

 Corrections and Community Supervision DIRECTIVE	TITLE		NO. 8700
	Community Preparation – Case Assignment and Release Investigation Process		DATE 01/14/2019
SUPERSEDES DOP P&P Manual Item 8405.09	DISTRIBUTION A	PAGES PAGE 1 OF 11	DATE LAST REVISED
REFERENCES (Include but are not limited to) Executive Law 259; CL 806; NYS Mental Hygiene Law Article 10; Social Service Law, Chapter 568; Directives #4305, #8302, #8303, #8304, #9100, #9200, #9217, #8710, #9401, #9700; ACA Expected Practice 4-APPFS-2C-02	APPROVING AUTHORITY 		

- I. **PURPOSE:** To establish a procedure for New York State Department of Corrections and Community Supervision (DOCCS) staff to assist those persons being released to a period of Community Supervision and to provide direction to staff with respect to the development, investigation, and approval of residence and release programs that support successful transition and reintegration, and promote public safety.
- II. **POLICY:** The Department recognizes that preparation for release begins at the time of initial commitment and continues throughout the period of incarceration, culminating in release to the community. It is the policy of DOCCS to provide assistance and support to inmates and parolees by developing residence and program plans that support successful reintegration into the community. Facility, field, and Re-Entry staff shall work collaboratively to develop and approve supervision plans that respond to risk-based factors and case-specific needs. DOCCS provides programs and services to assist inmates with the transition from incarceration to Community Supervision. Community Supervision personnel are required to perform and complete the community preparation investigation prior to release and are required to report their findings relative to the proposed residence, family and community, employment, treatment programs, educational and vocational programs, financial information, and public safety considerations.

NOTE: References to parolee and releasee in this directive are intended to refer to individuals released to Community Supervision and presently under the jurisdiction of DOCCS. This directive also applies to individuals being supervised under civil management pursuant to Article 10 of the NYS Mental Hygiene Law and are subject to an undischarged portion of a sentence(s) or period of post-release supervision. Additionally, this directive applies to persons transferred to New York State from other states for purposes of supervision by DOCCS personnel under the authority of the Interstate Commission for Adult Offender Supervision (ICAOS).

III. DEFINITIONS

- A. **Community Preparation Packet:** All documents, forms, and information listed in [Form #CS8700A](#), "Community Prep Packet."
- B. **CIRIS (Critical Infrastructure Response Information System):** A secure, web-based geographic information system accessed through the eJustice Portal.
- C. **SARA (Sexual Assault Reform Act) Condition:** Mandatory condition of release for sex offenders as defined/specified in Executive Law 259 (c) 14.

IV. RELEASE PLANNING PROCEDURES

A. Supervising Offender Rehabilitation Coordinator (SORC) Responsibility & Designation

1. Assignment of Cases

- a. The Community prep investigation is to be initiated four months prior to an inmate's established release date, to include: open date, conditional or presumptive release, post-release supervision, parole or post-release supervision (PRS) violators, medical parole/compassionate release, or emergency release cases. The Offender Rehabilitation Coordinator (ORC) will interview the inmate to obtain and verify necessary information related to their release plan and initiate the community prep process in the Case Management System (CMS). The ORC shall enter in CMS the due date of the investigation based on the case type: for all (mandatory and potential discretionary) sex offenders, the investigation due date is 21 days prior to the established release date; for all other cases, the investigation due date is 14 days prior to the established release date.
- b. Pre-Board community prep investigations will be created for all cases held less than 24 months at the last Parole Board appearance (e.g., Parole Board Reappearance cases).
- c. The investigation assignment for all open date cases should take place immediately following the release of the Parole Board Decision Notices.
- d. When assigning a case for a community preparation investigation, facility Guidance staff must assign investigations based on the information being provided by the inmate, in the following order:
 - (1) The area where the inmate is proposing residence;
 - (2) The last known address (LKA). If LKA was a shelter, program, or there was no established residential address, assign to the county of commitment of the instant offense;
 - (3) County of commitment where the instant offense occurred. If the county of commitment is New York, Kings, Bronx, or Queens County, the assignment will be made to the area associated with the precinct where the instant offense occurred.

NOTE: The ORC will, at minimum, obtain and enter a proposed address and an alternate proposed address into CMS for the field investigation. If the inmate is unable to provide an alternate proposed address, the LKA will be entered.

- e. Every effort must be made by the ORC to ensure all potential residences have been explored. This includes reviewing the inmate's visitor/package log and phone list before the case is considered undomiciled.
- f. If all proposed residences have been deemed unsuitable and the inmate is unable to propose an alternate address, the case will be identified as undomiciled. The ORC will complete [Form #CS8700B](#), "Undomiciled Case Residence Review," utilizing all available records, which must be reviewed by the SORC. The SORC shall enter a CMS contact (FCC Contact Type), detailing the reasons why the inmate is undomiciled and highlighting Field Alerts.

- g. If an inmate has proposed a residence in an area where he or she has no prior established residential history and the proposed placement has been rejected by Community Supervision personnel, the community preparation investigation shall be reassigned to the area where he or she last resided (i.e., last known address).
- h. For inmates with a history of domestic violence or the record contains documented allegations of domestic violence, Department staff shall follow procedures outlined in Departmental Directive #9401, "Supervision of Domestic Violence Offenders," when assigning a community prep investigation.
- i. Offender Rehabilitation Coordinators shall create the community prep in CMS in accordance with [Form #CS8700C](#), "Community Prep - CMS Requirements/Instructions."
- j. Guidance staff shall utilize [Form #CS8700A](#), "Community Prep Packet," when assembling the community prep packet to ensure that all appropriate documents are included. A copy of the completed checklist shall be included in the community prep packet and the original shall be placed in the Community Supervision folder.
- k. Prior to completing the community prep packet and sending it to the assigned bureau, the ORC and the SORC shall complete a case conference on all undomiciled, domestic violence, medical, and mental health cases. Staff shall reference Directive #9401, "Supervision of Domestic Violence Offenders," and Directive #4305, "Release of Special Needs Inmates," when proposing an alternate address. The case conference shall be documented in CMS utilizing the FCC contact code.
- l. The SORC will review all cases for timeliness and compliance with the procedures outlined in this directive and all accompanying directives.
- m. Community prep packets are to be scanned to the assigned bureau Outlook mailbox, or faxed (if scanning capability does not exist), immediately after creating the case in CMS. This will be documented utilizing contact type "PS." If the case is later transferred, the assigned bureau will forward all documents to the receiving bureau.
- n. In the event an inmate changes their proposed or alternate proposed address after the community prep packet has been sent to the bureau, the ORC shall update the F17 Residence and Address screen in CMS. An email noting the change shall be immediately sent to the assigned Parole Officer (PO) and Senior Parole Officer (SPO). The update and notification shall be documented in CMS utilizing relevant contact codes (e.g., CPI – Community Prep Interview).
- o. If the assigned PO is unable to develop a suitable program and the inmate is considered undomiciled, the PO must enter the rationale for the undomiciled status in CMS. The PO shall specify that the request is either for a shelter placement or a referral to the Department of Social Services (DSS) for emergency housing assistance.

For any undomiciled sex offender case, notification must be sent to the County DSS office in accordance with Chapter 568 Social Service Law and Directive #8303, "Sex Offender Registrants/Placements of Certain Sex Offenders in the Community."

- p. Upon approval or denial of a proposed residence, the ORC or designated staff shall notify the inmate utilizing [Form #CS8700D](#), "Community Supervision Residence Approval Notification Memo," or [Form #CS8700E](#), "Community Supervision Residence Denial Notification Memo."
2. Receiving Approved Community Preps
 - a. The SORC or designee must review the daily online print report (FACPC) in order to identify the community preparation cases that have been approved by the Bureau Chief (BC).
 - b. A copy of the CMS Community Prep Investigation Report will be printed and placed in the case folder and arrangements for his or her release shall be confirmed with the Inmate Records Coordinator (IRC).
 3. Overdue Community Preps: The SORC is responsible for monitoring the status of all outstanding community preps and maintaining control of all investigations pending. For sex offender cases, an approval must be received at least 21 days prior to release; for all other cases, an approval must be received at least 14 days prior to release. If no approval has been received within the applicable time frames, email notification must be sent to the assigned bureau's BC, SPO, and PO, with copies to the SORC and Deputy Superintendent of Programs (DSP), inquiring as to the status of the community prep investigation. All efforts made by the ORC or authorized designee must be documented in CMS.
 4. Change in Release Date
 - a. In the event there is a change in the inmate's tentative release date and the community prep has already been assigned to a bureau, the SORC must immediately notify the assigned bureau (BC, SPO, and PO) of any date change and the case-specific circumstances via Outlook email.
 - b. If the date change is greater than six months from the original release date, an authorized designee will send an email to the Quality Control Unit shared mailbox with a copy to the assigned bureau (BC, SPO, and PO), SORC, and DSP to cancel the community prep so it will be removed from the assigned caseload.
 - c. If the revised release date is within six months of the original release date, the community prep will remain active on the assigned SPO's and PO's caseload. ORCs must update CMS to include the new release date and investigation due date.
 - d. If there is a change in the release date and the case has not been assigned, case assignment must occur immediately and both the bureau and the facility shall work expeditiously, without compromising the quality of the investigation, to ensure that the inmate has an approved community prep plan prior to his or her tentative release date.

5. *Pre-Release Interview*

- a. The ORC shall review and verify the accuracy of the Certificate of Release to Community Supervision, Board of Parole and PO imposed special conditions of release, and travel plans with the inmate three business days prior to the inmate's scheduled release from a DOCCS correctional facility.

The ORC shall also ensure that the approved address and reporting instructions are provided in the Certificate of Release to Community Supervision, including making an arrival report within 24 hours of release unless otherwise directed. Additionally, the ORC shall enter the details of the interview in CMS via the "Release Interview" contact.

- b. The inmate shall not be provided a copy of his or her Certificate of Release prior to his or her release date. Certificates of Release shall be distributed to the inmate and the identified parties indicated on the release agreement immediately upon release or discharge from a DOCCS facility.

NOTE: If circumstances occur where the inmate is not released on the specified release date, designated Guidance staff must immediately contact the assigned bureau (BC, SPO, and PO) via Outlook email and telephone call. The ORC or authorized designee must ensure the actual release date is recorded on the Certificate of Release to Community Supervision and document the changes to the case in CMS.

6. Inmate Refusal to Sign Out in Cases with Sentence Time Remaining (Excludes Post-Release Supervision)

- a. In the event an inmate refuses to sign a Certificate of Release, the ORC shall immediately notify the SORC, Inmate Records Coordinator (IRC), and the Deputy Superintendent of Programs (DSP).
- b. The SORC shall meet with the inmate and ascertain the reason(s) for the refusal. The SORC shall advise the inmate that he or she cannot be released without agreeing to the conditions of release via a fully executed Certificate of Release.
- c. The SORC and the ORC shall ensure that the inmate has signed [Form #CS8700F](#), "Waiver of Release to Community Supervision." The inmate is to be informed that this waiver ([Form #CS8700F](#)) shall stay in place until the inmate rescinds his or her voluntary waiver in writing to the ORC. The SORC must notify the assigned bureau (BC, SPO, and PO) immediately via Outlook.
- d. The community prep shall remain open for a minimum of 60 days. In addition, the ORC shall initiate at least one contact with the inmate monthly during the 60 days to inquire as to whether they are prepared to be released. If the inmate still refuses after 60 days, the community prep shall be closed by submitting a request to the Quality Control Unit shared mailbox with a copy to the assigned bureau (BC, SPO, and PO), SORC, and DSP to cancel the community prep.
- e. Thereafter, the ORC will discuss the inmate's refusal to sign out at each quarterly case plan interview.
- f. All contacts and related action shall be documented in CMS.

B. Bureau Chief Responsibility

1. The BC has the responsibility to establish controls within their bureau to ensure completion and processing of each and every community prep investigation and for the quality and timeliness of the completed investigation reports from their bureau. The BC is responsible for ensuring compliance with regards to investigation due dates.
2. The BC will receive a daily online print report (NOPO) and will assign each case to an SPO and PO within three business days of receipt of the assignment request. Case assignments are made in SOURCE and should be documented in CMS.
3. Prior to entering the final approval in CMS, the BC must review CMS to ensure a case conference with the SPO and/or Re-Entry Services has occurred if the proposed address is a shelter or emergency housing location, and/or the parolee has been diagnosed with mental illness.
4. The BC shall enter the final approval in CMS by changing the “proposed” or “ALT proposed” residence to “approved.” Once this approval is made, the facility Guidance staff shall be notified of the approval (FACPC) no later than the investigation due date.
5. In the event the BC disapproves a proposed residence and/or residence program, the case will be returned to the assigned SPO and PO for investigation of the alternate proposed residence program.
6. In emergency release cases, the BC must notify the facility SORC by phone and also enter the approval in CMS.
7. In the event the proposed address does not get approved by the BC and the alternate address would result in a change of bureau assignment, the assigned bureau is responsible for transferring the case to the appropriate bureau. The transferring bureau must notify the facility ORC via Outlook email that the case has been transferred and reassigned to a new bureau.

C. Senior Parole Officer Responsibility

1. The SPO is responsible for maintaining controls to ensure the timely completion and processing of each community preparation investigation.
2. The SPO is responsible for conducting the case conferences with the assigned PO.
3. The SPO is responsible for monitoring the status of each pending investigation and ensuring that home visits, employment visits, and necessary contacts with Re-Entry Services and community-based treatment providers are completed.
4. The SPO shall monitor all cases using the bureau universal control document to ensure POs are meeting their internal control due dates and the CMS due dates.
5. The SPO must review the Community Prep Investigation Report and ensure the PO has entered all appropriate information regarding the residence, program, employment, supervision plan, and reporting instructions in CMS. Once the SPO approves the supervision plan, it will be submitted to the BC for final approval.

D. Parole Officer Responsibility

1. POs are responsible for developing a supervision plan that is consistent with public safety and positive re-integration, and effectively supports completion of the sentence or period of post-release supervision.

2. All communication and contacts related to the investigation, including but not limited to, the inmate's family, associates, employer, and program contacts must be documented in CMS.
3. In the event that case-specific issues or concerns arise during the investigation period, the PO is to bring the issues and concerns to the immediate attention of the SPO.
4. For all cases where a residence has been proposed, the assigned PO must investigate the residence in person to determine the viability of the residence and environment in accordance with all applicable Department policies, statutory requirements, residency restrictions, the best interests of the parolee, the safety of other occupants in the home, and in the interest of public safety. If the PO is unable to enter or access the residence, or if there exist officer safety concerns, the concerns will be immediately discussed with the SPO.
5. POs are responsible for investigating program and employment proposals.
6. The PO assigned to the community preparation is responsible for addressing the following as part of their investigation:
 - a. Proposed residence, relationships, and support of household;
 - b. Employment or means of subsistence;
 - c. Academic or vocational training;
 - d. Special needs and conditions; and
 - e. Alcohol/substance abuse program, anti-aggression/anti-violence counseling, and/or medical or mental health evaluation referrals and follow-up treatment if necessary.
7. If the assigned PO is unable to approve any proposed or alternate proposed residences, they must notify the facility Guidance staff by the shared mailbox and request that the inmate be re-interviewed for any possible alternate residences.
8. Where appropriate and in response to the parolee's case-specific needs, POs shall collaborate with Re-Entry Services staff to secure appropriate housing, treatment, and supportive services.
9. The assigned PO must update case information in CMS regarding any proposed employment, program, or associates prior to submitting the case for approval. In addition, the PO must enter the details of the supervision plan and reporting instructions. The supervision plan must, at a minimum, be an assessment and summary of the following information:
 - a. Proposed residence;
 - b. Proposed employment; and
 - c. Proposed treatment or therapeutic program.
10. If the inmate is unable to propose a suitable program and is considered undomiciled, the PO must prepare a Community Prep Report detailing the proposed undomiciled program and whether the circumstances involve placement or referral to DSS for emergency housing. For any undomiciled sex offender case, a notification to the County DSS office where the inmate will be released must be completed by Guidance staff no later than 30 days prior to release.

11. Prior to approving the residence, a case conference between the SPO and the PO must be conducted. If the case-specific circumstances (e.g., undomiciled program request, active mental health case, etc.) warrant a case conference with Re-Entry Services staff, a separate CMS contact must be entered in the record of the inmate or parolee.
12. If a determination is made that the inmate will require transportation assistance due to special needs, appropriate arrangements should be coordinated by the facility SORC. Release transportation arrangements are to be made in accordance with Directive #4305, "Release of Special Needs Inmates."
13. A copy of the CMS Community Prep Report shall be placed in the case folder for review by the BC for purposes of making a decision regarding the proposed release plan.

E. Re-Entry Services Staff

1. Re-Entry Services staff shall assist Guidance and Community Supervision staff with resource information, referrals, and placement in the areas of housing, employment, treatment and programs, case management, emergency assistance, and other supportive services.
2. Re-Entry Services staff shall be available to assist and case conference with bureau and facility staff as deemed necessary and in response to case-specific needs.

V. **SPECIAL CIRCUMSTANCES**

A. Sex Offenders

1. The ORC and SORC will initiate the community preparation process for Sex Offender Registry cases four months prior to their earliest release date.
2. Cases with an undomiciled residence proposal, or where the investigating PO determines there is a need to refer the case for emergency housing assistance through DSS, will be identified as early as possible for purposes of securing a residence prior to release.

The facility ORC/SORC is responsible for preparing [Form #CS9606](#), "Notice to Local Social Service District of Registered Sex Offender Being Released to Supervision," for those sex offenders expected to be under Community Supervision in accordance with Directive #8303, "Sex Offender Registrants/Placement of Certain Sex Offenders in the Community."

3. Cases subject to review under Article 10 of the NYS Mental Hygiene Law (MHL) must still be processed as a community prep but will not be eligible for release until a disposition regarding the Article 10 status is made (ordered released to Strict and Intensive Supervision and Treatment (SIST), civil confinement, or found to not be in need of civil management).
4. The ORC and SORC will review cases, prior to issuance of the community preparation investigation, to determine whether a particular case should be identified as a mandatory or potential discretionary sex offender for review and determination by assigned field staff in accordance with Directive #8304, "Mandatory and Discretionary Sex Offender Supervision Status Determinations."

Where a case aligns with mandatory or discretionary sex offender criteria, the ORC or SORC will issue the community preparation investigation request no later than 90 days prior to the earliest possible release date.

5. For cases that have a Board imposed SARA condition, facility staff must review to determine whether the condition was properly imposed. Per Executive Law 259 (c) 14, this is a mandatory condition of release for all registered Level 3 sex offenders as well as any offender who is serving a qualifying crime, as defined in Executive Law 259 (c) 14, where the victim was under the age of 18 at the time of the offense.
6. Facility staff must review all registered sex offender release cases and make recommendations regarding additional case-specific special conditions, where appropriate. If the case is subject to SARA, facility staff may also have the Board impose the SOH 220 or RTF 220 special condition, as applicable.

B. Parole Officer Procedure for Cases with Mandatory SARA Condition

1. Upon receipt of a community prep investigation, assigned staff must verify that the SARA condition was properly imposed as noted above. If imposed on an individual that should not have SARA, the PO must contact the facility to request that the Board of Parole remove the SARA condition.
2. The PO will complete a CIRIS check on the Integrated Justice Portal to include schools and daycares within 1,000 feet of the proposed residence (the PO must select the "Tax Parcels" feature when using the "Manage Layers" function). The PO will complete an entry in CMS using the "CWI" contact code (CIRIS Web Inquiry).
3. The PO will conduct a home visit at the proposed residence (a visit must be conducted even if the parolee previously resided at the residence in order to investigate any possible changes within the residence or surrounding area).
4. The PO will conduct a visual inspection by surveying the 1,000-foot area of the proposed residence in all directions, noting any SARA related issues or other supervision concerns (i.e., schools, daycares, parks, etc.).
5. The PO will complete an entry in CMS regarding the home visit by using the "HVO" contact code, along with noting any observations or pertinent information in the "Contact Detail" section.
6. The PO will complete an entry in CMS documenting the visual inspection of the area by using the "OW" contact code, noting any schools, daycares, or other supervision concerns within 1,000 feet of the proposed residence.
7. The PO will case conference the proposed residence and investigation results with the SPO, utilizing [Form #CS9217B](#), "SARA Checklist."

C. Residential Treatment Facility (RTF)

1. All parolees who have been designated for admission to an RTF must be seen at least bi-weekly by the ORC at the current facility, who will communicate with the parolee regarding their residency in the community. The ORC shall submit any new residence proposals for investigation by Community Supervision field staff on a priority basis.

2. The ORC will document all contacts with the parolee on residency issues into CMS under “Facility Interview,” and if after 90 days following admission to the RTF there is no viable residence, the case shall be referred to the SORC for review and appropriate action.
 3. The SORC will meet with the parolee to discuss potential residence(s) and will contact the assigned SPO to discuss case progress. The SORC will keep the DSP informed of any case progress.
 4. If at the beginning of the fifth month from the date of the admission into the RTF and there is still no viable residence, the SORC will notify the DSP and will follow RTF protocol.
- D. Serious Mentally Ill Releases: Designated Mental Health Re-Entry Operations staff in each region shall assist OMH with discharge planning prior to release and coordinate services with bureau staff.
- E. Emergency Conditional Release Cases: Where an inmate becomes immediately eligible for Conditional Release and the inmate has not completed [Form #CS3041](#), “Application for Conditional Release,” staff will, within three business days, interview the inmate to complete the application. In accordance with statute, the release of the inmate under this circumstance must take place within 30 days.
- F. Interstate Proposals: If an inmate proposes an out of state address, the ORC/SORC must also obtain an address in New York State, which will be entered as the “proposed” address and the case must be assigned to the corresponding bureau in NYS. The out of state address must be entered as “ALT proposed” and staff must send the required transfer request documents to the Interstate Bureau pursuant to Directive #9700, “Interstate Bureau - Compact, Out of State, Cooperative, Dual Supervision Cases.”
- G. Temporary Release Cases: Cases that are placed in a Temporary Release (TR) program by DOCCS, including Industrial Training (IT), must also have a community prep assigned to the bureau for completion prior to the approved release date.
- H. Article 10 Hold
1. Where special condition “SC 36” has been imposed, release to the community may not occur until such time as the MHL Article 10 process has concluded, resulting in a release via SIST, confinement to a Secure Treatment Facility (STF), or the petition has been dismissed or withdrawn (see Directive #8302, “Parole Board Imposed Special Condition Pertaining to Certain MHL Article 10 Cases”).
 2. Facility staff will continue to monitor cases in community prep status and make all necessary contacts in CMS.
- I. Local Conditional Release Cases (LCR): All inmates in local custody who have received an open date by the Board of Parole must have a community prep packet created in accordance with Directive #9200, “Local Conditional Release (LCR).” Central Office Internal Operations will establish investigation due dates for all LCR cases.
- J. Revoke/Restore Cases
1. Once a final disposition for a revoke and restore decision has been produced, and there are no outside holds or warrants on the parole or PRS violator in local custody, field staff must make the arrangements to lift the DOCCS warrant immediately.

- The parolee will be provided with reporting instructions to the assigned bureau and will be released under previously imposed special conditions unless otherwise specified by the Administrative Law Judge (ALJ).
2. In the event the ALJ's decision specifies that the parole or PRS violator will be revoked and restored to a program other than where the parolee was last supervised, the area of last assignment is responsible for transferring the case to the receiving bureau. A field investigation must be completed before a warrant can be lifted and the parole or PRS violator can be released from local custody.
 3. In the event that the parole or PRS violator meets the requirements as a Brad-H (OMH Level 1, 1S, or 2S) case, specific arrangements must be made by the field to have the parolee directly escorted from the county facility to the community by field staff.
- K. Alternate Drug Treatment (ADT)/Alt 90 Cases: The instructions below outline the process for handling community preparation investigations involving all revocation decisions resulting in an Alt 90 disposition.
1. The violating bureau/Parole Violation Unit will retain the Community Supervision folder while the inmate is at Willard Drug Treatment Campus or other designated ALT 90 DOCCS facility.
 2. The ORC shall meet with the inmate to complete the related paperwork, obtain the inmate's proposed residence, and gather additional information necessary to complete the community prep.
 3. The ORC shall create the case in CMS and enter the proposed residence and case-specific information via the F17 and F9 CMS screen functions.
 4. Staff shall then print the "Facility Cover Sheet" report.
 5. Within seven business days after the inmate's arrival to Willard or the ALT 90 facility, the "Facility Cover Sheet" and [Form #CS8700G](#), "Field Investigation Transmittal Memorandum," shall be scanned to the assigned BC.
 6. Within 15 days after receipt of [Form #CS8700G](#), "Field Investigation Transmittal Memorandum," the BC will ensure that the case is assigned in CMS and will return [Form #CS8700G](#) to the respective facility's Guidance shared mailbox with the names of the assigned SPO/PO and their shield numbers.
 7. When the community prep is complete, the BC shall ensure that the address approval is entered into CMS F17 screen.

VI. ASSOCIATED DOCUMENTS

- A. Community Prep Packet ([Form #CS8700A](#))
- B. Undomiciled Case Residence Review ([Form #CS8700B](#))
- C. Community Prep - CMS Requirements/Instructions ([Form #CS8700C](#))
- D. Community Supervision Residence Approval Notification Memo ([Form #CS8700D](#))
- E. Community Supervision Residence Denial Notification Memo ([Form #CS8700E](#))
- F. Waiver of Release to Community Supervision ([Form #CS8700F](#))
- G. Field Investigation Transmittal Memorandum ([Form #CS8700G](#))

COMMUNITY PREP PACKET

To:

From:

Date:

DIN:

Name:

Please be advised the following documents are included in this Community Prep Packet submission.

Facility Cover Sheet

Parole Board Release Decision Notice (9026) – Most Recent

- If pre-board prep decision to be forwarded post-board

Pre-Sentence Investigation (PSI)

Entire Parole Board Packet

- Parole Board Report/Confidential Report with addendums
- Parole Board Criminal History Report (PBCHR)
- FPMS screens 05, 12, 13 & 23
- ORC Recommended Conditions

Re-Entry COMPAS

Domestic Violence Checklist

CRC-PV/PVAE or PVRE worksheet & relevant violation materials, ***if applicable***

Active Orders of Protections, ***if applicable***

Threat Documentation, ***if applicable***

Comprehensive Medical Summary (CMS), ***if available***

Mental Status Report (MSR), ***if available***

Continuing Recovery Plan (CRP), ***if available***

Other relevant documents, (i.e. Warrants/Detainers) please comment:

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
UNDOMICILED CASE RESIDENCE REVIEW

NAME: _____ DIN: _____ NYSID: _____

REL. DATE: _____ TYPE OF RELEASE: _____

1. Last Known Address: _____
Source of LKA: _____
Why is inmate undomiciled? _____

2. Does inmate have family support? ____ Yes ____ No (Review telephone, visits, and packages records)
If Yes, list family members, phone numbers, and addresses:

3. What is the inmate's legal residence? (FPMS Screen 06) _____

4. Who is the inmate's emergency contact person? (FPMS Screen 06) _____

5. What efforts has inmate made to secure a residence in the community? _____

6. Is inmate interested in re-entry services? ____ Yes ____ No. If Yes, please explain:

7. DOCCS Medical Level: _____
Is the inmate eligible for special housing due to a medical condition? ____ Yes ____ No
If yes, please explain and list any referrals made: _____
8. DOCCS OMH Level: _____
Is the inmate eligible for special housing due to a mental health condition? ____ Yes ____ No
If yes, please explain and list any referrals made: _____
9. Is the inmate a military veteran? ____ Yes ____ No
10. Previous public benefits recipient (circle all that apply): SSI SSDI VA ADAP Medicaid
11. Documentation Status (circle all that apply): Birth. Cert. SS Card Drivers Lic. Non-Drivers ID
Military DD214 Alien Reg. Card Public Benefits ID
12. Is there a pending Interstate Compact Transfer Request? ____ Yes ____ No
If yes, please explain: _____
13. Is there a history of absconding from parole, probation, or temporary release? ____ Yes ____ No
14. Are there any orders of protection and/or prohibited contact conditions? ____ Yes ____ No
If Yes, please explain: _____
15. Personal finances, release funds, and/or savings available upon release: _____

16. Field Alerts? ____ Yes ____ No
If yes, please explain:

Completed By: _____ Date: _____

Approved By: _____ Date: _____

COMMUNITY PREP – CMS Requirements/Instructions

Form #CS8700C (10/18)
Photocopy Locally As
Needed

Facility Steps

1. Create Case
2. Enter Proposed Address (Alternate Proposed Address)
 - *Comments must contain household residents not denoted in 'In care of'.*
3. Enter Proposed Employment
 - *Proposed start dates can now be in the future.*
4. Enter Proposed Program
 - *Proposed start dates can now be in the future.*
5. Enter Contacts ('CPI', 'FD', 'PS', 'RI', etc.)
 - *'FD' and 'PS' are new required contact types.*
6. Enter CMS Detail Information
 - Enter S/M/T's
 - i. Description must be entered for each S/M/T.*
 - Enter CMS Narrative
 - i. I/O summary must be entered on all cases.*
 - Enter Miscellaneous
 - Includes 2 new entries: Confidential Folder and Noteworthy Case.*
7. Enter Associates
 - *Required for all OOPs and CO-Defendants.*
8. Print Community Prep Investigation Report/Review FACWK On-Line Print report.

Field Steps

Parole Officer

1. Enter Address detail information on address being approved
 - *Address page 2 information required before an address can be approved.*
2. Enter 'HVO' contact
3. Enter Approved Employment/ Approved Program
4. Review and Update Detail Information where required.
5. Enter 'RPT' Reporting Instructions contact.
 - *New required contact type.*
6. Enter 'SUP' Supervision Plan contact.
 - *New required contact type.*

Senior Parole Officer

7. Verify Address information is complete.
8. Verify 'RPT' contact has been entered.
9. Verify 'SUP' contact has been entered.

Bureau Chief

10. Change address to approved (Bureau Chief)
 - CMS update must be made by Area Supervisor or designee.

Facility Responsibility

Step 1: Create Case.

- CMS Case Create is located on the CMS MAIN MENU
- Click on **Parolee Create case**
 - Enter NYSID or DIN
 - Press <Enter>



```

PRODUCTION  HMQ000  * * * NYS PAROLE PARTNER/CMS  DATE: 07/19/2017
                CMS MAIN MENU

OFFICE: COA  CO ADMIN

Parolee Case Menu      . Parolee Case Create

----- Search Screens -----
. Parolee Name Search      . Parolee "Current" Zip Search
. Parolee "Current" Street Search  . Parolee "Current" Plate Search
. Parolee "Current" Residence Search

----- Assignment List Screens -----
. Area Office List
. SPO List for Area Office
. PO List for Area Office

----- Quality Control Unit Only Screens -----

TAB TO DESIRED FUNCTION AND PRESS <ENTER>, OR PRESS <F4> TO LOOK-UP OFFICE
CLEAR=PARTNER MAIN MENU
    
```

- Enter in **Facility Code** or press <F4> to select a facility
- Enter in **Community Prep Status**
 - "00" = Com Prep
 - "12" = Pre Board
- Enter **Area Office Code** where case is to be assigned, or press <F4> to select an office.
- Enter **Proposed Release Date** in MM/DD/YY format.
- Enter **Community Prep Type** or press <F4> to select.
 - When the CP Supervision Status is 'Com Prep', enter 1-STRAIGHT DATE, 2-OPEN DATE, or 3-COND REL
 - When the CP Supervision Status is Pre Board enter 5-PRE BOARD
- Enter **CP Investigation Due Date** in MM/DD/YY format.
- Enter or update **inmate's physical characteristics**, or press <F4> to select.

PRESS <F1> TO CREATE CASE.

When a new case is being created, the user will be transferred to the Parolee Residential List/Copy Screen to enter proposed and alternate proposed addresses (Step 2).

```

PRODUCTION  HMQH40  * * * NYS PAROLE PARTNER/CMS * * *  DATE: 07/20/2017
                CMS CASE CREATE/UPDATE
Enter NYSID:  |_____  DIN: _____  Delete Record

NYSID: .....  DIN: .....  Parolee Name: .....

Facility: _____  CP Supervision Status: _____
Area Assignment: _____  Prop Release Date: _____ (mm dd yy)
Community Prep Type: _____  CP Investigation Due: _____ (mm dd yy)

----- Identification -----
DOB: .....  Sex: .....  Race: .....
                                     Ethnicity: .....

Height:  ' .."  Eyes: .....  Facial Hair: .....
Weight:  ... lbs.  Hair: .....  Teeth: .....
Build:  .....  Skin: .....  Glasses: .....

ENTER A NYSID OR DIN AND PRESS <ENTER>
    
```

Step 1 Notes:

- If Date of Birth, Sex, Race or Ethnicity is incorrect, QC must be notified.
- This screen can also be used to update the information on cases in Com Prep status.
 - Example: If the Proposed Release Date is delayed, a new Proposed Release Date and Investigation Due Date can be entered.
- If a case has been incorrectly assigned to an office **and** has not yet been assigned to a PO, facility staff can change the area of assignment using the Parolee Case Create screen.
- Cases that are assigned to a parole officer with a proposed release date more than 45 days in the future can be transferred to a new office as unassigned using the SOURCE transfer screen. If the proposed release date is less than 45 days away, the new office must be notified and the case must be SOURCE transferred to a specific parole officer.

- Cases showing as 'DOCS CUST' in CMS can be created as a Community Prep case. 'DOCS CUST' records may not be available for recently returned parole violators and OCFS cases. Facility staff should notify Quality Control if there is no 'DOCS CUST' case in CMS. QC will build a record for the NYSID, DIN and PAROLEE NAME so that the Com Prep case can be created.

Step 2: Enter Proposed Addresses.

- When transferred from the Parolee Case Create screen to the Parolee Residential List/Copy Screen, the user will see all prior addresses on file.

Street #	Apt. No.	City	Status	Start Date	End Date	Curr DIN
* *****						
. 429	GRACE ST	ELMIRA	ALT-PROP	03/28/16	03/28/16	Y
. 315	BROADWAY AVE # UPSTAIRS	ELMIRA	ALT-PROP	03/28/16	03/28/16	Y
. 429	GRACE STREET	ELMIRA	PAST	12/24/14	07/17/15	N
. 429	GRACE ST	ELMIRA	PAST	09/11/14	10/24/14	N
. 309	W CHURCH ST # B	ELMIRA	ALT-PROP	04/16/14	04/16/14	N
* *****						

F7=Up F8=Down

- If the address the inmate has proposed is listed on the screen, tab to the 'dot' prior to the address and enter 'P' to propose the address, or enter an 'A' if the subject has suggested the address as an **alternate** proposed address. Press <F1> to create the new address.
- After copying the address, the new address will appear on the top of the screen and is required to be reviewed for accuracy.

RESIDENTIAL ADDRESS CREATE/UPDATE SCREEN 1

- If address is not already on file, user must tab to **Create Record** and press <enter>.

Note: Facility staff should not enter the name of residents in the Address Name field. This field is to be used to denote apartment complex name, motel name, shelter name, etc.

- County of residence and NYC precincts cannot be entered but are automatically populated. Counties are computed based on City entered. Precincts are computed based on street address and city entered.
- When entering proposed NYC residential addresses (Queens, Bronx, Kings, New York and Richmond counties), staff must verify that a precinct was computed. (If the precinct is not computed, staff should go to the PARTNER STREET/PRECINCT application to determine if address is correct.) If precinct does not compute, contact QC.
- The 'c/o Name' field should contain the name(s) of the primary occupant(s).
- Apartment number, floor, phone number and ZIP Code need to be reviewed for accuracy.
- The Comments field should contain the name(s) of all other occupants not listed in the c/o Name field.
- *If the subject has not given an acceptable address, and the address being proposed is 'Undomiciled', the comment must begin with 'LKA' and the address. Enter five zeros (00000) under Address Code. (See COM PREP Directive #8700 for SORC/ORC Case Conference Requirement.)
- After all information has been entered, Press <F1> to update or create.

RESIDENTIAL ADDRESS CREATE/UPDATE SCREEN 2

- Information includes the building description, parolee location, address cautions and the entry/exit description and these field should be entered, if known, at the time the address is created.
- If the subject has given one or more alternate addresses, they should be entered as described above, with a status of '05' Alternate Proposed Address. If no alternate is provided, the alternate will be entered as undomiciled and LKA will be entered.

RESIDENTIAL ADDRESS EXAMPLES

```

Status:  | ..... Start:  _ _ _ End:  _ _ _ (enter in mm dd yy)
Addr.Code:  _____ Is Address SARA Compliant?:  _
Addr.Name:  _____ Type:  _ .....
Street:  _____ Apt.:  _____ Floor:  _
City:  _____ State:  _ ..... Zip:  _ _ _
County:  .. ..... Prct:  ... Country:  _ .....
Phone No.:  _ _ _ Ext.:  _ c/o Name:  _____
Comments:  _____

F8-Add Cre/Up Screen 2
ENTER NEW ADDRESS INFORMATION AND PRESS <F1>
OR PRESS <F4> TO SEE VALID STATUSES
    
```

Note: Start date should reflect the current date or the date the address was proposed. (Defaults to current date if left blank.)

```

Status:  02 PROPOSED Start:  07 20 17 End:  07 20 17 (enter in mm dd yy)
Addr.Code:  _____ Is Address SARA Compliant?:  _
Addr.Name:  _____ Type:  02 PRIVATE HOUSE
Street:  33 WEST STREET Apt.:  _____ Floor:  _
City:  albany _____ State:  ny ..... Zip:  12206 _____
County:  .. ..... Prct:  ... Country:  US .....
Phone No.:  _ _ _ Ext.:  _ c/o Name:  Mary and Tom SOON (Mom & Dad)_
Comments:  Other residents: Sarah (Sister Age 17)_____

F8-Add Cre/Up Screen 2
    
```

```

Exterior Desc:  _ ..... Color:  _ ..... Bedrooms:  _
Floors:  _ Elevator:  _ ... NYC BIN:  _____
Entry/Exit Desc:  _____

Parolee Location:  _____

Address Cautions:  _____

ADD DIRECTIONS F7=Screen 1
    
```

Note: Elevator and NYC BIN are optional fields, and if unknown, they should be left blank.

```

Exterior Desc:  03 ALUMINUM SIDED Color:  03 BLUE Bedrooms:  03
Floors:  003 Elevator:  _ ... NYC BIN:  _____
Entry/Exit Desc:  Front and left side doors - sliding in door in the back _____

Parolee Location:  above garage- left side door_____

Address Cautions:  no dogs or guns - neighbor has dogs_____

ADD DIRECTIONS F7=Screen 1
    
```

Step 3: Enter Proposed Employment.

- If the inmate has a known employment, or any employment prospects, Press <F10> and tab to **Create Record** and press <Enter>.
- Enter as much employment information as is known, and press <F1> to create.
- CMS look-up <F4> is available from **Status, Type, City, State, Position, Verification Type** and **Referred By** fields.

```

Emp Status: █ ..... Emp Type: _ .....
Start Date: _ _ _ _ End Date: _ _ _ _ End Reason: _ .....
Emp. Name: _____
Street: _____
City: _____ State: _ ..... Zip: _ _ _ _
Type of Business: _____ Phone: _ _ _ _ Ext: _ _ _ _
Work Schedule: _____ Approximate Weekly Hours: _____
Position Held: _ ..... Approximate Weekly Salary: $ _____
Supervisor Name: _____ Supervisor Advised: _ ...
Verification Type: _ ..... Actual Hourly Wage: $ 0.00
Referred By: _ .....

ENTER NEW EMPLOYMENT INFORMATION AND PRESS <F1>
OR PRESS <F4> TO SEE VALID STATUSES
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intn

```

```

Emp Status: 02 PROPOSED Emp Type: P PART TIME
Start Date: 07 20 17 End Date: _ _ _ _ End Reason: _ .....
Emp. Name: SHAMS GROCERY
Street: 101 CENTRAL AVE
City: ALBANY State: NY NEW YORK Zip: 12206 ____
Type of Business: GROCERY Phone: _ _ _ _ Ext: _ _ _ _
Work Schedule: M-F 8-1 Approximate Weekly Hours: 25
Position Held: 990 LABORER/WKR Approximate Weekly Salary: $ 200
Supervisor Name: _____ Supervisor Advised: _ ...
Verification Type: 01 PAROLEE STATED ONLY Actual Hourly Wage: $ 10.00
Referred By: 004 PAROLEE

PRESS <F1> TO CREATE RECORD
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intn

```

Note: For Proposed Employment: Status, Type, Employer Name, Verification Type and Referred By are required fields, Start Date can be a future date to coincide with the date the subject is to begin work.

Step 4: Enter Proposed Programs.

- If there are any predetermined programs, Press <F13> and tab to **Create Record** and press <Enter>.
- Enter proposed program information and press <F1> to create.
- CMS look-up <F4> is available from **Status, Category, Type, Program Code, City** and **State** fields.

```

Status: █ .....
Start Date: _ _ _ _ End Date: _ _ _ _ End Reason: _ .....
Category: _ ..... Type: _ .....
Program Code: _____
Name: _____
Street: _____
City: _____ State: _ ..... Zip: _ _ _ _
Contact: _____ Phone: _ _ _ _ Ext: _ _ _ _
Comment: _____

EM/GPS Information Only:
Monitor Ty.: _____
Monitor No.: _____
Transmitter: _____
Enroll. Rsn: _____

ENTER NEW PROGRAM INFORMATION AND PRESS <F1>
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intn

```

```

Status: 02 PROPOSED
Start Date: 07 20 17 End Date: __ __ __ End Reason: __ ..
Category: 01 DRUG/ALCOHOL Type: __ ..
Program Code: _____ Type: _____
Name: PROGRAM NAME Monitor Ty: _____
Street: 44 WASHINGTON AVE Monitor No: _____
City: ALBANY Transmitter: _____
State: NY Zip: 12206 Enroll. Rsn: _____
Contact: DR. JOHN Phone: 555 123 4567 Ext: _____
Comment: SUBJECT PREAPPROVED FOR PROGRAM UPON RELEASE START DATE MAY HAVE TO BE
DELATED UNTIL THE 28TH DUE TO AVAILABLE BED
PRESS <F1> TO CREATE RECORD
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intn
    
```

Note: For Proposed Programs: Status, Category, Type and Program Name are required fields, Start Date can be a future date to coincide with the date the subject is to begin the program.

Step 5: Enter CMS Contacts.

- Facility staff are required to enter a minimum of four contacts for each Community Prep case created. Upon case create; the 'CPI' (Community Prep Interview) and the 'FD' (Facility Documents) must be entered. When the Community Prep packet is sent to the area office, a 'PS' (Packet Sent to A/O) contact must be entered, and a 'RI' (Release Interview) contact must be entered at the time the subject is being released.
- 'CPI Contact Detail should contain any and all relevant information, including Field Alerts (see Step 5A).

Community Prep Interview CMS Contact Example

```

Contact Date: 01/05/2018 Time: 01:10 PM Total Contacts: 137
Contact Type: COMMUNITY PREP INTERVIEW Confidential: NO
ACTIVITIES
#1: ..... #2: ..... #3: ..... #4: .....
#5: ..... #6: ..... #7: ..... #8: .....
Location : PRISON/JAIL Address: BEDFORD HILLS C.F.
Contact Detail and Action Plan: . SPO COMMENTS F7=Previous F8=Next
SUBJECT HAS PROPOSED TO LIVE W/ HER GIRLFRIEND UPON HER RELEASE; SEE RESIDENCE
SCREEN. OMH LEVEL 2.
    
```

- Any additional information that will aid the field PO in supervising the case should also be included.
- Facility Document contacts should be entered to identify document status. If the original document is available, facility staff should ensure that a copy is on file and enter 'Personal Property' activity code for the document. If only the copy exists, then the copy activity code should be entered. If neither the original nor a copy is available, then the activity code should not be entered. However, the 'Contact Detail and Action Plan' should denote the progress of obtaining the required documents.

Facility Document CMS Contact Example

```

Contact Date: 07 19 17 (mm dd yy)      Contact Time: 10 : 30 AM (00:00 AM/PM)
Contact Type: FD FACILITY DOCUMENT      Confidential Contact: N NO (Y/N)
Activity Codes
#1: D2 D-BIRTH CER #2: D6 D-DRIVERS L #3: D4 D-SSN CARD- #4: D9 D-DD214-PER
#5: D0 D-PSR IN FO #6: _____ #7: _____ #8: _____
Location Code: _____ Address: Attica
Contact Detail and Action Plan:
ORIGINAL SSN NOT AVAILABLE - SUBMITTED APPLICATION FOR ORIGINAL ON 06/29/2017
    
```

List of Activity Codes for Facility Documents

Code	Description
E4	D-ALIEN REG CARD-PROP
D2	D-BIRTH CERT-FILECOPY
D1	D-BIRTH CERT-PERSPROP
E0	D-DD214-FILE COPY
D9	D-DD214-PERS PROP
D6	D-DRIVERS LIC.-COPY
D5	D-DRIVERS LIC.-PROP
E3	D-MEDICAID CARD-COPY
E2	D-MEDICAID CARD-PROP
D8	D-NON DRIVE LIC.-COPY
D7	D-NON DRIVE LIC.-PROP
E1	D-PASSPORT-PERS PROP

- FACILITY DOCUMENT activity codes can only be entered on a Facility Document contact, and Facility Document contacts cannot contain non-Facility Document activity codes. Only one activity code for each document type is allowed. Do not enter 'File Copy' activity when the original document exists.
- The Facility Document contact should also indicate if the presentence report for the Instant Offense is available in the case folder.

Step 5A: Enter Field Alerts

- A **Field Alert** must be entered for **Domestic Violence** cases; **Mental Health** cases – OMH Level 1, 2 or 3, or have prior psychiatric hospitalizations; **Medical cases – RMU** cases – inmates diagnosed with a chronic illness, chronic care patients who require ongoing medical services or a referral; and any Medical Level 1 or 2; **Sex Offender** – mandatory and discretionary cases; **Developmentally Disabled** cases and **anyone else who may need specialized assistance** in developing housing/treatment due to specialized needs.
- The first line of the comment clearly indicates “Field Alert” and begins to describe the nature of the alert(s).

Step 6: Enter CMS Detail information.

- Press <F6> to go to the **Parolee Detail/Menu Screen**.

```

----- Additional Detail Information Screens -----
. Crime . Status . Miscellaneous . Scars/Marks/Tattoos
. Background . Special Conditions . Narrative
    
```

Step 6A: Enter CMS Detail information (Scars/Marks/Tattoos).

- Place Cursor on 'dot' prior to '**Scars/Marks/Tattoos**' and press <enter>.
- CMS should be reviewed for current SMT information. Missing SMT's and/or descriptions should be included when known.
- To insert a new SMT, tab to **Create Record** and press <enter>. Press <F4> to locate SMT Code, and enter a description.

```

SCARS/MARKS/TATTOOS LIST
Enter NYSID: _____ . Create Record
NYSID: I      DIN:      Parolee Name:
Scar/Mark/Tattoo      Comment
* *****
  
```

```

Scar/Mark or Tattoo: _____
Comment: _____
_____
_____
. Return to S/M/T List Screen
PRESS <F4> TO SEE VALID SCARS/MARKS/TATTOOS CODES
OR ENTER NEW SCAR, MARK OR TATTOO INFORMATION AND PRESS <F1>
  
```

```

Scar/Mark or Tattoo: TATTOO/ARM .....
Comment: SKULL_____
_____
_____
. Return to S/M/T List Screen
PRESS <F4> TO SEE VALID SCARS/MARKS/TATTOOS CODES
OR ENTER NEW SCAR, MARK OR TATTOO INFORMATION AND PRESS <F1>
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intn
  
```

- To update a description, tab to the 'dot' prior to the SMT to be updated and press <enter>.

```

Scar/Mark/Tattoo      Comment
* *****
. TATTOO  ARM, LEFT      DAGGER
. TATTOO  ARM, RIGHT UPPER SKULL, TOMB & CROSS
  
```

Step 6B: Enter CMS Detail information (Narrative).

Narrative Screen:

Click on 'Narrative' from the Parolee Detail/menu screen. Tab to 'Update (or Create) Record' and press <enter>.

Using the next available line, facility staff must free type a brief summary of the instant offense for ALL offenders.

This screen should also be used to describe DV incidents.

When provided with an OMH Discharge Summary/Plan, Facility Staff will enter the following information into the CMS Narrative screen prior to the inmate's release:

- Identity of the Community Health Referral (Box #3) and the date of the scheduled Intake Appointment;
- Identity of the Case Manager (Box #4);
- The inmate's Mental Health Diagnosis; and
- Prescribed Medications.
- A copy of the OMH Discharge Summary/Plan shall be made a part of the inmate's institutional case record.

```

***** **
I/O ATT ROBBERY 2ND. ON 8/20/12, BILLINGS IN CONCERT, WAS FOUND IN      01
POSSESSION OF STOLEN PROPERTY. A LAPTOP COMPUTER, JEWELRY FOUND IN     02
BILLING'S VEHICLE MATCHED PROPERTY OF SEVERAL BURGLARY VICTIM'S IN     03
AREA OF ARREST. SENT.-00-00-00/02-06-00. HISTORY OF OUT OF STATE      04
ARREST INCLUDE ASSAULT ON POLICE, POSSESION OF MARIJUANA, ROBBERY 2    05
ND , AGG ARSON AND CRIM TRESPASS. THE SUBJECT HAS A HISTORY OF        06
CANNABIS AND HEROIN USE. ACCORDING TO NEW JERSEY PRISON SYSTEM        07
SUBJECT IS AFFILIATED WITH "NETAS" GROUP MEMBERSHIP.                  08
                                                                           09
COMPAS SUPERVISION STATUS 3.                                           10
                                                                           11
    
```

Step 6C: Enter CMS Detail information (Miscellaneous).

Miscellaneous Entries:

- From the Parolee Detail/Menu screen<F6>, place cursor on 'dot' prior to '**Miscellaneous**' and press <enter>.
- Facility staff shall make a miscellaneous entry for any of the following that apply.
- Multiple entries for the same type are allowed if the detail is different.
 - Example: DOMESTIC VIOLENCE DT can be entered multiple times to denote DV Incidents which occurred on different dates.
- Pressing <F4> from the "Detail" field when the Miscellaneous Type is GANG, SUSPECTED GANG, or EX-GANG will display all valid NYS gang names.
- When entering a Gang Name, and it is not one of the following, it should be entered as local gang.

Statewide Gang Names are:

002	AFRO-CARIBBEAN CULTS	003	ARYAN NATION	004	BANDIDOS
005	BLACK GORILLA FAMILY	006	BLACK ISRAELITES	054	BLACK MOB
007	BLOODS	008	BORN TO KILL	009	BREEDS
010	CHAMPION CREW	011	CRIPS	012	DECEPTIVE CONS
014	DEVIL'S REBELS	013	DUNCE MOB	015	EL SALVADORIAN
016	EME - EMILY EMERSON	017	FIVE PERCENTERS	018	FUK CHING
019	G BOYS	020	GHETTO RIDERS	021	HELL'S ANGELS
022	KOREAN POWER GANG	023	LA FAMILIA	024	LA GRAND FAMILIA NATION
025	LA NUESTRA FAMILIA	026	LA RAZA NATION	027	LATIN KINGS
055	LOS TAZOS	028	MACAYO	029	MAD MADISON CREW

030	MANTANAS	031	MARIEL CUBAN CREW	032	MEXICAN MAFIA
057	MS-13	033	MVP	034	NETAS
035	ORGANIZED CRIME	036	OUTLAWS	037	PAGAN
038	POWER RULES	056	ROUGH HOUSE POSSE	039	SAVAGE SKULLS
040	SILENT BROTHERS	041	SKINHEAD	042	SMOKE GANG
043	SPANISH OUTLAWS	044	TEXAS SYNDICATE	045	THE BROTHERHOOD
046	THE BULLOCK CREW	047	THE DIRTY BOYS	058	THE FOLKS GANG
048	THE NEW WORLD ORDER	049	THE PARK AVE. POSSE	050	WARLOCKS
051	WHEEL OF SOULS	052	WILD COWBOYS	053	YOUNG TALENTED CHILDREN
000	419 GROUP	001	9 DUNGEON	060	FULK NATION
059	GANGSTER DISCIPLES				

```

CREATING RECORD
Type: _____ Detail: _____

Type Examples:          Detail Examples:
-----
C1:Gang                 Date: 01/01/1999 (MM/DD/CCYY)
C4:Local Gang           SSN : 123456789 (no spaces)

Press <F4> from Type field to see all valid Types.
Press <F4> from Detail field to see valid Gang Names, Polygraph Exclusion
and Noteworthy Case Types.

. RETURN TO MISCELLANEOUS LIST SCREEN

PRESS <F4> TO SEE MISCELLANEOUS TYPES
ENTER MISCELLANEOUS INFORMATION THEN PRESS <ENTER>
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intn
    
```

```

CREATING RECORD
Type: C1  GANG          Detail: _____

Type Examples:          Detail Examples:
-----
C1:Gang                 Date: 01/01/1999 (MM/DD/CCYY)
C4:Local Gang           SSN : 123456789 (no spaces)

Press <F4> from Type field to see all valid Types.
Press <F4> from Detail field to see valid Gang Names, Polygraph Exclusion
and Noteworthy Case Types.

. RETURN TO MISCELLANEOUS LIST SCREEN

PRESS <F1> TO UPDATE RECORD
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intn
    
```

Type	Detail
* *****	*****
. MEARES PROJECT	ATTENDED
. ALIAS/AKA	SIMMS, RAKIER
. ALIAS/AKA	OSPECIAL, RAY RAY
. NICKNAME	BIG HEAD KEY KEY
. LOCAL GANG	OGK - PER APD
. LOCAL GANG	DOWNTOWN O'BLOCK - PER ACAC
. MEDICAID REINSTATED	CP71426K / AC0002223753
. MEARES ATTENDED DATE	11/17/2015
. MEARES INVITED DATE	11/02/2015
* *****	*****

F7=Up F8=Down

Notes:

Actual (True) Name should be entered if inmate was sentenced under an alternate name.

Confidential File Detail can only be 'YES' or 'NO'

Enter date of plan when entering OMH Discharge Plan. ('OMH DP' will display on the Parolee Case Menu and Parolee Contact List screens.)

Enter the date of Domestic Violence incident when entering a Domestic Violence date. ('DV ALERT!' will display on the Parolee Case Menu, Parolee Contact List, Parolee Detail/Menu, and the Caseload Entry Screen.)

Step 6C: Enter CMS Detail information (Miscellaneous), Continued.

Pressing <F4> from the Detail field when the Miscellaneous Type is NOTEWORTHY CASE will display all Noteworthy case types:

Noteworthy CaseTypes

Code	Description
. 10	CELEBRITY/HIGH PROFILE FIGURE
. 09	DA AND/OR JUDGE OPPOSE RELEASE
. 06	HEINOUS CRIME
. 01	MEDIA - HIGH PROFILE OFFENSE
. 05	OFFENSE INVOLVED CHILDREN
. 07	ORGANIZED CRIME, CULT OR GANG
. 03	PRIOR MURDER CONVICTION
. 02	PRIOR TERRORIST ACTIVITY
. 08	PUBLIC OUTCRY AGAINST RELEASE
. 04	SEX OFFENSE CRIME/CONVICTION
. 11	THREATENED PERSON(S)

F7=UP F8=DOWN

BOTTOM OF LIST DISPLAYED
 TAB TO DESIRED CODE AND PRESS <ENTER> TO SELECT

<CLEAR>=Menu <F12>=Cancel

Step 7: Enter Associate information.

Facility staff should enter any known associate <F11> information available and pertinent to the case.

```

Assoc. Name: _____ NYSID: _____
Relation: _____ Birth Date: _____ or Age: _____
Street: _____ Apt.: _____ Floor: _____
City: _____
State: _____ Zip: _____ Phone: _____ Ext. _____

On Parole: _____ On Probation: _____ Temp Release: _____
LE Officer: _____ Criminal History: _____ OOP: _____ OOP EXP.: _____
Time Available: _____ Is OOP DV Related: _____ (Y or N)
ENTER NAME: LAST, FIRST - ENTER BIRTHDATE MM DD CCYY (OR approximate age)
Comment: _____

ENTER NEW ASSOCIATE INFORMATION AND PRESS <F1>
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intr
    
```

```

Assoc. Name: JOE CODE NYSID: _____
Relation: 67 CO-DEFENDANT Birth Date: _____ or Age: _____
Street: 99 MAIN STREET Apt.: _____ Floor: _____
City: NEW YORK
State: NY Zip: 12020 Phone: _____ Ext. _____

On Parole: _____ On Probation: _____ Temp Release: _____
LE Officer: _____ Criminal History: _____ OOP: _____ OOP EXP.: _____
Time Available: _____ Is OOP DV Related: _____ (Y or N)
ENTER NAME: LAST, FIRST - ENTER BIRTHDATE MM DD CCYY (OR approximate age)
Comment: _____

PRESS <F1> TO CREATE RECORD
CLEAR=Menu F5=Full F6=Detl F9=Cntc F10=Emp F11=Asso F12=Drug F13=Prog F14=Case
F15=Print F16=ALL F17=Res F18=Cus F19=Dep F20=Absc F21=Veh F23=Educ F24=Intr
    
```

Notes: Co-Defendant information, as well as all associates with current or past orders of protection must be entered. The 'DV ALERT!' warning will display if there is an associate entry with an OOP (Order of Protection), when the answer to 'Is OOP DV Related:' is 'YES' or left as 'UNKNOWN'.

List Name: MISCELLANEOUS
Start at Description: _____

Code	Description
. C0	ACTUAL (TRUE) NAME
. C2	ALIAS/AKA
. CD	CONFIDENTIAL FILE
. CL	DMV DOCUMENT ON FILE
. CN	DMV NO DOCUMENT RSN
. D1	DOMESTIC VIOLENCE DT
. D9	DRUG LAW REFORM DATE
. C6	EX-GANG
. D0	FALSE DATE OF BIRTH
. N0	FALSE SSN
. C1	GANG
. C4	LOCAL GANG

List Name: MISCELLANEOUS
Start at Description: _____

Code	Description
. C4	LOCAL GANG
. DM	MEARES ATTENDED DATE
. DN	MEARES INVITED DATE
. CM	MEARES PROJECT
. D5	MEDICAID APPLIED FOR
. CA	MEDICAID ID NUMBER
. D6	MEDICAID REC'D DATE
. C9	MEDICAID REINSTATED
. DS	MEDICAL DISCH PLAN
. CV	MILITARY SERVICE
. N1	MONTHLY SSI INCOME
. N2	MONTHLY WORKERS COMP

List Name: MISCELLANEOUS

Start at Description: _____

Code	Description
. N2	MONTHLY WORKERS COMP
. C3	NICKNAME
. DE	NO PARENTAL NOTICE
. CC	NOTEWORTHY CASE
. DP	OMH DISCHARGE PLAN
. DD	PARENTAL NOTICE DATE
. D4	PARDLEE THREAT TO PO
. DA	PARDLEE THREAT-OTHER
. DB	PARDLEE THREAT-STAFF
. CP	PAY FOR SUCCESS
. C8	POLYGRAPH EXCLUSION
. CR	RESET

TAB TO DESIRED CODE AND PRESS <ENTER> TO SELECT

<CLEAR>=Menu <F12>=Cancel

List Name: MISCELLANEOUS

Start at Description: _____

Code	Description
. CR	RESET
. D2	SSI APPLIED FOR DT
. D7	SSI DENIED DATE
. D3	SSI RECEIVED DT
. C5	SUSPECTED GANG
. DT	TAP COMPLETED DATE
. DC	THREAT REPORT DATE
. D8	TR ABSCONDER DATE
. CB	WEAPON POSS. HISTORY
. C7	WEAPON USED IN I/O

BOTTOM OF LIST DISPLAYED

TAB TO DESIRED CODE AND PRESS <ENTER> TO SELECT

<CLEAR>=Menu <F12>=Cancel

Step 8: Print Community Prep Investigation Report.

After the field Area Supervisor changes the proposed address to approved, facility staff should print the CMS Com Prep Investigation report and insert the report into the gray folder. To print, press <F15> to get to the Parole Print Functions screen, and tab to the 'dot' prior to 'Com Prep Investigation' and press <enter>.

The ON-LINE PRINTING 'FACWK' report will include all cases in Community Prep status for a facility and the status of the address. The report will also indicate if the Community Prep Investigation report has been printed or not printed for each Com Prep case with an approved address.

The Community Prep Investigation Report will contain all Com Prep related information detailed in CMS. This includes the Inmate's Identifying Information, Community Prep Type, Proposed Release Date, Detailed Characteristics, Special Alerts, Crime(s) of Conviction (I/O only), all Miscellaneous entries, Scars/Marks and Tattoos, Proposed or Approved Addresses, Programs and Employment entries, Special Conditions Imposed and all Com Prep related contacts created after the case was created.

The following list of contact codes will be printed on the Community Prep Investigation Report.

CODE	DESCRIPTION
---	-----
CAC	COMPAS ASM'T COMPLETED
CC	CASE CONFERENCE
CPI	COMMUNITY PREP INTERVIEW
FCC	FPOII-SENIOR CASE CONF
FI	FACILITY INTERVIEW
HVO	HOME VISIT W/OTHER
OFP	OASAS FORM TRS-49 PRINTED
OVR	OASAS VER'D TRS-49 REC'D
PR1	P'SENTENCE REQ'ST SENT/CT
PR2	P'SENTENCE RPT REC'V/CT
PR3	P'SENTENCE RPT SENT/COURT
PR4	P'SENTENCE RPT SENT/FAC
PR5	P'SENTENCE RPT TO INMATE

PS PACKAGE SENT TO A/O
 RI RELEASE INTERVIEW
 RSU RE-ENTRY SERVICES UNIT
 RPT REPORTING INSTRUCTIONS
 SCC SPO-A/S CASE CONFERENCE
 SUP SUPERVISION PLAN

Notes:
 Contacts created prior to the Com Prep case being created will not print on the Community Prep Investigation Report.

Field Responsibility:

Parole Officer

Step 1:

- If the address is approved, the parole officer must enter an 'HVO' contact with 'AA' (Address Approved) activity code and record the detailed information about the visit in the 'Contact Detail and Action Plan' field. If the address is rejected, an 'HVO' or 'HVN' contact should be entered with an 'AR' (Address Rejected) activity code and also detail the reason(s) the address was rejected in the 'Contact Detail and Action Plan' field.
- If there are no alternate proposed addresses, the facility should be notified so that they can re-interview the inmate.

Step 2:

- If the address investigation results in an approved address, all address information (including Residential Address Screen 2) must be entered in CMS prior to submitting to SPO for approval. This is to include a description of the residence as well as "parolee location." It is not necessary to complete Screen 2 detail information if the address code has been selected from the CMS Residential Address <F4> list. (Example: Shelters, Housing Placement, Residential Drug Treatment Programs.)

Step 3:

- Parole officer should also enter (or update) any approved programs or employment information.

Step 4:

- Review CMS Detail and Associate Information and enter/update where required. (See above.)

Step 5:

- Enter 'RPT' Reporting Instructions contact into CMS.

Reporting Instruction CMS Contact Example

```

Contact Date: 07 19 17 (mm dd yy)      Contact Time: 10 : 49 AM (00:00 AM/PM)
Contact Type: RPT REPORTING INSTRUC    Confidential Contact: N NO (Y/N)
                A c t i v i t y      C o d e s
#1: _ . . . . . #2: _ . . . . . #3: _ . . . . . #4: _ . . . . .
#5: _ . . . . . #6: _ . . . . . #7: _ . . . . . #8: _ . . . . .
Location Code: _ . . . . . Address: _____
Contact Detail and Action Plan:
SUBJECT IS TO REPORT WITHIN 24 HOURS TO ALBANY PAROLE OFFICE LOCATED AT
10 NORTH RUSSEL ROAD ALBANY NY 12206. ARRIVAL REPORT WILL BE TAKEN AND
SUBSEQUENT REPORTING INSTRUCTIONS WILL BE GIVEN.
    
```

Step 6:

- Enter 'SUP' Supervision Plan contact into CMS.

Supervision Plan CMS Contact Example

Note: Address Approval must be submitted to SPO for review.

```

Contact Date: 07 19 17 (mm dd yy)      Contact Time: 10 : 51 AM (00:00 AM/PM)
Contact Type: SUP SUPERVISION PLAN      Confidential Contact: _ ... (Y/N)
                A c t i v i t y      C o d e s
#1: _ ..... #2: _ ..... #3: _ ..... #4: _ .....
#5: _ ..... #6: _ ..... #7: _ ..... #8: _ .....
Location Code: _ ..... Address: _____
Contact Detail and Action Plan:
SUBJECT WILL BE SUPERVISED BY PO JONES. PROGRAM AND EMPLOYMENT APPROVED.
WILL REPORT WEEKLY FOR MINIMUM OF 6 MONTHS.
PO TO ENSURE SUBJECT ABIDES BY ALL SPECIAL CONDITIONS OF RELEASE. _____
    
```

Senior Parole Officer

Step 7:

- Verify that the residence information has been entered into CMS prior to submitting to the Bureau Chief.

Step 8:

- Ensure that 'RPT' Reporting Instruction contact has been entered into CMS.

Step 9:

- Ensure that a 'SUP' Supervision Plan contact has been entered into CMS.
- Note: SPO will submit case to Bureau Chief for approval. CMS will not allow an address to be changed to 'Approved' until Address Screen 2 information and the 'RPT' and 'SUP' contacts have been entered.

Bureau Chief

Step 10:

- If residence is approved by the Area Supervisor, the A/S will then make the CMS entry changing the 'Proposed' address to 'Approved'.
- Press <F17> to RESIDENTIAL ADDRESS LIST/COPY Screen. Tab to 'dot' prior to record to be approved and press <enter>.
- Tab to 'dot' prior to UPDATE RECORD and press <enter>. Tab to Status field and enter '03' for approved (or press F4 to select from list). Press <F1> to update.
- The subsequent CPREP and FACWK reports generated will show the case as having an 'APPROVED' address.



To:

DIN:

From:

Date:

Subject: COMMUNITY SUPERVISION RESIDENCE APPROVAL NOTIFICATION

Please be advised that your proposed residence upon release to Community Supervision has been *approved* by your Parole Officer.

Residence:

Please be advised that because you were unable to propose a residence upon release to Community Supervision, your Parole Officer has *approved the following*:

Residence:

Comments:

CC: Community Supervision File
Inmate Records Coordinator
Office of Mental Health (if applicable)



To:

DIN:

From:

Date:

Subject: COMMUNITY SUPERVISION RESIDENCE APPROVAL NOTIFICATION

Please be advised that your proposed residence upon release to Community Supervision has been *approved* by your Parole Officer.

Residence:

Please be advised that because you were unable to propose a residence upon release to Community Supervision, your Parole Officer has *approved the following*:

Residence:

Comments:

CC: Community Supervision File
Inmate Records Coordinator
Office of Mental Health (if applicable)



WAIVER OF RELEASE TO COMMUNITY SUPERVISION

I, _____, DIN

HEREBY WAIVE MY RELEASE TO COMMUNITY SUPERVISION AS OF _____.

IN ORDER TO RESCIND MY VOLUNTARY WAIVER OF MY RELEASE DATE, I MUST NOTIFY IN WRITING THE SUPERVISING OFFENDER REHABILITATION COORDINATOR OR OFFENDER REHABILITATION COORDINATOR.

INMATE NAME (PRINTED): _____ DIN: _____

INMATE SIGNATURE: _____ DIN: _____

DATE: _____

STAFF WITNESS: _____ TITLE: _____

cc:
Community Supervision Folder (Original)
Inmate
Bureau
Community Supervision Central Files



Corrections and Community Supervision

ANDREW M. CUOMO
Governor

ANTHONY J. ANNUCCI
Acting Commissioner

TO: (Area Office)

FROM: (Correctional Facility)

SUBJECT: Field Investigation Transmittal

DATE:

Attached you will find the Com Prep Investigation Report(s) for inmate(s).

NAME	DIN	NYSID

Kindly complete the following by providing the required assignment information and return a copy via Outlook to the Guidance shared mailbox. Your continued cooperation is appreciated.

NAME	NYSID	STATUS	SPO/SHIELD	PO/SHIELD

CONFIDENTIALITY NOTE

The information contained in this facsimile transmission may include privileged and confidential information intended only for the use of the individual or entity to which the transmission is addressed. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution, or copying of this transmission is strictly prohibited. If you have received this transmission in error, please notify this office immediately so we can arrange for return of the document to us.

Form #CS8700G (10/18)
Photocopy Locally As Needed

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

SENTENCE: Choose an item.

RELEASE TYPE: Choose an item.

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

Click or tap here to enter text., now confined in Click or tap here to enter text. Correctional Facility who was convicted of:

CRIME/COUNTS	SENTENCE	COUNTY	COURT	SENTENCING DATE	JUDGE

the maximum term of which sentence expires on Click here to enter a date., hereby apply for Conditional Release. I understand that I will be in the legal custody of the Department of Corrections and Community Supervision until the Community Supervision End Date of Click here to enter a date., and agree to abide by the conditions of my release with full knowledge that failure to do so may result in my re-imprisonment by order of the Board of Parole pursuant to law.

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

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

Date of Release: Click here to enter a date.

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

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

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released, and, within twenty-four hours of my release, make my arrival report to the Community Supervision Office indicated below, unless other instructions are designated on my release agreement.
 - Assigned Bureau: Click or tap here to enter text.
 - Assigned Bureau Address: Click or tap here to enter text.
 - City/State/Zip: Click or tap here to enter text.
 - Bureau Phone Number: Click or tap here to enter text.
 - Assigned Parole Officer: Click or tap here to enter text.
 - Assigned Senior Parole Officer: Click or tap here to enter text.
 - Emergency/After Office Hours & Weekends, contact the Community Supervision Operations Center (CSOC) (212) 239-6159
2. I will make office and/or written reports as directed.
3. I will not leave the State of New York or any other state to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.
4. I will permit my Parole Officer to visit me at my residence and/or place of employment and I will permit the search and inspection of my person, residence and property. I will discuss any proposed changes in my residence, employment or program status with my Parole Officer. I understand that I have an immediate and continuing duty to notify my Parole Officer of any changes in my residence, employment or program status when circumstances beyond my control make prior discussion impossible.
5. I will reply promptly, fully and truthfully to any inquiry of or communication by my Parole Officer or other representative of the Department of Corrections and Community Supervision.
6. I will notify my Parole Officer immediately any time I am in contact with or arrested by any law enforcement agency. I understand that I have a continuing duty to notify my Parole Officer of such contact or arrest.

ORIGINAL TO CENTRAL FILES COPY TO INMATE COPY TO GUIDANCE UNIT (GREY FOLDER)

COPY TO COMMUNITY SUPERVISION AREA OFFICE COPY TO FACILITY IRC

Type Department ID Number

- 7. I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been adjudicated a Youthful Offender except for accidental encounters in public places, work, school or in any other instance with the permission of my Parole Officer.
- 8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provide for a penalty of imprisonment, nor will my behavior threaten the safety or well-being of myself or others.
- 9. I will not own, possess, or purchase any shotgun, rifle or firearm of any type without the written permission of my Parole Officer. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto, or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury without a satisfactory explanation for ownership, possession or purchase.
- 10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to resist extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from Conditional Release or Community Supervision. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my Conditional Release or Community Supervision.
- 11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
- 12. Special Conditions:

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

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

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

Signed the _____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

ORIGINAL TO CENTRAL FILES COPY TO INMATE COPY TO GUIDANCE UNIT (GREY FOLDER)

COPY TO COMMUNITY SUPERVISION AREA OFFICE COPY TO FACILITY IRC

State of New York – Department of Corrections and Community Supervision
SARA CHECKLIST

1. Review case to ensure that the SARA condition is appropriately applied; if not, the PO will inform the SPO, who will request that the SORC refer the case to the Board of Parole to remove the condition.

2. Complete a CIRIS check on the IJ Portal of the proposed residence to include schools and daycares (select the “Tax Parcels” feature when using the “Manage Layers” function).

3. Complete a CMS entry of the CIRIS check using the “CWI” contact code.

4. Conduct a home visit to the proposed residence.

5. Conduct a visual inspection by surveying the 1000-foot area of the proposed residence in all directions, noting any SARA-related issues or other supervision concerns (i.e. schools, daycares, parks, etc.).

6. Complete a CMS entry of the home visit using the “HVO” contact code, along with all pertinent information in the “Contact Detail” section.

7. Complete a CMS entry of the visual inspection using the “OW” contact code, noting any schools, daycares, or other concerns within 1000 feet of the proposed residence.

8. SPO completes a CMS entry that the above steps have been completed.

Parole Officer: _____ Date: _____

Sr. Parole Officer: _____ Date: _____

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

NOTICE TO LOCAL SOCIAL SERVICES DISTRICT
OF REGISTERED SEX OFFENDER BEING RELEASED TO SUPERVISION

This notice is provided pursuant to Section 203.1 of the New York State Correction Law

Office Providing Notification: _____ Correctional Facility Phone: _____

Date: _____

The following information is provided to notify your agency that the below referenced individual is likely to seek access to local social services for homeless persons in your district:

Releasee True Name/Commitment Name: _____

DIN/NYSID/DOB: _____

Release Date: _____

Releasing Facility/County: _____

County of Expected Residence: _____

Any Known Need For Handicap Facilities (specify): _____

History of Sexual Offense Includes (check all that apply):

- offense(s) against minors
 - 0-6 years old
 - 7-12
 - 13-17
 - not specified
- offense(s) against elderly
- offense(s) against disabled
- other, specify: _____

If checked below, the following applies:

This individual is subject to Executive Law §259-c (14). As such, it has been determined that as a condition of this offender's release it must be verified he or she is not at an address that is within 1,000 feet of a public or private elementary, parochial, intermediate, junior high, vocational, or high school.

Please note an in-county temporary housing placement is preferred in this case. If there is a determination by your office that this individual is in need of immediate shelter and investigation and approval of the potential temporary housing placement by the NYS Department of Corrections and Community Supervision has not yet occurred, you must immediately notify the assigned Bureau Chief, by fax or e-mail, as follows:

Bureau Chief: _____

Address: _____

Fax/E-mail: _____

cc: Grey Folder section 1A
Area Office
Central Office

Form #CS9606 (05/15)
Photocopy Locally As Needed