

 <b>Corrections and Community Supervision</b>  <b>DIRECTIVE</b>	TITLE <b>Arrival Report and Initial Interview</b>		NO. 9010
			DATE 06/07/2019
SUPERSEDES  DIR #9010 Dtd. 05/15/18	DISTRIBUTION A B	PAGES PAGE 1 OF 4	DATE LAST REVISED
REFERENCES (Include but are not limited to) ACA Expected Practice 4-APPFS-2A-04; Directives #9025, #9210, #9250, #9401, #9402, #9432	APPROVING AUTHORITY 		

- I. **PURPOSE:** To provide NYS Department of Corrections and Community Supervision (DOCCS) Parole Officers with instructions in taking and documenting arrival reports, and conducting the first in-depth interview with NYS parolees released from a DOCCS Correctional Facility, to enhance their successful reintegration into the community.
- II. **POLICY:** It is the policy of DOCCS to enhance public safety and assist parolees in their successful reentry into the community. To assist in this effort, the Parole Officer (PO) of record or Duty Officer will conduct an Arrival Report within 24 hours of a parolee's release from a correctional facility. Additionally, absent exigent circumstances, the Parole Officer of record will conduct an Initial Interview with the parolee within 5 business days of the Arrival Report and will document the interview in the Case Management System (CMS). Ideally, the Parole Officer of record will complete the Initial Interview at the time of the Arrival Report.
- III. **DEFINITIONS**
- A. Arrival Report: The first in-person contact a parolee has with the PO of record or Duty Officer after release to Community Supervision. This contact is expected to be made in person, except in the most exigent circumstances, when other arrangements may be sufficient with approval from the Bureau Chief. In all cases, the completion of the Arrival Report will be documented in the CMS in accordance with Directive #9025, "Case Management System (CMS) Operational Guidelines."
- B. Duty Officer: A Parole Officer assigned to an Area Office, responsible for various administrative duties on a rotational basis in the absence of the Parole Officer of record.
- C. Initial Interview: The first interview between the Parole Officer of record and new releasee. Among other topics related to supervision, the "Initial Interview/Individualized Supervision Plan (ISP)", [Form #CS9010A](#), is to be completed, reviewed, and discussed with the parolee during this interview.
- D. Parolee/Releasee: For the purpose of this Directive, the term parolee/releasee refers to a person supervised by DOCCS in the community who is released to Parole, Conditional Release, or Post Release Supervision
- IV. **PROCEDURE**
- A. Arrival Report
1. The PO of record (or Duty Officer in the absence of the PO of record) will conduct the Arrival Report at the work location when newly released parolees report. The "Arrival Report Checklist," [Form #CS9010](#), must be utilized to assist staff in ensuring all pertinent information and areas are covered.
  2. The PO of record or Duty Officer shall:

- a. Review with the parolee the Certificate of Release to determine compliance with reporting instructions;
- b. Read and review with the parolee any Conditions of Release and Special Conditions that apply (note the parolee's acknowledgement of understanding);
- c. If applicable, explain and administer the GPS Monitoring program;
- d. Verify identification status (encourage the procurement of valid NYS identification) and inquire about the possession of other government issued identification, including a passport;
- e. Take the necessary PIMMS photo(s), ensuring any scars or tattoos are also entered into PIMMS;
- f. Verify/Confirm the housing plan and/or need for Department of Social Services (DSS) or Department of Homeless Services (DHS) assistance;
- g. Read and review Parental Notification, [Form #CS9601B](#), "Post-Release Notice Regarding Requests for Parental Contact;"
- h. If applicable, review Office of Mental Health Discharge Plan and appointments;
- i. Advise of any other program, treatment, or employment appointments and sign related consents for release of information;
- j. Review any Order(s) of Protection against (or in favor) of parolee;
- k. Review with parolee his or her financial situation and resources including obligation to pay supervision fees, methods of payment and waiver eligibility in accordance with Directive #9250 "Supervision Fees (Community Supervision)";
- l. If applicable, file any change of address form (DCJS Form 3231) with the Sex Offender Registry, with the parolee's signature;
- m. Inform the parolee of the date, time, location of the next scheduled report, and name and contact information of the assigned PO and SPO or other PO who will take the report;
- n. Explain the role of a Duty Officer and the purpose of the 24-hour hotline;
- o. Verify accuracy of CMS annotations for Approved Residence (Screen F-17), Next Report Date, Special Conditions (Screen F-6) and Physical Description (Screen F-6);
- p. Print the Parolee Arrival/Assignment Report (see Attachment A - Form #CMS4027) from CMS (Screen F-15);
- q. Enter the requested information on the line provided for Nicknames and Distinguishing Scars;
- r. The Parole Officer conducting the Arrival Report will enter the Date, Place, and Time the report was completed along with the Next Report Date;
- s. The Parole Officer conducting the Arrival Report will have the parolee sign the Arrival/Assignment Report, and distribute as required.

**B. Initial Interview**

1. The Parole Officer will review and discuss the following with the parolee during the Initial Interview (see [Form #CS9010](#)):
  - a. Parolee's residence/phone number and employment program;
  - b. Medical/mental health concerns and referral, if applicable;
  - c. Substance abuse history and referral to treatment program as needed;
  - d. Gambling/domestic violence history and referral to treatment program, if applicable;
  - e. DMV ID/license status;
  - f. Conditions of Release/Special Conditions;
  - g. Reporting schedule and how to contact the Parole Officer;
  - h. Merit/Mandatory Termination and Three-Year Discharge from supervision and Certificate of Relief/Good Conduct;
  - i. Supervision fee obligation, methods of payment; eligibility for waiver; and
  - j. Parolee Grievance Process; method to follow if parolee has a complaint about the Officer.
2. The Parole Officer will complete an Initial Interview/ ISP, [Form #CS9010A](#), within 14 days of release. The ISP will address the high and medium criminogenic needs and stabilization needs of the parolee for community reentry and supervision.
3. The Parole Officer will document the completion and review of the ISP with the parolee in CMS using the Activity Code "IN."

NOTE: While there are 14 days from the date of release to complete the ISP, it is understood that the Initial Interview MUST take place within five days of the Arrival Report.

- C. **Senior Parole Officer Responsibility:** The SPO will review and sign the ISP and discuss the plan and progress with the Parole Officer during Supervision Standards Conferences.

CMSARRV \* \* \* NEW YORK STATE - DOCCS \* \* \* DATE:
COMMUNITY SUPERVISION
PAROLEE ARRIVAL/ASSIGNMENT REPORT

Name: Area:
NYSID: SPD Name:
DIN: PD Name:

PHYSICAL DESCRIPTION/PERSONAL CHARACTERISTICS

Sex: Race: Ethnicity: DOB:
Height: Eyes: Facial Hair:
Weight: Hair: Teeth:
Build: Skin: Glasses: I

Nicknames:

Distinguishing Scars/Marks/Tattoos/Other:
TATTOO ARM, LEFT UPPER TATTOO ARM, RIGHT UPPER

SUPERVISION INFORMATION

Parole Regulations/Special Conditions Discussed: YES NO N/A
SIST Conditions Discussed: YES NO N/A

Board Imposed Special Conditions:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Approved Residence:

Comments:

ASSIGNMENT INFORMATION

Assigned PO:

Date of Arrival: / / Place: Time: : AM/PM

Report Taken By: Shield #: \_\_\_\_\_

Next Report Date: NON-REPORT Report To: \_\_\_\_\_

Signature of Releasee/Respondent

NEW YORK STATE – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**ARRIVAL REPORT - INITIAL INTERVIEW CHECKLIST**

Name: \_\_\_\_\_ NYSID #: \_\_\_\_\_

Release Date: \_\_\_\_\_ Arrival Date: \_\_\_\_\_

**----- Arrival Report -----**

- \_\_\_\_\_ Welcome and ask how they arrived at the office today.
- \_\_\_\_\_ Review release paperwork, Conditions of Release and TAPER
- \_\_\_\_\_ Verify identification status
- \_\_\_\_\_ PIMMS photo taken and printed for folder
- \_\_\_\_\_ Read, review and sign special conditions. Ensure Parolee understanding
- \_\_\_\_\_ Verify housing plan and/or need for DSS/DHS assistance
- \_\_\_\_\_ Discuss the importance of securing DSS/HRA assistance
- \_\_\_\_\_ Review DNA Eligibility and Collect Sample if Applicable
- \_\_\_\_\_ Parental Notification
- \_\_\_\_\_ Review OMH Discharge Plan, advise of appointments, sign related Releases
- \_\_\_\_\_ Advise of any other appointments and sign related Releases
- \_\_\_\_\_ Residence/follow-up report in other counties (if applicable); inquire how they will travel
- \_\_\_\_\_ If applicable, administer GPS Monitoring
- \_\_\_\_\_ If applicable, file required **signed** change of address with Sex Offender Registry
- \_\_\_\_\_ Provide PO contact information and review availability of 24-hour hotline
- \_\_\_\_\_ Print Arrival Report from Screen F-15 (ensure information is accurately updated)

**----- Initial Interview-----**

- \_\_\_\_\_ Review COMPAS Needs Assessment
- \_\_\_\_\_ Review and engage Parolee in the supervision plan
- \_\_\_\_\_ Sign any and all Releases of Information not signed at the Arrival Report
- \_\_\_\_\_ If PO of Record did not complete Arrival Report, reinforce and sign Special Conditions
- \_\_\_\_\_ Engage Parolee in review of TAPER
- \_\_\_\_\_ Engage Parolee in identification of community supports/resources
- \_\_\_\_\_ Discuss program referrals in terms of their needs and supervision plan
- \_\_\_\_\_ Encourage reliance on their strengths and support network
- \_\_\_\_\_ Encourage their program commitment
- \_\_\_\_\_ Review Parolee Grievance Program
- \_\_\_\_\_ Document all acquired information in CMS (ensure CMS screens are updated)

**Reminder:** Engagement begins with the use of open-ended questions. Employ MI skills and OARS

NEW YORK STATE – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**INITIAL INTERVIEW - INDIVIDUALIZED SUPERVISION PLAN**

To be completed within 14 days of Release and updated every six months thereafter

Release Facility: \_\_\_\_\_

Classification Status: \_\_\_\_\_

Earned Eligibility Certificate Granted: \_\_\_ Yes \_\_\_ No

Guideline Range: \_\_\_\_\_

Name: \_\_\_\_\_ NYSID: \_\_\_\_\_ DOB: \_\_\_\_\_

	Level of Concern			
	High	Medium	Low	
<b>1. Residence/Family Makeup:</b> Residence Un-domiciled Description: (persons in household, dependents, names)	Parole Officer:			
	Parolee:			
<b>2. Employability/Mean of Support:</b> Employed Unemployed Description: (education, employment skills or training, employer, who can provide temporary support):	Parole Officer:			
	Parolee:			
<b>3. Health Concerns:</b> No Health issues noted  Referral Needed Description: (physical and mental health issues)	Parole Officer:			
	Parolee:			
<b>4. Risk, Supervision Concerns:</b> Description: (pattern of criminal behavior, substance abuse, absconder, attitude regarding crime and supervision, other concerns)	Parole Officer:			
	Parolee:			

<b>5. Treatment Needs:</b> Description: (note any referrals and appointment dates)	Parole Officer:			
	Parolee:			
<b>6. Service Referrals:</b> Description: (drug/alcohol, mental health, sex offender, domestic violence, other)	Parole Officer:			
	Parolee:			

**7. Conditions of Release:** (attach)

**8. Supervision Level/Reporting Status:**

COMPAS LEVEL: \_\_\_\_\_ Special (SIST, UBER, Shock, Willard, other)

Expected Duration: \_\_\_\_\_

Description:

**9. Supervision Objectives:** (relate objectives with projected completion dates to the above supervision needs # 1–6)

**10. Parolee Input/Comment:** (include parolee input in planning, problem solving and decision-making)

**11. Community Supervision Handbook:**

(CS Handbook is to be made available and discuss DMV ID/license status, report schedule and how to contact Officer, parolee grievance/complaint process, Merit/Mandatory termination and Three-Year Discharge from Supervision and Certificate of Relief/Good Conduct, supervision fee obligation)

Date: \_\_\_\_\_

Signatures: Parole Officer: \_\_\_\_\_

Parolee: \_\_\_\_\_

Senior Parole Officer: \_\_\_\_\_

Copy to File and Parolee

SOURCES OF INFORMATION:

Parole Board Report

Community Preparation Report

Arrival Report

Supervision Standards



## Corrections and Community Supervision

***Post-Release Notice to Individuals Subject to Community Supervision Regarding  
Requests to Have Parental Contact with Biological/Adopted Minor Child(ren)  
When a Condition of Supervision Limiting or Prohibiting Contact is Contemplated  
or Has Been Imposed***

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Name: \_\_\_\_\_ DIN: \_\_\_\_\_  
NYSID: \_\_\_\_\_

Your release on community supervision is subject to certain conditions in order to increase your likelihood of being a law abiding member of the community. If you are the parent of a biological or adopted minor child and you have a special condition prohibiting or limiting contact with minors, and you wish to have contact with your child, you must make a request in writing to your Parole Officer for a determination regarding contact with your child.

Written requests for parental contact will be reviewed and determined eligible for further processing once the following materials have been satisfactorily submitted by you to your assigned Parole Officer:

1. a statement that a condition of supervision exists that prohibits or limits contact with your minor child; and
2. a statement that you desire to have contact with such child; and
3. documentary proof that you are the biological or adoptive parent of the child; and
4. a statement that the child is under the age of 18; and
5. a signed statement from the other parent or guardian of the child that supports contact between you and the child; and
6. a statement made under the penalty of perjury that you are not aware of any Order of Protection or other Court Order prohibiting or limiting the type or level of contact with the child you are seeking.

Once all materials are received and reviewed, an investigation will commence. You and the other parent/guardian of the child may be requested to sign release of information forms to assist in the investigation. Any special conditions limiting or prohibiting contact will apply while this investigation is pending.

You will be provided written notice of the Department's decision.

If you wish to request contact with your child, please complete the attached form and submit it to your Parole Officer with all required documents.





# Corrections and Community Supervision

## REQUEST FOR PARENTAL CONTACT WITH BIOLOGICAL/ADOPTED MINOR CHILD(REN)

Name: \_\_\_\_\_ DIN: \_\_\_\_\_ NYSID: \_\_\_\_\_

**Instructions:** Complete all information below and attach required documentation. Once completed, sign, date and return this form and the supporting documentation to your Parole Officer. Please keep a copy of this document, as well as the supporting documentation, for your records.

1. I have a condition of supervision that limits or prohibits contact with my minor (under the age of 18) child(ren) – or - have been informed that a condition of supervision is contemplated that will limit or prohibit my contact with my minor (under the age of 18) child:

\_\_\_\_(Yes)\_\_\_\_ (No)

2. I am requesting to have contact with the following biological/adopted child(ren):

<u>Name</u>	<u>Age</u>	<u>Address/Phone</u>	<u>Relationship</u>

3. The nature of the contact I am requesting is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. I have attached the following documents:

- \_\_\_\_ Certified copy of each child's birth certificate, naming me as the child's parent; or, as applicable, a Court Order that establishes me as the adoptive parent or legal guardian of the child(ren); or other documentation \_\_\_\_\_(specify).
- \_\_\_\_ Signed statement from the other parent or guardian of the child that supports contact between me and the child(ren).

5. I, \_\_\_\_\_, affirm under the penalty of perjury that I am not aware of any Order of Protection or other Court Order prohibiting or limiting the type or level of contact I am seeking with the child(ren).

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Date: \_\_\_\_\_