
| nd sentenced in the | county of | at the term of the | Court, Judge | presiding on the |
| day of _ | , 20 | , for a term of | the maximum term of which ser | ntence expires on the day of |
| | , 20, has agreed to abide | by the conditions to which (he) (she) ha | as signed (his) (her) name below, and is | |
| ereby granted | Conditional Release | Parole by the Board of Par | role, by virtue of the authority conferred by New Yo | ork State Law. |
| It is he | reby directed that (he) (she) be rel | eased and placed under legal jurisdiction | n of the Department of Corrections and Communit | ty Supervision |
| ntil the | day of, 20 | <u> </u> | | |
| Signed this | day of | , 20 at | | |
| ate of Release: | | Board of Parole: | | |
| | | | | |
| | | | | |
| search and inspec | tion. I understand that Parole Sup | | arole Supervision. I fully understand that my pers of Release and all other conditions that may be | |
| epresentatives. I und | derstand that my violation of these c | onditions may result in the revocation of | my release. | |
| | | CONDITIONS OF I | | |
| 1. | | to which I have been released, and, wind icated below, unless other instructions are | vithin twenty-four hours of my release, make my e designated on my release agreement. | y arrival report to the |
| | | | | |
| | | | | |
| 2. 3. | I will make office and/or written rep | | ased or transferred, or any area defined in writing | by my Parala Officer |
| 3. | without permission. | ork of any other state to which i and relea | ased of transferred, of any area defined in writing | by my Farole Officer |
| 4. | · · · · · · · · · · · · · · · · · · · | | employment and I will permit the search and inspace, employment or program status with my Parole | - · · |
| | ' ' ' | ,, , | of any changes in my residence, employment or | |
| F | circumstances beyond my control | · | ion by my Darola Officer or other representation | va of the Department |
| 5. | of Corrections and Community Su | | ion by my Parole Officer or other representativ | e of the Department |
| 6. | | | arrested by any law enforcement agency. I und | lerstand that I have a |
| 7. | continuing duty to notify my Parole I will not be in the company of or fi | | a criminal record or whom I know to have been a | adjudicated a Youthful |
| | Offender except for accidental end | ounters in public places, work, school or | in any other instance with the permission of my P | Parole Officer. |
| 8. | I will not behave in such a manner my behavior threaten the safety or | | which I am subject which provide for a penalty of i | imprisonment, nor will |
| 9. | · · | - · · | ithout the written permission of my Parole Officer. | I will not own, posses |
| | | | erous knife, dirk, razor, stiletto, or imitation pistol. | |
| | purchase. | ament readily capable of causing physica | al injury without a satisfactory explanation for own | ioranip, poaceaaion oi |
| 10. | | | aive my right to resist extradition to the State of Ne | - |
| | | • | nis waiver shall be in the full force and effect untile the Constitution of the United States and under la | · · |
| | | · · | nd knowingly waive this right as a condition of my | |

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

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 |
|------------|--------|------|
| - | | |

12. Special Conditions:

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| 010CS (Rev. 9/20 | DEPARTMEN | STATE OF NEV IT OF CORRECTIONS AND CO ERTIFICATE OF RELEASE TO | DMMUNITY SUPERVISION (DOCCS |) |
|---------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| ENTENCE: | INDETERMINATE | DEFINITE | NYSID #.: | DIN# |
| | | , now confined in | who was convicted of | |
| nd sentenced in the | county of | at the term of the | Court, Judge | presiding on the |
| day of _ | , 20 | , for a term of | the maximum term of which s | entence expires on the day of |
| | , 20, has agreed to abide | by the conditions to which (he) (she) ha | as signed (his) (her) name below, and is | |
| ereby granted | Conditional Release | Parole by the Board of Par | role, by virtue of the authority conferred by New | York State Law. |
| It is he | ereby directed that (he) (she) be re | leased and placed under legal jurisdiction | n of the Department of Corrections and Commun | nity Supervision |
| ntil the | day of, 20 |) | | |
| Signed this | day of | , 20 at | | |
| ate of Release: | | Board of Parole: | | |
| | | | | |
| • | derstand that my violation of these c | ervision is defined by these Conditions conditions may result in the revocation of CONDITIONS OF | RELEASE vithin twenty-four hours of my release, make r | e imposed upon me by the Board or its |
| 2. | I will make office and/or written re | ports as directed. | | |
| 3. | I will not leave the State of New Y without permission. | ork or any other state to which I am relea | ased or transferred, or any area defined in writin | ng by my Parole Officer |
| 4. | residence and property. I will disc that I have an immediate and cor | uss any proposed changes in my residen | employment and I will permit the search and in ce, employment or program status with my Paro of any changes in my residence, employment c | le Officer. I understand |
| 5. | | uthfully to any inquiry of or communicat | tion by my Parole Officer or other representa | tive of the Department |
| 6. | I will notify my Parole Officer immonstrates continuing duty to notify my Parole | • • | arrested by any law enforcement agency. I un | nderstand that I have a |
| 7. | | - · | a criminal record or whom I know to have beer in any other instance with the permission of my | |
| 8. | I will not behave in such a manner my behavior threaten the safety or | | which I am subject which provide for a penalty c | of imprisonment, nor will |
| 9. | or purchase any deadly weapon a | as defined in the Penal Law or any dange | without the written permission of my Parole Office erous knife, dirk, razor, stiletto, or imitation pistoral injury without a satisfactory explanation for ow | ol. In addition, I will not |
| 10. | In the event that I leave the jurisdiction in the Union and from any territory | or country outside the United States. The | aive my right to resist extradition to the State of N nis waiver shall be in the full force and effect un the Constitution of the United States and under | til I am discharged from |

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.

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 Parole or Conditional

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

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_____, 20_____

_____ Witness: ___

3

| 010CS (Rev. 9/20 | DEPARTME | NT OF CORRECTIONS AND | NEW YORK D COMMUNITY SUPERVISION (DOO E TO PAROLE SUPERVISION | ccs) |
|---------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| ENTENCE: | INDETERMINATE | DEFINITE | NYSID #.: | DIN# |
| | | , now confined in | who was convicted of | |
| nd sentenced in the | county of | at the term of the | Court, Judge | presiding on the |
| day of _ | , 20 | , for a term of | the maximum term of wh | nich sentence expires on the day of |
| | , 20, has agreed to abide | by the conditions to which (he) (sh | ne) has signed (his) (her) name below, and is | |
| ereby granted | Conditional Release | Parole by the Board | of Parole, by virtue of the authority conferred by | New York State Law. |
| It is he | ereby directed that (he) (she) be re | eleased and placed under legal juriso | diction of the Department of Corrections and Co | mmunity Supervision |
| ntil the | day of, 2 | 0 | | |
| Signed this | day of | , 20at | | |
| ate of Release: | | Board of Parole | | |
| | | | | |
| | | | | |
| • | derstand that my violation of these | CONDITIONS a to which I have been released, a | ions of Release and all other conditions that non of my release. OF RELEASE and, within twenty-four hours of my release, mons are designated on my release agreement. | |
| 2. | I will make office and/or written re | • | | |
| 3. | I will not leave the State of New \ without permission. | York or any other state to which I am | released or transferred, or any area defined in | writing by my Parole Officer |
| 4. | residence and property. I will disc that I have an immediate and co | cuss any proposed changes in my re- | ce of employment and I will permit the search a sidence, employment or program status with my ficer of any changes in my residence, employm | Parole Officer. I understand |
| 5. | • | uthfully to any inquiry of or commi | unication by my Parole Officer or other repres | sentative of the Department |
| 6. | I will notify my Parole Officer imm | · | rith or arrested by any law enforcement agency | . I understand that I have a |
| 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 pol or in any other instance with the permission | |
| 8. | I will not behave in such a manne | r as to violate the provisions of any la | aw to which I am subject which provide for a pen | |
| 9. | or purchase any deadly weapon | e any shotgun, rifle or firearm of any t as defined in the Penal Law or any | ype without the written permission of my Parole of dangerous knife, dirk, razor, stiletto, or imitation hysical injury without a satisfactory explanation | pistol. In addition, I will not |
| 10. | purchase. In the event that I leave the jurisdi | ction of the State of New York, I here | by waive my right to resist extradition to the States. This waiver shall be in the full force and effe | e of New York from any state |

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

Parole of Conditional Release. 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 Parole or Conditional

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

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_____, 20_____

12. Special Conditions:

| 010CS (Rev. 9/20 | DEPARTMENT (| STATE OF NEW OF CORRECTIONS AND CO TIFICATE OF RELEASE TO | DMMUNITY SUPERVISION | (DOCCS) | |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------|-------------|
| SENTENCE: | INDETERMINATE | DEFINITE | NYSID #.: | DIN# | |
| | | | | | |
| | | , now confined in | who was convicted | of | |
| nd sentenced in the | county of | at the term of the | Court, Judge | presid | ding on the |
| day of _ | , 20, | for a term of | the maximum ter | m of which sentence expires on the | day of |
| | , 20, has agreed to abide by t | he conditions to which (he) (she) ha | as signed (his) (her) name below, | and is | |
| ereby granted | Conditional Release | Parole by the Board of Par | role, by virtue of the authority confe | rred by New York State Law. | |
| It is he | ereby directed that (he) (she) be releas | ed and placed under legal jurisdiction | n of the Department of Corrections | and Community Supervision | |
| ntil the | day of, 20 | | | | |
| | | | | | |
| Signed this | day of | , 20 at | | | |
| ate of Release: | | Board of Parole: | | | |
| • | ction. I understand that Parole Supervinderstand that my violation of these cond | sion is defined by these Conditions | of Release and all other condition my release. | nd that my person, residence and property as that may be imposed upon me by the B | - |
| 1. | I will proceed directly to the area to Community Supervision Office indicate | | • | | |
| 2 | Luill make office and/or written reported | a an directed | | | |
| 2. 3. | I will make office and/or written reports I will not leave the State of New York without permission. | | ased or transferred, or any area de | fined in writing by my Parole Officer | |
| 4. | I will permit my Parole Officer to visit residence and property. I will discuss that I have an immediate and continu circumstances beyond my control male | any proposed changes in my residen ing duty to notify my Parole Officer of | ce, employment or program status | with my Parole Officer. I understand | |
| 5. | I will reply promptly, fully and truthfund for Corrections and Community Supervisions | | tion by my Parole Officer or othe | r representative of the Department | |
| 6. | I will notify my Parole Officer immedia continuing duty to notify my Parole Off | ately any time I am in contact with or | arrested by any law enforcement | agency. I understand that I have a | |
| 7. | I will not be in the company of or frate Offender except for accidental encour | rnize with any person I know to have | | · | |
| 8. | I will not behave in such a manner as t | | | | |
| 9. | my behavior threaten the safety or we I will not own, posses, or purchase any or purchase any deadly weapon as do | shotgun, rifle or firearm of any type w | | · | |

- own, posses 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 the full force and effect until I am discharged from Parole of Conditional Release. 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 Parole or Conditional
- 11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
- 12. Special Conditions:

Releasee: _

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_____, 20____

__ Witness: __

| 010CS (Rev. 9/20 | DEPARTMENT | STATE OF NEV OF CORRECTIONS AND CO RTIFICATE OF RELEASE TO | MMUNITY SUPERVISION | (DOCCS) |
|---------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------------------|
| SENTENCE: | INDETERMINATE | DEFINITE | NYSID #.: | DIN# |
| | | , now confined in | who was convicted o | of |
| nd sentenced in the | county of | at the term of the | Court, Judge _ | presiding on the |
| | | | | n of which sentence expires on the day of |
| | , 20 , has agreed to abide b | y the conditions to which (he) (she) ha | as signed (his) (her) name below, a | and is |
| ereby granted | Conditional Release | | ole, by virtue of the authority conferi | |
| | | , | • | , |
| It is he | ereby directed that (he) (she) be rele | ased and placed under legal jurisdictior | of the Department of Corrections a | nd Community Supervision |
| ntil the | day of, 20_ | | | |
| Signed this | day of | , 20 at | | |
| hate of Belease. | | Board of Parole: | | |
| • | • | | of Release and all other conditions my release. | d that my person, residence and property are subject that may be imposed upon me by the Board or its |
| 1. | I will proceed directly to the area | to which I have been released, and, w | | ase, make my arrival report to the |
| | Community Supervision Office indic | ated below, unless other instructions ar | e designated on my release agreem | ent. |
| 2. | I will make office and/or written repo | | | and in writing by any Parala Office |
| 3. | without permission. | k or any other state to which I am relea | ised of transferred, of any area defi | ned in writing by my Parole Officer |
| 4. | residence and property. I will discus | sit me at my residence and/or place of one of the samp proposed changes in my residence of the samp duty to notify my Parole Officer of the prior discussion impossible. | ce, employment or program status w | ith my Parole Officer. I understand |
| 5. | I will reply promptly, fully and trut | nfully to any inquiry of or communicat | ion by my Parole Officer or other | representative of the Department |
| 6. | of Corrections and Community Sup I will notify my Parole Officer imme continuing duty to notify my Parole | diately any time I am in contact with or | arrested by any law enforcement a | agency. I understand that I have a |
| 7. | I will not be in the company of or fra | aternize with any person I know to have | | - |
| 8. | I will not behave in such a manner a | unters in public places, work, school or is to violate the provisions of any law to | - | - |
| 9. | my behavior threaten the safety or I will not own, posses, or purchase a | well-being of myself or others. ny shotgun, rifle or firearm of any type w | ithout the written permission of my P | arole Officer. I will not own, posses |

- 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, posses 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 the full force and effect until I am discharged from Parole of Conditional Release. 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 Parole or Conditional
- 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: _

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

NOTICE OF DUTIES AS A SEX OFFENDER IN ACCORDANCE WITH NEW YORK STATE CORRECTION LAW ARTICLE 6-C (SOR ACT)

| PROM: Offender Rehabilitation Coordinator Name Facility DATE: Release Date Release Date 1. You must register with the Division of Criminal Justice Services (DCJS) Sex Offender Registry, Alfr Smith Building, 80 South Swan Street Albany, NY, 12210, 15 days prior to release from a state or correctional facility to verify your intended home address. 2. You must notify DCJS in writing of any change of home address no later than 10 days after you in (NOTE: Change of address forms are available at your local law enforcement agency. DCCS feld or from DCJS). If you move to another state, you must register as a sex offender within 10 destablishing residence. You must also register in any state in which you are employed or are a stude astablishing residence. You must also notify DCJS in writing of any change of status at an institution of higher edun to later than 10 days after such change. 4. You must register in writing with DCJS all of your intermet accounts with intermet service provider any e-mail addresses and screen names used for chat, instant messaging, social networking, etc. change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no late 10 days after such a change. 5. You must verify your home address once a year, for the duration of your registration through the return signed address verification form to DCJS within 10 days of its receipt. If you have any questions registrated bove. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address in PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. If you live OUTSIDE the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7105. Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday | TO: | IN ACCORDANCE WITH NEW YORK STATE (| SOURCE TION LAW ARTICLE 0-0 (SOR ACT) | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| DATE: Release Date 1. You must register with the Division of Criminal Justice Services (DCJS) Sex Offender Registry, Alfr Smith Building, 80 South Swan Street Albany, NY, 12210, 15 days prior to release from a state or correctional facility to verify your intended home address. 2. You must notify DCJS in writing of any change of home address no later than 10 days after you in (NOTE: Change of address forms are available at your local law enforcement agency, DOCCS field or from DCJS). If you move to another state, you must register as a sex offender within 10 destablishing residence. You must also notify DCJS in writing of any state in which you are employed or are a stude of education. You must also notify DCJS in writing of any change of status at an institution of heducation. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS all of your internet accounts with internet service provider any e-mail addresses and screen names used for chat, instant messaging, social networking, etc. change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no late 10 days after such a change. 5. You must verify your home address once a year, for the duration of your registration through the return signed address verification form to DCJS within 10 days of its receipt. If you have any questions regist his form, ask your Parole Officer. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address in PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. If you live OUTSIDE the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you will be provided in y | 10: | Name | DIN and NYSID | | | | |
| 1. You must register with the Division of Criminal Justice Services (DCJS) Sex Offender Registry, Alf Smith Building, 80 South Swan Street Albany, NY, 12210, 15 days prior to release from a state or correctional facility to verify your intended home address. 2. You must notify DCJS in writing of any change of home address no later than 10 days after you in (NOTE: Change of address from are available at your local law enforcement agency, DCCCS field or from DCJS). If you move to another state, you must register as a sex offender within 10 de establishing residence. You must also register in any state in which you are employed or are a state or from DCJS). If you must also notify DCJS in writing of you can be a to read employed at any institution of the education. You must also notify DCJS in writing of any change of status at an institution of higher eduration to later than 10 days after such change. 4. You must register in writing with DCJS all of your internet accounts with internet service provider any e-mail addresses and screen names used for chat, instant messaging, social networking, etc. change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no late 10 days after such a change. 5. You must verify your home address once a year, for the duration of your registration through the returning signed address verification form to DCJS within 10 days of its receipt. If you have any questions regist this form, ask your Parole Officer. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address in PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. 1. If you live OUTSIDE the five boroughs of New York City, ask your Parole Officer for assistance in determined your must report. 1. New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 1. New York, NY 10013 1. (212) 323-7101; (212) 323-7102; (212) 323-7105. 1 | FROM: | Offender Rehabilitation Coordinator Name | Facility | | | | |
| You must register with the Division of Criminal Justice Services (DCJS) Sex Offender Registry, Alfr Smith Building, 80 South Swan Street Albany, NY. 12210, 15 days prior to release from a state or correctional facility to verify your intended home address. You must notify DCJS in writing of any change of home address no later than 10 days after you in (NOTE: Change of address forms are available at your local law enforcement agency, DoCCS field or from DCJS). If you move to another state, you must register as a sex offender within 10 destablishing residence. You must also notify DCJS in writing of any change of status at an institution of feducation. You must also notify DCJS in writing of any change of status at an institution of higher eduration. You must also notify DCJS in writing of any change of status at an institution of higher eduration. You must also notify DCJS in writing of any change of status at an institution of higher edurance and the properties of the properties of the education. You must also notify DCJS in writing of any change of status at an institution of higher edurance any e-mail addresses and screen names used for chat, instant messaging, social networking, etc. The analysis of the properties of the duration of your registration through the returning of the properties of t | DATE: | | Release Date | | | | |
| Smith Building, 80 South Swan Street Albany, NY. 12210, 15 days prior to release from a state or correctional facility to verify your intended home address. 2. You must notify DCJS in writing of any change of home address no later than 10 days after you in (NOTE: Change of address forms are available at your local law enforcement agency, DOCCS field or from DCJS). If you move to another state, you must register as a sex offender within 10 de establishing residence. You must also register in any state in which you are employed or are a stude of the properties of the properties of the education. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS in writing of any change of status at an institution of higher education. You must also notify DCJS in writing of any change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no late 10 days after such a change. 4. You must verify your home address once a year, for the duration of your registration through the returning signed address verification form to DCJS within 10 days of its receipt. If you have any questions regist this form, ask your Parole Officer. 5. You must verify your must everify your address in PERSON with your local law enforcement agency every 90 days. You must verify your address in PERSON with your local law enforcement agency every 90 days. You must verify your address in PERSON with your local law enforcement agency every 90 days. You must report. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address in Person your work of your work y | | | | | | | |
| (NOTE: Change of address forms are available at your local law enforcement agency, DOCCS field or from DCJS). If you move to another state, you must register as a sex offender within 10 de establishing residence. You must also register in any state in which you are employed or are a stude of the young that service provider in any state in which you are employed or are a stude of the young that you are employed at any institution of the education. You must also notify DCJS in writing of any change of status at an institution of higher edure no later than 10 days after such change. 4. You must register in writing with DCJS all of your internet accounts with internet service provider any e-mail addresses and screen names used for chat, instant messaging, social networking, etc., change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no late 10 days after such a change. 5. You must verify your horne address once a year, for the duration of your registration through the return signed address verification form to DCJS within 10 days of its receipt. If you have any questions registins form, ask your Parole Officer. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address in PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. If you live OUTSIDE the five boroughs of New York City, ask your Parole Officer for assistance in determ where you must report. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 New York, NY 10013 (212) 323-7105; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m., Monday through Friday. You may be requested to provide fingerprints, a photograph, or other pertinent infor | 1. | Smith Building, 80 South Swan Street Albany, N | Y, 12210, 15 days prior to release from a state or local | | | | |
| education. You must also notify DCJS in writing of any change of status at an institution of higher educe no later than 10 days after such change. 4. You must register in writing with DCJS all of your internet accounts with internet service provider any e-mail addresses and screen names used for chat, instant messaging, social networking, etc. change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no late 10 days after such a change. 5. You must verify your home address once a year, for the duration of your registration through the return signed address verification form to DcJS within 10 days of its receipt. If you have any questions regist his form, ask your Parole Officer. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address in PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. If you live OUTSIDE the five boroughs of New York City, ask your Parole Officer for assistance in determine you must report. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street – Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7102; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday. 7. You may be requested to provide fingerprints, a photograph, or other pertinent information found nece for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regional requirements. If you live OUTSIDE the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCs requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo imaging. Photo imaging a vother provided abov | 2. | (NOTE: Change of address forms are available a or from DCJS). If you move to another state, | t your local law enforcement agency, DOCCS field office, you must register as a sex offender within 10 days of | | | | |
| any e-mail addresses and screen names used for chat, instant messaging, social networking, etc. change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no late 10 days after such a change. 5. You must verify your home address once a year, for the duration of your registration through the return signed address verification form to DCJS within 10 days of its receipt. If you have any questions regist this form, ask your Parole Officer. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address IN PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. If you live OUTSIDE the five boroughs of New York City, ask your Parole Officer for assistance in determ where you must report. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7102; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday. 7. You may be requested to provide fingerprints, a photograph, or other pertinent information found nece for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a cuthis notice to their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required information | 3. | education. You must also notify DCJS in writing o | | | | | |
| signed address verification form to DCJS within 10 days of its receipt. If you have any questions regaths form, ask your Parole Officer. 6. If it is determined that your Risk Level is 3, or that you are a sexual predator, you must verify your address IN PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. If you live OUTSIDE the five boroughs of New York City, ask your Parole Officer for assistance in determ where you must report. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7102; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday. 7. You may be requested to provide fingerprints, a photograph, or other pertinent information found nece for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a complete to the Initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required infor | 4. | any e-mail addresses and screen names used for chat, instant messaging, social networking, etc. If yo change internet accounts, e-mail addresses or screen names, you must notify DCJS in writing no later the | | | | | |
| address IN PERSON with your local law enforcement agency every 90 days. You must also verify home address once a year, as described above. If you live OUTSIDE the five boroughs of New York City, ask your Parole Officer for assistance in determ where you must report. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7102; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday. 7. You may be requested to provide fingerprints, a photograph, or other pertinent information found nece for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a cethic notice to their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a Cless D Felony. Failure to register, verify or provide the required information as described above in the manner and within the time periods provided for, you shall be guilty of a Cless D Felony. Failure to register, verify or provide the required information as described above in the manner and within the time periods provided for, you shall be guilty of a Cless D Felony. Failure to register, verify or provide the required information as described above in the manner and within t | 5. | signed address verification form to DCJS within 1 | | | | | |
| where you must report. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7102; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday. 7. You may be requested to provide fingerprints, a photograph, or other pertinent information found nece for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a continuation to their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | 6. | address IN PERSON with your local law enforce | | | | | |
| Bronx) you must report to: New York City Police Department - Sex Offender Monitoring Unit 100 Centre Street - Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7102; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday. 7. You may be requested to provide fingerprints, a photograph, or other pertinent information found nece for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a country this notice to their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a Cl Felony upon conviction for the first offense. If you are convicted of a second or subsequent offense shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | | If you live OUTSIDE the five boroughs of New York City, ask your Parole Officer for assistance in determining where you must report. | | | | | |
| 100 Centre Street – Room 1414 New York, NY 10013 (212) 323-7101; (212) 323-7102; (212) 323-7105 Reporting Hours are between 9:00 a.m. and 3:00 p.m. Monday through Friday. 7. You may be requested to provide fingerprints, a photograph, or other pertinent information found nece for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a contribution of their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described puilty of a Class D Felony. Failure to register, verify or provide the required information as described with the provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | | If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Island, and Bronx) you must report to: | | | | | |
| You may be requested to provide fingerprints, a photograph, or other pertinent information found neces for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a contribution to their initial report to the NYPD Sex Offender Monitoring Unit. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required information as described above in the manner and within the time periods provided for, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described be guilty of a Class D Felony. Failure to register, verify or provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | | 100 Centre Stree New York, NY 1 | et – Room 1414 0013 | | | | |
| for compliance with this Act. If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regalocal requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a contribution to their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required informas described above in the manner and within the time periods provided for, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | | Reporting Hours are between 9:00 a.m. and 3:00 | p.m. Monday through Friday. | | | | |
| local requirements. If you live WITHIN the five boroughs of New York City, (Manhattan, Brooklyn, Queens, Staten Is and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a contribution to their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | 7. | | notograph, or other pertinent information found necessary | | | | |
| and Bronx) DOCCS requires you to report to the NYPD Sex Offender Monitoring Unit (address a within two (2) business days of release or relocation to New York City for photo imaging. Photo im is available between 9:00 a.m. and 3:00 p.m., Monday through Friday. All registrants must bring a contribution to their initial report to the NYPD Sex Offender Monitoring Unit. 8. Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required inform as described above in the manner and within the time periods provided for, you shall be guilty of a CI Felony upon conviction for the first offense. If you are convicted of a second or subsequent offense shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | | If you live OUTSIDE the five boroughs of New York City, ask you Parole Officer for information regarding local requirements. | | | | | |
| as described above in the manner and within the time periods provided for, you shall be guilty of a CI Felony upon conviction for the first offense. If you are convicted of a second or subsequent offense shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, a strict and intensive supervision and treatment. I certify that I have read and that I understand my obligations under the Sex Offender Registration Act that I have received a copy of this notice. | | and Bronx) DOCCS requires you to report to the within two (2) business days of release or relocation is available between 9:00 a.m. and 3:00 p.m., Mo | e NYPD Sex Offender Monitoring Unit (address above) tion to New York City for photo imaging. Photo imaging inday through Friday. All registrants must bring a copy of | | | | |
| that I have received a copy of this notice. | 8. | Pursuant to Section 168-t of the SOR ACT, if you fail to register, verify or provide the required information as described above in the manner and within the time periods provided for, you shall be guilty of a Class E Felony upon conviction for the first offense. If you are convicted of a second or subsequent offense, you shall be guilty of a Class D Felony. Failure to register, verify or provide the required information as described above, may also be the basis for revocation of parole, conditional release, post-release supervision, and/or strict and intensive supervision and treatment. | | | | | |
| Signature Witness | | | igations under the Sex Offender Registration Act and | | | | |
| Signature Witness | | | | | | | |
| | | Signature | Witness | | | | |

Distribution: Original – Offender Copy – File Folder Form 3012CS (Rev. 9/2013)

Date

Copy - Central Files

Date

SENTENCE:

State

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS) APPLICATION FOR CONDITIONAL RELEASE TO PAROLE SUPERVISION

Local

NYSID: _____ DIN# ____

| I, _ | | , now confined in | hav | ing been convicted | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| of _ | | and sentenced in | the county of | at a ter | m of the |
| | Court, Jud | dge presiding, on | ı the day of | , 2 | 0, |
| for | the term of | the maximum term of which expires | on the day of | of | , 20, |
| her | reby apply for Conditional Release. | understand that I will be in the legal custody of | the Department of Correct | tions and Community Su | upervision until |
| the | e day of | , 20, and agree to abide by the co | onditions of my release with | h full knowledge that fai | lure to do so may result in |
| my | re-imprisonment by order of the Boa | ard of Parole pursuant to law. | | | |
| | | CONDITIONS OF R | RELEASE | | |
| 1. | | to which I have been released and, within tw structions are designated on my release agreer | , | lease, make my arrival | report to the Community |
| 11. | permission. I will permit my Parole Officer to viproperty. I will discuss any propose continuing duty to notify my Parole discussion impossible. I will reply promptly, fully and truth Community Supervision. I will notify my Parole Officer immeto notify my Parole Officer of such I will not be in the company of or frafor accidental encounters in public I will not behave in such a manner threaten the safety or well-being or I will not own, posses, or purchase any deadly weapon as defined in the any instrument readily capable of any instrument that I leave the jurisdic and from any territory or country of Release. I fully understand that I hand return me to New York, and I for the safety or well-being or the safety or well-being or the safety or well-being or limit the event that I leave the jurisdic and from any territory or country of Release. | York or any other State to which I am released sit me at my residence and/or place of employred changes in my residence, employment or proge Officer of any changes in my residence, employ fully to any inquiry of or communication by my ediately any time I am in contact with or arrested contact or arrest. aternize with any person I know to have a criminal places, work, school or in any other instance we as to violate the provisions of any law to which I | ment and I will permit the so gram status with my Parole of syment or program status with Parole Officer or other rep d by any law enforcement and all record or whom I know to with the permission of my Param subject which provide the the written permission of my tor, stiletto, or imitation pist planation for ownership, por right to resist extradition to the in the full force and effect d States and under law to do ion of my Parole or Conditi | earch and inspection of Officer. I understand that when circumstances beyonesentative of the Department of the Departmen | my person, residence and it I have an immediate and ond my control make prior artment of Corrections and at I have a continuing duty a Youthful Offender except ment, nor will my behavior it own, posses or purchase own, posses or purchase from any state in the Union from Parole of Conditional |
| 13. | | ons of my Parole Officer and obey such specia epartment of Corrections and Community Supe | | ons as he, a Member of | the Board of Parole or an |
| | Local Sentence: I also under | rstand and agree that if I am returned to a correct to be credited against the term of my sentence. | | f any of the above condi | tions; the time spent under |
| | Supervision for violation of ar used as a basis for requesting against the remaining portion remaining portion of my maxi | and and agree that if I am returned to an instituting of the above conditions, that the good behaving any subsequent release. I further understand not my maximum or aggregate maximum term mum or aggregate maximum term is more than ence if such remaining portion of my sentence is | ior time earned by me prior that if I am so returned I m n not to exceed in the agging one year and that I shall r | r to the date of my Cond ay, however, subsequer regate of one-third of si | ditional Release cannot be ntly receive time allowance uch portion provided such |
| | I certify that I have read and the | nat I understand the foregoing and have receive | d a copy of this application | | |
| | Signed this day of | , 20 | | | |
| | Applicant: | | Witness: | | |

SENTENCE:

State

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS) APPLICATION FOR CONDITIONAL RELEASE TO PAROLE SUPERVISION

Local

NYSID: _____ DIN# ____

| I, _ | | , now confin | ed in | | having been co | nvicted |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------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| of _ | | | and sentence | ed in the county of _ | | at a term of the |
| | Court, | Judge | presiding | g, on the | day of | , 20, |
| for | the term of | the max | rimum term of which exp | ires on the | day of | , 20, |
| her | eby apply for Conditional Release | e. I understand that I | will be in the legal custoo | dy of the Departmen | t of Corrections and Co | ommunity Supervision until |
| the | day of | , 20, | and agree to abide by th | ne conditions of my | release with full knowle | edge that failure to do so may result in |
| my | re-imprisonment by order of the | Board of Parole pursua | ant to law. | | | |
| | | | CONDITIONS (| OF RELEASE | | |
| 1. | I will proceed directly to the a Supervision Office, unless other | | · | • | s of my release, mak | e my arrival report to the Community |
| 11. | permission. I will permit my Parole Officer to property. I will discuss any proper continuing duty to notify my Parole Officer in the company of officer of selections. I will not be in the company of officer accidental encounters in pull will not behave in such a manuthreaten the safety or well-bein I will not own, posses, or purchasing deadly weapon as defined any instrument readily capable. In the event that I leave the juris and from any territory or countril | o visit me at my residence of causing physical injudiction of the State of I freely and knowingle of I freely and knowingle of I freely and knowingle of visit me as to violate the program of causing physical injudiction of the State of ry outside the United I freely and knowingle | ence and/or place of empsidence, employment or nges in my residence, er of or communication by am in contact with or arresponded in any other instance ovisions of any law to when y dangerous knife, dirk, ury without a satisfactor. New York, I hereby waive States. This waiver sharthe Constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the constitution of the Ly waive this right as a contact of the contact | program status with program status with program status with program and I will program an | permit the search and in my Parole Officer. I un am status when circum or other representative forcement agency. I ur m I know to have been on of my Parole Office och provide for a penalty ission of my Parole Officiation pistol. In addition pistol. In addition pistol of the State of eand effect until I am ider law to contest an eac or Conditional Release | y of imprisonment, nor will my behavior icer. I will not own, posses or purchase ion, I will not own, posses or purchase r purchase. of New York from any state in the Union discharged from Parole of Conditional affort to extradite me from another state se. |
| 13. | authorized representative of the Local Sentence: I also un Conditional Release will n State Sentence: I under | e Department of Corre derstand and agree th ot be credited against stand and agree that | ctions and Community S at if I am returned to a co the term of my sentence | supervision may imporrectional facility for sectional facility for section and the justification of the justificat | ose. violation of any of the urisdiction of the Depa | Member of the Board of Parole or an above conditions; the time spent under |
| _ | used as a basis for request against the remaining por remaining portion of my manifer remaining portion of my set. | sting any subsequent r tion of my maximum naximum or aggregate entence if such remain | elease. I further underst or aggregate maximum maximum term is more ing portion of my senten | and that if I am so re term not to exceed than one year and t ce is one year or les | eturned I may, however in the aggregate of or hat I shall not again ea ss. | e of my Conditional Release cannot be r, subsequently receive time allowance ne-third of such portion provided such arn any good behavior time against the |
| | I certify that I have read an | | | eiveu a copy of this | аррисацоп. | |
| | Signed this day of _ | | , ∠∪ | \A/'' | | |

SENTENCE:

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS) APPLICATION FOR CONDITIONAL RELEASE TO PAROLE SUPERVISION

NYSID: _____ DIN# ____

Local

State

| I, _ | , now con | nfined in | having beer | n convicted |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| of _ | | and sentenced in the county | of | at a term of the |
| | Court, Judge | presiding, on the | day of | , 20, |
| for | the term of the n | naximum term of which expires on the | day of | , 20, |
| her | reby apply for Conditional Release. I understand tha | at I will be in the legal custody of the Depart | ment of Corrections and | d Community Supervision until |
| the | e day of, 20 | _, and agree to abide by the conditions of | my release with full kno | owledge that failure to do so may result in |
| my | re-imprisonment by order of the Board of Parole pur | suant to law. | | |
| | | CONDITIONS OF RELEASE | | |
| 1. | I will proceed directly to the area to which I hav Supervision Office, unless other instructions are de | | nours of my release, n | nake my arrival report to the Community |
| 11. | I will make office and/or written reports as directed I will not leave the State of New York or any other permission. I will permit my Parole Officer to visit me at my resproperty. I will discuss any proposed changes in my continuing duty to notify my Parole Officer of any odiscussion impossible. I will reply promptly, fully and truthfully to any inquict Community Supervision. I will notify my Parole Officer immediately any time to notify my Parole Officer of such contact or arrest I will not be in the company of or fraternize with any for accidental encounters in public places, work, so I will not behave in such a manner as to violate the threaten the safety or well-being of myself or other I will not own, posses, or purchase any shotgun, rifficany deadly weapon as defined in the Penal Law of any instrument readily capable of causing physical In the event that I leave the jurisdiction of the State and from any territory or country outside the United Release. I fully understand that I have the right under terum me to New York, and I freely and knowing I will not use or possess any drug paraphernalia or Special Conditions: | er State to which I am released or transfer sidence and/or place of employment and I way residence, employment or program status was changes in my residence, employment or produity of or communication by my Parole Office at I am in contact with or arrested by any law st. I person I know to have a criminal record or was chool or in any other instance with the permanent provisions of any law to which I am subject res. I ee or firearm of any type without the written permany dangerous knife, dirk, razor, stiletto, of I injury without a satisfactory explanation for of New York, I hereby waive my right to resided States. This waiver shall be in the full for the Constitution of the United States and right waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of my Paragraphy waive this right as a condition of the province of the provinc | will permit the search are with my Parole Officer. or or other representate or enforcement agency. Whom I know to have be also of my Parole Officer which provide for a perfermission of my Parole or imitation pistol. In accordance or contest agarded or Conditional Relation and the search of the | and inspection of my person, residence and a understand that I have an immediate and sumstances beyond my control make prior tive of the Department of Corrections and I understand that I have a continuing duty then adjudicated a Youthful Offender except ficer. I will not own, posses or purchase addition, I will not own, posses or purchase or purchase. It is of New York from any state in the Union and discharged from Parole of Conditional an effort to extradite me from another state ease. |
| 13. | I will fully comply with the instructions of my Parol authorized representative of the Department of Co Local Sentence: I also understand and agree Conditional Release will not be credited again State Sentence: I understand and agree th Supervision for violation of any of the above oused as a basis for requesting any subsequer against the remaining portion of my maximu | e that if I am returned to a correctional facility not the term of my sentence. at if I am returned to an institution under the conditions, that the good behavior time earn trelease. I further understand that if I am services are the conditions and the conditions are the conditions. | impose. y for violation of any of the jurisdiction of the Dened by me prior to the coso returned I may, howe | he above conditions; the time spent under epartment of Corrections and Community date of my Conditional Release cannot be ever, subsequently receive time allowance |
| | remaining portion of my maximum or aggregate remaining portion of my sentence if such rem I certify that I have read and that I understand | naining portion of my sentence is one year o | or less. | earn any good behavior time against the |
| | Signed this day of | , 20 | | |
| | Applicant | Witness | | |

SENTENCE:

State

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS) APPLICATION FOR CONDITIONAL RELEASE TO PAROLE SUPERVISION

Local

NYSID: _____ DIN# ____

| I, _ | | , now confined in | | having been co | onvicted | |
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| of _ | | and sentenc | ed in the county | of | at a term of the | |
| | Court, Judge | e presidin | g, on the | day of | , 20, | |
| for | the term of | the maximum term of which exp | oires on the | day of | , 20, | |
| her | eby apply for Conditional Release. I u | nderstand that I will be in the legal custo | dy of the Departi | ment of Corrections and C | community Supervision until | |
| the | day of | _, 20, and agree to abide by t | he conditions of | my release with full knowl | edge that failure to do so may result in | |
| my | re-imprisonment by order of the Board | of Parole pursuant to law. | | | | |
| | | CONDITIONS | OF RELEASE | | | |
| 1. | , | o which I have been released and, with uctions are designated on my release a | , | nours of my release, mak | te my arrival report to the Community | |
| 11. | permission. I will permit my Parole Officer to visit property. I will discuss any proposed continuing duty to notify my Parole Officersion impossible. I will reply promptly, fully and truthfur Community Supervision. I will notify my Parole Officer immedit to notify my Parole Officer of such cold will not be in the company of or frate for accidental encounters in public plumil not behave in such a manner as threaten the safety or well-being of many deadly weapon as defined in the any instrument readily capable of call in the event that I leave the jurisdiction and from any territory or country out Release. I fully understand that I have and return me to New York, and I free | me at my residence and/or place of emchanges in my residence, employment or officer of any changes in my residence, e ly to any inquiry of or communication by ately any time I am in contact with or arrestact or arrest. Trize with any person I know to have a craces, work, school or in any other instant to violate the provisions of any law to with any law to with the contact of the provisions of any law to with the contact or the contact of the provisions of any law to with the contact of the cont | ployment and I was program status of program status of program status of program status of programs and programs and programs are used to be an are used to be an are used to be a programs and to be a programs and the programs are used to be a programs and the programs are used to be a programs and the programs are used to be a programs and the programs are used to be a programs and the programs are used to be a programs and the programs are used to be a programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the programs. The programs are used to be a program of the programs are used to be a program of the programs are used to be a program of the program of the programs are used to be a program of the p | will permit the search and with my Parole Officer. I ur ogram status when circum ter or other representative enforcement agency. I us whom I know to have been assion of my Parole Office which provide for a penaltic ermission of my Parole Officer initiation pistol. In additional remarks of the State force and effect until I amid under law to contest and arole or Conditional Relea | inspection of my person, residence and inderstand that I have an immediate and instances beyond my control make prior is of the Department of Corrections and inderstand that I have a continuing duty adjudicated a Youthful Offender except is of imprisonment, nor will my behavior ficer. I will not own, posses or purchase ir purchase. Of New York from any state in the Union discharged from Parole of Conditional effort to extradite me from another state see. | |
| 13. | authorized representative of the Dep Local Sentence: I also underst | s of my Parole Officer and obey such spartment of Corrections and Community Stand and agree that if I am returned to a constitute of the spart of th | Supervision may orrectional facility | impose. | | |
| | _ | credited against the term of my sentence | | he jurisdiction of the Don | artment of Corrections and Community | |
| | 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 term 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 understand the foregoing and have rec | сетией а сору от | uno application. | | |
| | Signed this day of | , 20 | | | | |

SENTENCE:

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS) APPLICATION FOR CONDITIONAL RELEASE TO PAROLE SUPERVISION

Local

State

NYSID: _____ DIN# ____

| I, _ | , now confin | ed in | having be | en convicted |
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| of _ | | and sentenced in the count | y of | at a term of the |
| | Court, Judge | presiding, on the | day of | , 20, |
| for | the term of the max | kimum term of which expires on the | day of | , 20, |
| her | reby apply for Conditional Release. I understand that I | will be in the legal custody of the Depa | tment of Corrections a | and Community Supervision until |
| the | day of, 20, | and agree to abide by the conditions o | f my release with full k | knowledge that failure to do so may result in |
| my | re-imprisonment by order of the Board of Parole pursua | ant to law. | | |
| | | CONDITIONS OF RELEASE | | |
| 1. | I will proceed directly to the area to which I have to Supervision Office, unless other instructions are designated as the supervision of the supe | | hours of my release, | make my arrival report to the Community |
| 11. | I will make office and/or written reports as directed. I will not leave the State of New York or any other Spermission. I will permit my Parole Officer to visit me at my reside property. I will discuss any proposed changes in my recontinuing duty to notify my Parole Officer of any chadiscussion impossible. I will reply promptly, fully and truthfully to any inquiry Community Supervision. I will notify my Parole Officer immediately any time I at to notify my Parole Officer of such contact or arrest. I will not be in the company of or fraternize with any perfor accidental encounters in public places, work, school will not behave in such a manner as to violate the prothreaten the safety or well-being of myself or others. I will not own, posses, or purchase any shotgun, rifle of any deadly weapon as defined in the Penal Law or a any instrument readily capable of causing physical ing In the event that I leave the jurisdiction of the State of and from any territory or country outside the United Release. I fully understand that I have the right under and return me to New York, and I freely and knowing! I will not use or possess any drug paraphernalia or us Special Conditions: | ence and/or place of employment and I seidence, employment or program status nges in my residence, employment or possible of or communication by my Parole Of am in contact with or arrested by any law erson I know to have a criminal record or pollor in any other instance with the perpovisions of any law to which I am subject or firearm of any type without the written my dangerous knife, dirk, razor, stiletto jury without a satisfactory explanation for New York, I hereby waive my right to restates. This waiver shall be in the fuller the Constitution of the United States at y waive this right as a condition of my I | will permit the search with my Parole Officer or ogram status when officer or other represent we enforcement agency whom I know to have mission of my Parole of the which provide for a permission of my Parole or imitation pistol. In or ownership, possess sist extradition to the State of the permitation of the State of the search of the s | and inspection of my person, residence and r. I understand that I have an immediate and circumstances beyond my control make prior tative of the Department of Corrections and y. I understand that I have a continuing duty been adjudicated a Youthful Offender except Officer. Denalty of imprisonment, nor will my behavior onle Officer. I will not own, posses or purchase addition, I will not own, posses or purchase ison or purchase. State of New York from any state in the Union I am discharged from Parole of Conditional at an effort to extradite me from another state Release. |
| 13. | I will fully comply with the instructions of my Parole Cauthorized representative of the Department of Corre Local Sentence: I also understand and agree the Conditional Release will not be credited against State Sentence: I understand and agree that Supervision for violation of any of the above corrused as a basis for requesting any subsequent remaining portion of my maximum or remaining portion of my maximum or aggregate remaining portion of my sentence if such remain I certify that I have read and that I understand the | ctions and Community Supervision managed in the term of my sentence. If I am returned to an institution under additions, that the good behavior time earliese. I further understand that if I am or aggregate maximum term not to expand maximum term is more than one year agregoring and have received a copy of the community of the | the jurisdiction of the uned by me prior to the so returned I may, ho ceed in the aggregate and that I shall not again or less. | Department of Corrections and Community e date of my Conditional Release cannot be wever, subsequently receive time allowance of one-third of such portion provided such |
| | Signed this day of | , 20 | | |
| | Annlicant: | Witness | | |

POST-INTERVIEW FACILITY STAFF WORKSHEET

| | NAME | :: | | DIN: NASID: | |
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| | | | IER UPON RECEIPT INVESTIGATION: □ | ELIGIBLE FOR SUPERVISION FEE: YES TRANSIT CASE: (YES/NO) EEC: O ISSUED O DENIED O NON-CERT O N/A | |
| | | | | □ WARRANT AND PROGRAM □ CPDO/ECPDO □ WARRANT | |
| COMMEN | ΓS: | | | | |
| CONFIDE | NTIAL | COMM | ENTS: (YES/NO) | | |
| GES COL | <u>DE</u> | | SPECIAL | CONDITIONS (CHECK ALL CONDITIONS IMPOSED) | |
| SC01 SC02 | | | · · · · · · · · · · · · · · · · · · · | ID MAINTAIN EMPLOYMENT AND/OR AN ACADEMIC/VOCATIONAL PROGRAM TANCE ABUSE TESTING AS DIRECTED BY THE P.O. | |
| SC03 | | | | A SUBSTANCE ABUSE TREATMENT PROGRAM AS DIRECTED BY THE P.O. | |
| SC04 | | 4. | I WILL PARTICIPATE IN | AN ALCOHOL ABUSE TREATMENT PROGRAM AS DIRECTED BY THE P.O. | |
| SC05 SC06 | | 5. 6. | | OHOLIC BEVERAGES. IY ESTABLISHMENT WHERE ALCOHOL IS SOLD OR SERVED AS ITS MAIN BUSINESS WITHOUT | |
| SC07 | | 7. | | MOTOR VEHICLE, APPLY FOR, RENEW, OR POSSESS ANY DRIVERS LICENSE WITHOUT THE | |
| SC08 | | Q | WRITTEN PERMISSION OF | THE P.O. THE P.O. THE P.O. | |
| SC09 | | 9. | | | |
| SC10 | | 10. | I WILL PARTICIPATE IN | ANTI AGGRESSION/ANTI VIOLENCE COUNSELING AS DIRECTED BY THE P.O. | |
| SC11 | | 11. | I WILL COOPERATE WITH THE P.O. | A MENTAL HEALTH EVALUATION REFERRAL, AND FOLLOW UP TREATMENT AS DIRECTED BY | |
| SC12 SC13 | | 12. 13. | | SEX OFFENDER COUNSELING/TREATMENT AS DIRECTED BY THE P.O. WITH ANY PERSON UNDER THE AGE OF EIGHTEEN WITHOUT WRITTEN PERMISSION OF | |
| SC14 | | 14. | | . CASE SPECIFIC SEX OFFENDER CONDITIONS TO BE IMPOSED THE P.O. | |
| SC15 | | 15. | I WILL NOT ASSOCIATE I THE P.O. | N ANY WAY OR COMMUNICATE BY ANY MEANS WITH (VICTIM) WITHOUT THE PERMISSION OF | |
| SC16 | | 16. | I WILL NOT ASSOCIATE I PERMISSION OF THE P.O. | N ANY WAY OR COMMUNICATE BY ANY MEANS WITH (ASSOCIATE) WITHOUT THE | |
| SC17 | | 17. | I WILL NOT ASSOCIATE I THE P.O. | N ANY WAY OR COMMUNICATE BY ANY MEANS WITH (OTHER) WITHOUT THE PERMISSION OF | |
| SC18 | | 18. | | ALL MEDICAL REFERRALS AND TREATMENT RECOMMENDATIONS. | |
| SC19 | | 19. | | DOMESTIC VIOLENCE COUNSELING AS DIRECTED BY THE P.O. | |
| SC20 SC21 | | | I WILL NOT BE MEMBER O | COURT ORDERS INCLUDING THOSE ORDERING FINES, SURCHARGES, AND/OR RESTITUTION. F ANY GANG OR ASSOCIATE WITH ANY KNOWN GANG MEMBER OR ATTEND ANY GANG I WILL NOT WEAR, DISPLAY, POSSESS, DISTRIBUTE OR USE ANY GANG INSIGNIA OR | |
| SC22 | | 22. | I WILL NOT ACT IN ANY | FIDUCIARY CAPACITY WITHOUT THE PERMISSION OF THE P.O. | |
| SC23 SC24 | | | | KING, SAVINGS, DEBIT, OR CREDIT CARD ACCOUNT WITHOUT THE PERMISSION OF THE P.O. IN ANY GAMBLING OR GAMBLING RELATED ACTIVITY WITHOUT THE PERMISSION OF THE | |
| SC25 | | 25. | I WILL PARTICIPATE IN | A DWI VICTIM IMPACT PANEL AS DIRECTED BY THE P.O. | |
| SC26 | | 26. | I WILL COMPLY WITH ALL | ORDERS OF PROTECTION. | |
| SC27 | | 27. | | ANDATODY CONDITION THROUGH BY THE CENTRAL ACCURATE DESCRIPTION ACT. CHARTER 4 OF THE | |
| SC28 | _ | 28. | LAWS OF 2000 ("SARA"). | | |
| SC29 | | | ASSIST THE DEPARTMENT | DENCE TO BE APPROVED BY THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION AND WILL IN ANY EFFORTS IT MAY MAKE ON MY BEHALF TO DEVELOP AN APPROVED RESIDENCE. | |
| SC30 SC31a | | | | THE RESIDENCE APPROVED BY THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION. Y TO THE ICE WARRANT AND IF RELEASED PRIOR TO THE MAXIMUM EXPIRATION DATE OF MY | |
| SCSIA | _ | 31. | SENTENCE OR IF RELEASE WITHIN 24 HOURS OF MY DEPORTED, I UNDERSTAND 8 U.S.C. 1326. IF I AM | TO THE ICE WARRANT AND IF RELEASED FRIOR TO THE MAXIMUM EXPIRATION DATE OF MY OF PRIOR TO THE POST-RELEASE SUPERVISION MAXIMUM EXPIRATION (PRSME) DATE, I WILL, RELEASE, REPORT TO THE AREA OFFICE AS NOTED ON MY CERTIFICATE OF RELEASE. IF OF THAT I CANNOT RE-ENTER TO UNITED STATES UNLESS MY RE-ENTRY IS AUTHORIZED UNDER I CONVICTED OF ILLEGALLY RE-ENTERING THE UNITED STATES, 8 U.S.C. 1326 AUTHORIZES THE UNITED TO IMPOSE A FINE, PERIOD OF IMPRISONMENT UP TO TEN (10) YEARS, OR BOTH. | |
| SC31b | _ | 31. | SENTENCE, UNLESS I REC FULLY UNDERSTAND THAT | THAT I CANNOT RE-ENTER THE UNITED STATES PRIOR TO THE MAXIMUM EXPIRATION DATE OF MY ELVE PRIOR WRITTEN PERMISSION FROM THE NEW YORK STATE BOARD OF PAROLE. ALSO, I RE-ENTRY TO THE UNITED STATES, PRIOR TO THE MAXIMUM EXPIRATION OF MY SENTENCE, MAY OCATION OF MY RELEASE. | |
| SC32 | | 32. | I WILL NOT USE OR POSSESS ANY MEDICATIONS OR SUPPLEMENTS DESIGNED OR INTENDED FOR THE PURPOSE OF ENHANCING SEXUAL PERFORMANCE OR TREATING ERECTILE DYSFUNCTION WITHOUT THE WRITTEN PERMISSION OF MY PAROLE OFFICER AND THE APPROVAL OF HIS OR HER AREA SUPERVISOR. | | |
| SC33 | | 33. | . I WILL PARTICIPATE IN THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION'S POLYGRAPH PROGRAM AS DIRECTED BY PAROLE OFFICER. I UNDERSTAND THAT THIS WILL INCLUDE PERIODIC POLYGRAPH SESSIONS CONSISTING OF A PRE-EXAMINATION INTERVIEW, POLYGRAPH EXAMINATION, AND POST-TEST INTERVIEW WITH THE POLYGRAPH EXAMINER OR MY PAROLE OFFICER. | | |
| SC34 | | 34. | • | NALL PROVIDE A SAMPLE, APPROPRIATE FOR DNA TESTING, TO BE INCLUDED IN THE NEW YORK NATION OF THE NEW YORK NATION O | |
| SC35 | | 35. | WEBSITE, COMMUNICATE W WITH PERSONS UNDER THE UNLESS I RECEIVE WRITT | TERNET TO ACCESS PORNOGRAPHIC MATERIAL, ACCESS A COMMERCIAL SOCIAL NETWORKING WITH OTHER INDIVIDUALS OR GROUPS FOR THE PURPOSE OF PROMOTING SEXUAL RELATIONS THE AGE OF EIGHTEEN, AND COMMUNICATE WITH A PERSON UNDER THE AGE OF EIGHTEEN THE PERMISSION FROM THE BOARD OF PAROLE TO USE THE INTERNET TO COMMUNICATE WITH A THE PARENT OF AMOUNT OF THE PARENT OF THE AMOUNT OTHERWISE PROHIBITED TH. | |

POST-INTERVIEW FACILITY STAFF WORKSHEET

| | NAME: | : | DIN: NYSID: |
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| SC36 | | 36. | I SHALL NOT BE RELEASED UNTIL SUCH TIME AS ANY RESIDENCE THAT HAS BEEN OR MAY BE APPROVED ON MY BEHALF CAN BE EVALUATED BY THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION TO DETERMINE ITS APPROPRIATENESS IN LIGHT OF ANY DETERMINATIONS MADE BY A COURT OF COMPETENT JURISDICTION PURSUANT TO ARTICLE 10 OF THE MENTAL HYGIENE LAW. |
| SC37a | | 37. | PURSUANT TO THE AUTHORITY CONFERRED UPON THE NEW YORK STATE BOARD OF PAROLE UNDER SECTION 70.45(3) OF THE N.Y. PENAL LAW TO IMPOSE CONDITIONS OF RELEASE UPON AN INDIVIDUAL SERVING A DETERMINATE SENTENCE WHO IS TO BE RELEASED TO THE JURISDICTION OF THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION TO SERVE A PERIOD OF POST-RELEASE SUPERVISION, IT IS HEREBY DETERMINED THAT AS A CONDITION OF YOUR POST-RELEASE SUPERVISION, YOU |
| SC37b | | 37. | SHALL BE TRANSFERRED TO AND PARTICIPATE IN THE PROGRAMS OF A RESIDENTIAL TREATMENT FACILITY, AS THAT TERM IS DEFINED BY N.Y. CORRECTION LAW SS2(6) FOR A PERIOD OF TIME DEEMED APPROPRIATE BY THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION, BUT I NO EVENT SHALL SUCH PERIOD EXCEED SIX MONTHS FROM THE DATE OF YOUR ENTRANCE INTO SAID RESIDENTIAL TREATMENT FACILITY. |
| SC38 | | 38. | YOU SHALL NOT BE RELEASED UNTIL THE BOARD OF PAROLE AND DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION ARE INFORMED OF THE SEX OFFENDER RISK LEVEL THAT HAS BEEN OR WILL BE ESTABLISHED BY A COURT OF COMPETENT JURISDICTION PURSUANT TO CORRECTION LAW 168-N. |
| SC39a | | 39. | I WILL HAVE NO CONTACT DIRECTLY, INDIRECTLY, THROUGH THIRD PARTY, ELECTRONICALLY OR BY INITIATION OR RESPONSE WITH, I WILL ONLY HAVE CONTACT WITH ANY MINOR CHILDREN IN COMMON WITH WITH APPROVAL AND SUPERVISION OF A FAMILY COURT ORDER OF THE PERMISSION OF THE PAROLE OFFICER. I WILL ENTER, COMPLETE, AND COMPLY WITH A DOMESTIC VIOLENCE OFFENDERS PROGRAM AS DIRECTED BY THE PAROLE OFFICER. I WILL ENTER, COMPLETE, AND COMPLY WITH A PARENTING COURSE AS DIRECTED BY THE PAROLE OFFICER. |
| SC39b | | 39. | I WILL NOT RESIDE WITH ANY PARTNER WITHOUT PRIOR WRITTEN PERMISSION OF THE PAROLE OFFICER. I WILL IMMEDIATELY PROVIDE THE PAROLE OFFICER OF THE CONTACT INFORMATION FOR ANY AND ALL RELATIONSHIPS I BECOME INVOLVED IN. I WILL PROVIDE A COPY OF ANY ACTIVE ORDER OF PROTECTION ISSUED AGAINST ME OR FOR MY PROTECTION TO THE PAROLE OFFICER WITHIN 48 HOURS OF BEING SERVED WITH THE ORDER. I WILL COMPLY WITH ANY AND ALL "ACTIVE" ORDERS OF PROTECTION. |
| SC40a | | 40. | I WILL NOT OWN, USE, POSSESS, PURCHASE OR HAVE CONTROL OF ANY COMPUTER, COMPUTER RELATED MATERIAL, ELECTRONIC STORAGE DEVICES AND/OR THE INTERNET UNLESS I OBTAIN PRIOR WRITTEN PERMISSION FROM MY PAROLE OFFICER. FURTHER MORE, IF APPROVED: IF I AM PERMITTED BY MY PAROLE OFFICER TO POSSESS A COMPUTER AT MY RESIDENCE, PERMISSION WILL BE GRANTED FOR ONLY ONE COMPUTER. I WILL PROVIDE ALL PERSONAL, BUSINESS, PHONE, INTERNET SERVICE PROVIDER, AND/OR CABLE RECORDS TO MY PAROLE OFFICER UPON REQUEST. |
| SC40b | | 40. | I WILL PROVIDE COPIES OF FINANCIAL DOCUMENTS TO MY PAROLE OFFICER UPON REQUEST. THESE DOCUMENTS MAY INCLUDE, BUT ARE NOT LIMITED TO, ALL CREDIT CARD BILLS, BANK STATEMENTS, AND INCOME TAX RETURNS. I WILL PROVIDE ALL USER ID'S AND PASSWORDS REQUIRED TO ACCESS THE COMPUTER, MY C.M.O.S. AND BIOS, INTERNET SERVICE PROVIDER, ANY/ALL EMAIL ACCOUNTS. INSTANT MESSAGING ACCOUNTS, ANY REMOVABLE ELECTRONIC MEDIA, INCLUDING BUT NOT LIMITED TO MEDIA SUCH AS SMART CARDS, CELL PHONES, THUMB DRIVES AND WEB VIRTUAL STORAGE. |
| SC40c | | 40. | I WILL PROVIDE MY PAROLE OFFICER WITH MY PASSWORD AND USER ID FOR ANY APPROVED DEVICE. I ACKNOWLEDGE THAT INDIVIDUALS WHO HAVE ACCESS TO MY COMPUTER SYSTEM AND/OR OTHER COMMUNICATION OR ELECTRONIC STORAGE DEVICES WILL ALSO BE SUBJECT TO MONITORING AND/OR SEARCH AND SEIZURE. I AGREE TO BE FULLY RESPONSIBLE FOR ALL MATERIAL, DATA, IMAGES AND INFORMATION FOUND ON MY COMPUTER AND/OR OTHER COMMUNICATION OR ELECTRONIC STORAGE DEVICES AT ALL TIMES. |
| SC40d | | 40. | I WILL NOT CREATE OR ASSIST DIRECTLY OR INDIRECTLY IN THE CREATION OF ANY ELECTRONIC BULLETIN BOARD SYSTEM, SERVICES THAT PROVIDE ACCESS TO THE INTERNET, OR ANY PUBLIC OR PRIVATE COMPUTER NETWORK WITHOUT PRIOR WRITTEN APPROVAL FROM MY PAROLE OFFICER. I WILL NOT USE ANY FORM OF ENCRYPTION, CRYPTOGRAPHY, STEGANOGRAPHY, COMPRESSION AND/OR OTHER METHOD THAT MIGHT LIMIT ACCESS TO, OR CHANGE THE APPEARANCE OF, DATA AND/OR IMAGES WITHOUT PRIOR WRITTEN APPROVAL FROM MY PAROLE OFFICER. |
| SC40e | | 40. | I WILL NOT ATTEMPT TO CIRCUMVENT, ALTER, INHIBIT, OR PREVENT THE FUNCTIONING OF ANY MONITORING OR LIMITING EQUIPMENT, DEVICE OR SOFTWARE THAT HAS BEEN INSTALLED BY OR AT THE BEHEST OF, OR IS BEING UTILIZED BY, THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION FOR THE PURPOSES OF RECORDING, MONITORING OR LIMITING MY COMPUTER OR INTERNET USE AND ACCESS, NOR WILL I TAMPER WITH SUCH EQUIPMENT, DEVICE OR SOFTWARE IN ANY WAY. |
| SC40f | | 40. | I WILL COOPERATE WITH UNANNOUNCED EXAMINATIONS DIRECTED BY MY PAROLE OFFICER OF ANY AND ALL COMPUTER(S) AND/OR OTHER ELECTRONIC DEVICE(S) TO WHICH I HAVE ACCESS. THIS INCLUDES ACCESS TO ALL DATA AND/OR IMAGES STORED ON HARD DISK DRIVES, FLOPPY DISKETTES, CD ROMS, OPTICAL DISKS, MAGNETIC TAPE, CELL PHONES, AND/OR ANY STORAGE MEDIA WHETHER INSTALLED WITHIN A DEVICE OR REMOVABLE. I WILL INSTALL OR ALLOW TO BE INSTALLED, AT MY OWN EXPENSE, EQUIPMENT AND/OR SOFTWARE TO MONITOR OR LIMIT COMPUTER USE. |
| SC41A | | 41. | YOU SHALL INSTALL AND MAINTAIN, IN ACCORDANCE WITH THE PROVISIONS A&B OF SECTION 1198 OF THE N.Y. VEHICLE AND TRAFFIC LAW, AN IGNITION INTERLOCK DEVICE IN ANY MOTOR VEHICLE OWNED OR OPERATED BY YOU DURING THE PERIOD OF YOUR COMMUNITY SUPERVISION. THIS CONDITION DOES NOT AUTHORIZE YOU TO OPERATE A MOTOR VEHICLE IN THE EVENT YOUR LICENSE OR PRIVILEGE TO OPERATE A MOTOR VEHICLE HAS BEEN REVOKED OR SUSPENDED |
| SC41B | | 41. | PURSUANT TO THE PROVISIONS OF THE VEHICLE AND TRAFFIC LAW OR THE LAWS OF ANY OTHER STATE. YOU MAY OBTAIN A LICENSE TO OPERATE A MOTOR VEHICLE ONLY WITH THE PRIOR WRITTEN PERMISSION OF YOUR PAROLE OFFICER. IF YOU POSSESS A LICENSE TO OPERATE A MOTOR VEHICLE, YOU MAY OPERATE A MOTOR VEHICLE ONLY WITH THE PRIOR WRITTEN PERMISSION OF YOUR PAROLE OFFICER AND IN ACCORDANCE WITH THIS CONDITION OF RELEASE. |
| SC42 | | 42. | I WILL SUBMIT TO PHOTO IMAGING EVERY 90 DAYS, OR WHENEVER DIRECTED BY MY PAROLE OFFICER OR OTHER REPRESENTATIVE OF THE N.Y.S. DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION. |

POST-INTERVIEW FACILITY STAFF WORKSHEET

| | NAME: | DIN: | NYSID: | |
|------|---------------------------------|------------------------------|----------------------------------------------------|----|
| DID | THE COMMISSIONER MENTION ANY C | F THE FOLLOWING AS A REASON | FOR DENIAL (CHECK ALL THAT APPLY): | |
| | | | | |
| | ABSCONDED/REMOVED/FAILED IN TE | | | |
| | | | EEPLOCK; SHU; TIER I, II, OR III | |
| _ | FAIL TO DEAL WITH ALCOHOL/DRUG | PROBLEM OR FURTHER TREATMEN | IT; ASAT | |
| | EXTREME/EXCESSIVE USE OF VIOLE | NCE AGAINST VICTIM(S) (BY I | MATE AND/OR ACCOMPLICES) | |
| | PREYED UPON A PARTICULARLY VUL | NERABLE VICTIM(S) (CHILD-ELI | PERLY-DISABLED) | |
| | HISTORY OF PROBATION/PAROLE FA | ILURES | | |
| | INVOLVED WEAPON USAGE/SHOTGUN | | | |
| | HISTORY OF ASSAULTIVE BEHAVIOR | 1 | | |
| | LENGTHY PRIOR CRIMINAL BEHAVIO |)R | | |
| | REFUSED TO APPEAR (INTERVIEWED | IN ABSENTIA) | | |
| | NEEDS TO PARTICIPATE IN PSYCHO | THERAPY; MSE, MHSE; MENTAL S | STATUS EVALUATION; MENTAL HEALTH STATUS EVALUATION | NC |
| | ACQUIRE GED OR ADDITIONAL ACAD | | , | |
| | SHOWS NO REMORSE OR RECOGNITION | | | |
| | FURTHER INSTITUTIONAL PROGRAM | | SPECTETED) | |
| | DA/JUDGE IS OPPOSED TO INMATES | • | . 101, 110, | |
| _ | OFFENSE INVOLVED LARGE QUANTIT | | | |
| _ | _ | 1E3 OF DRUGS | | |
| | MULTIPLE VICTIM | | | |
| | BIZARRE NATURE OF OFFENSE | | | |
| _ | • | | | |
| _ | OFFENSE WAS AMONG A SERIES OF | | | |
| _ | OFFENSE COVERED LONG SPAN OF T | IME | | |
| ш | HIGH DEGREE OF SOPHISTICATION | INVOLVED IN OFFENSE(S) | | |
| | ALTHOUGH VICTIM WAS INITIATOR | | | |
| | ALTHOUGH INVOLVEMENT OF OFFENS | E WAS MINIMAL | | |
| | SERIOUSNESS OF THE OFFENSE | | | |
| | INVOLVED LARGE AMOUNT OF MONEY | , | | |
| | MORE THAN ONE PERPETRATOR/ACTI | NG IN CONCERT WITH OTHERS | | |
| | ESCALATION OF CRIMINAL BEHAVIO | PR | | |
| | DESPITE MINIMAL PRIOR CRIMINAL | BEHAVIOR | | |
| | UNSATISFACTORY PAROLE PLAN | | | |
| | | | | |
| | OFFENSE INCLUDED SEXUAL ABUSE | | | |
| | CAUSED DEATH OF VICTIM | | | |
| | RESENTENCE/COURT ORDER | | | |
| | PIE CREDIT | | | |
| | NEEDS SEX OFFENDER COUNSELING | | | |
| | | | | |
| ч | INVOLVEMENT IN OFFENSE BY COER | CION/DURESS | | |
| POS. | TPONEMENTS: | | | |
| | COMPLETION OF RECORDS | | | |
| | INMATE NOT PRODUCED | | | |
| | | MENTAL CTATUS SVALUATIONS | MENTAL LIFATU CTATUS EVALUATION | |
| | PSYCHIATRIC REPORT; MSE; MHSE; | MENIAL STATUS EVALUATION; | IENIAL REAIR STATUS EVALUATION | |
| _ | | | | |
| | NO SENTENCING MINUTES | | | |
| | INMATE REFUSAL | | | |

lacksquare parole board commissioner recusal

lacksquare REASONABLE ACCOMMODATION REQUIRED

lacksquare requires an interpreter

NEW YORK STATE - BOARD OF PAROLE - COMMISSIONER'S WORKSHEET

| COMMISSIONER: | DECISION DATE: |
|----------------------------------|--------------------------------------------------------|
| NAME: | DIN: |
| PAROLE DECISIONS | |
| OPEN DATE EARLIEST RELEASE DA | TE: OR EARLIER |
| MERIT TIME release granted unles | s deemed ineligible pursuant to CL §803 and Dir. #4790 |
| SHOCK granted contingent upon su | ccessful completion of SHOCK program |
| WARRANT AND PROGRAM | |
| DENIED HOW LONG: N | EXT APPEARANCE DATE: |
| CPDO GRANTED | |
| ECPDO GRANTED UNTIL NEXT APPEAR | RANCE OR IN 24 MONTHS WHICHEVER OCCURS FIRST |
| CONDITIONS OF I | RELEASE/REASONS FOR DENIAL |
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| ALL MEMBERS CONCUR WITH DECISION | ON: YES NO |
| MEMBER(S) CONCURRING: | |
| MEMBER DISSENT: | |
| DISSENT COMMISSIONER: | |
| | ES NO |
| MEMBER(S) NON-PARTICIPATING: | -0 110 |
| NON-PARTICIPATING COMMISSION | NFR· |
| NON-PARTICIPATING COMMISSION | |

FORM 9026.2 (08/20)

NEW YORK STATE – BOARD OF PAROLE – COMMISSIONER'S WORKSHEET CONTINUATION PAGE

| NAME: | DIN: |
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STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION ATTENTION: COMMUNITY SUPERVISION OPERATIONS THE HARRIMAN STATE CAMPUS – BUILDING 2 1220 WASHINGTON AVENUE ALBANY, NEW YORK 12226-2050

APPLICATION FOR LOCAL CONDITIONAL RELEASE (LCR) - NYS PENAL LAW §70.40 (2)

SECTION A

Local Conditional Release (LCR) Penal Law §70.40 (2)

An inmate who is serving one, or more than one, definite sentence of imprisonment for a qualifying offense (see below "Ineligible Inmate") with a term or an aggregate term in excess of ninety (90) days may, upon the inmate's request and submission of an application for Local Conditional Release (LCR), and after consideration and approval by the New York State Board of Parole, be conditionally released to supervision within the community after service of at least sixty (60) days of the term. The sixty (60) day requirement includes any credit for pre-sentence jail time. If an inmate is serving consecutive sentences, the aggregate of such sentences cannot exceed two (2) years. Local Conditional Release (LCR) shall be at the discretion of the New York State Board of Parole. An inmate must serve a minimum period of thirty (30) days before applying for Local Conditional Release (LCR). Before being released from a local jail or local correctional facility to serve a period of LCR supervision, the inmate must agree, in writing, to all conditions governing their release.

If an inmate is granted local conditional release, the releasee will be under the legal jurisdiction of the Department of Corrections and Community Supervision (DOCCS) and supervised by a Parole Officer for a period of one year from the date of release. A violation of the conditions of release may result in a revocation of local conditional release and return to a local correctional facility (jail).

Ineligible Inmate: Inmates sentenced to definite term(s) for offenses making them ineligible for a merit time allowance under section 803 of the Corrections Law; inmates previously convicted of offenses making them ineligible for a merit time allowance under section 803 of the Correction Law; and inmates sentenced to definite terms(s) by Family Court or those serving intermittent sentence(s) or split sentence(s) are ineligible for Local Conditional Release (LCR) consideration. Inmates resentenced on a probation violation and those inmates required to serve a period of probation, subsequent to release on a definite sentence, are also ineligible for Local Conditional Release (LCR).

| SECTION B | | |
|---------------------------------------------------|-----------------------|-------------|
| Name: | Date of Birth: | |
| County Correctional Facility: | NYSID: | |
| Date Incarcerated: | Inmate ID No: | |
| Length of Sentence: | | |
| PROPOSED RESIDENCE IF RELEASED: Street & Apt. No: | | |
| City & State: | | |
| Telephone No: | | |
| Name and Relationship of All Persons Liv | ing at the Residence: | |
| | | |
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| SECTION | C | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|
| DDODOCED EMBLOVMENT IS KNIOWN. | | |
| PROPOSED EMPLOYMENT IF KNOWN: | | |
| Type of Employment: | | |
| Name of Firm: | | |
| Street: | | |
| City & State: | | |
| Telephone No: | | |
| Contact Person or Representative: | | |
| Have you Previously Worked for this Employer? | Yes | No |
| PROPOSED TREATMENT PROGRAM IF KNOWN: | | |
| Type of Program: | | |
| Name of Program: | | |
| Street: | | |
| City & State: | | |
| Telephone No: | | |
| Contact Person: | | |
| | | No |
| Who Will Pay for the Treatment? | | |
| | | |
| CERTIFICA | ΓΙΟΝ | |
| I certify that I have read and that I understand Section A of this application, and that I have completed Sections B and C. I understand that this application will only be considered if I am determined to be eligible and I have served at least thirty (30) days on this sentence, prior to application. | | |
| I agree to abide by the conditions established by the New York State Board of Parole and any additional special conditions that may be imposed by my Parole Officer. I understand that, if I am granted Local Conditional Release (LCR), I will be under the legal jurisdiction of the Department of Corrections and Community Supervision (DOCCS) for a period of one (1) year from the date of release. If I am not granted Local Conditional Release, I understand that I cannot reapply during the present term of incarceration. | | |
| I understand that I will be required to make office reports on a regular basis and that my Parole Officer will make unannounced visits to my residence and place of employment. I will be required to pay a monthly supervision fee in the amount of \$30.00 to the New York State Department of Corrections and Community Supervision. I understand that my person, residence, and property will be subject to search and inspection by my Parole Officer. I may be required to abide by a curfew and I understand that I may be required to submit to periodic drug and alcohol testing. | | |
| I understand that I must remain within the confines of the county of confinement and/or any area defined by my Parole Officer, and I may not travel outside these boundaries unless I receive prior approval from my Parole Officer. I will fully comply with any additional conditions of release that are imposed by the Board of Parole or my Parole Officer. | | |
| I HEREBY APPLY FOR LOCAL CONDITIONAL RELEASE (LCR) CONSIDERATION. | | |
| Signature | | Date |

STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION PAROLE BOARD REPORT

CORRECTIONAL FACILITY

PAROLE BOARD TYPE/ DATE: <u>TYPE MONTH YEAR</u>

| NAME: RECEIVED | DATE: CMC: | A B | |
|----------------------------------------------------|----------------------|------------------|------------|
| DOB: DIN: | NYSID: | FBI: | |
| PE DATE: CR DATE: | ME DA | ATE: | |
| PRS: years PV NT: Yes No | TIME ON PAROLE: | TIME SERVED: | months |
| CRIMES OF COMMITMENT, FELONY CLASSI | ES, SENTENCE, PLEA | OR VERDICT, COMN | AIT COUNTY |
| | | | |
| EEC: ISSUED DENIED NON-CERTI | FIABLE INELI | GIBLE / N/A | |
| OFFICIAL STATEMENTS: JUDGE - Yes No | DA - Yes No | DEF ATTY - Yes | No |
| SENTENCING MINUTES: Yes No | IF NO, DATE(S) REQ | UESTED: | |
| CO-DEFENDANT: NAME/NYSID STA | ΓUS | | |
| | | | |
| DETAILED PRESENT OFFENSE: | | | |
| OFFENDER STATEMENT: | | | |
| CRIMINAL HISTORY: Warrant: Yes No IF YES, EXPLAIN: | ICE: Yes No | | |
| NEW YORK STATE – CLICK HERE | | | |
| JUVENILE: Yes No OUT OF STATE: Ye IF YES, EXPLAIN: | s No FEDERAL: | Yes No | |
| CERTIFICATE OF RELIEF: Eligible Inelig | gible Youthful Offer | nder 🗌 | |
| INTERPRETER NEEDED: Yes No IF Y | ES, LANGUAGE: | | |
| PROPOSED RESIDENCES: PRIMARY: | ALTERNATE | : | |
| PROPOSED EMPLOYMENT: | | | |
| | | | |
| Drop Down List, ORC Date | : Dron Dow | n List, SORC | |

CONFIDENTIAL REPORT: TYPE MONTH YEAR

| OFFENDER NAME: | DIN: | NYSID: |
|--------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------|
| CONFIDENTIAL FILE: | Yes No | |
| SUPERVISION AND INVES | TIGATION CO | ONCERNS: |
| ACTIVE OR PRIOR ORDER If Yes, Dates of OOP: Name(s)/Relationship(s) | , Expiratio | |
| PAST BEHAVIORS: | | |
| HISTORY OF COMMUNIT | Y SUPERVISIO | ON: |
| INTELLIGENCE INFORMA | ATION: Gang a | ffiliation / Tattoos / Information from Bureau Special Services (BSS): |
| SEX OFFENDER HISTORY | : Yes \[\] No\[\] | If Yes, Risk Level: |
| MENTAL HEALTH: Level | OMH I | Evaluations (dates/ diagnosis): |
| MEDICAL CONCERNS: Ye If Yes, Explain: | es No | Level |
| DISCHARGE PLAN: : Yes |] No [| |
| FAMILY INFORMATION: | | |
| DOMESTIC VIOLENCE HI | STORY: | |
| Active or Prior Orders of Protectif Yes, Dates of OOP: Name(s)/Relationship(s) | , Expiration | |
| FINANCIAL INFORMATIO | N: | |
| VICTIM INFORMATION: Check all applicable. Stranger: Adult | | |
| ENEMIES NOTED: | | |
| GUN OFFENDER REGISTR | ATION ACT (| GORA) FORM COMPLETED AND ON FILE (NYC only): Yes No |
| SUMMARY/EVALUATION | | |