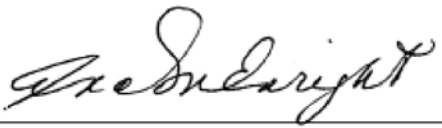
 Corrections and Community Supervision DIRECTIVE	TITLE Community Supervision – Violation of Release Report Bureau Analysis Notice of Violation		NO. 9051
			DATE 08/06/2018
SUPERSEDES DOP P&P Manual Item #9212.01	DISTRIBUTION A B	PAGES PAGE 1 OF 8	DATE LAST REVISED
REFERENCES (Include but are not limited to) NYS Executive Law §259; Penal Law 70.40(3); 9 NYCRR; Directive #9050; ACA Expected Practices 4-APPFS-2B-02, 4- APPFS-2B-03, 4-APPFS-2B-07, 4-APPFS-2B-11	APPROVING AUTHORITY 		

I. **PURPOSE:** When a parolee is believed to have violated one or more of the conditions of Community Supervision, and an alternative sanction or Community Supervision diversion are not deemed appropriate, the Parole Officer shall prepare Form #CS4003, "[Violation of Release Report](#)," in accordance with Department of Corrections and Community Supervision (DOCCS) Directive #9050, "Revocation Process." Community Supervision staff shall also prepare [Form #CS4003.2](#), "Area/Bureau Analysis," and submit a formal recommendation regarding the alleged violative behavior specifying the case action sought, in response to the violation charges. The purpose of this Directive is to also reinforce the requirement to notify the alleged parole violator regarding his or her right to a Preliminary and Final Revocation Hearing via completion and service of [Form #9011CS](#), "Notice of Violation."

NOTE: With respect to a recommendation to refer an alleged violator to a DOCCS operated Parole Diversion Program (PDP), Community Supervision staff shall follow the established protocols and procedures for referral and admission to a PDP facility.

II. **POLICY:** It is the policy of the Department that violations of the conditions of release shall be documented by completion of Form #CS4003, "[Violation of Release Report](#)," and, where required, completion of Form #CS4003, "[Supplementary Violation of Release Report](#)," any time a warrant is being requested and a revocation of release is being pursued. The "[Violation of Release Report](#)," Form #CS4003, serves as the primary charge document and official report of violation(s) considered at the Preliminary and Final Revocation Hearings. It is also the policy of the Department to ensure that all persons alleged to have violated the terms and conditions of presumptive release, parole, conditional release, or post-release supervision receive copies of Form #CS4003, "[Violation of Release Report\(s\)](#)," [Form #CS4003.2](#), "Area/Bureau Analysis," [Form #9011CS](#), "Notice of Violation," and all other documents that will be presented at the Preliminary and Final Revocation Hearings.

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. References to parolee and releasee, for purposes of this Directive, shall also include any individuals subject to Article 10 of the New York State Mental Hygiene Law who are presently under the jurisdiction of DOCCS and serving a determinate sentence, indeterminate sentence, or period of post-release supervision. References to parolee or releasee shall also include persons transferred to New York State from other states for supervision under the Interstate Compact.

III. DEFINITIONS

A. **Declaration of Delinquency:** Once probable cause is established either by a waiver of a Preliminary Hearing or a finding of probable cause at a Preliminary Hearing, a member of the Board of Parole or one of the Department's Bureau Chiefs declares the alleged violator delinquent and directs that a Final Parole Revocation Hearing be held.

- B. Interstate Compact for Adult Offender Supervision (ICAOS): ICAOS promotes the orderly movement of releasees (parolees) between states through the establishment and monitoring of rules and guidelines for interstate transfers.
- C. Interstate Compact Offender Tracking System (ICOTS): An internet based program used to document processes related to releasees (parolees) who are supervised through ICAOS.
- D. Interstate Compact and Violations of Community Supervision: The NYS Board of Parole has the authority to revoke the Community Supervision status of any offender being supervised by the Department of Corrections and Community Supervision (DOCCS) or another jurisdiction pursuant to the Interstate Compact for Adult Offender Supervision. [Executive Law §259-c(6), 259-i(3); 9 NYCRR §8000.1(6), 9 NYCRR Parts 8004 & 8005]
- E. Notice of Violation: Within three days of executing the parole violation warrant, or five days if executed out of state, the alleged violator must be served with written notice of the time, place and purpose of the hearing to be held on the alleged violations. [Executive Law §259-i(3)(c)(iii)]
- F. Parole Board Authority to Revoke Release: Regardless of the manner by which an inmate has gained release from a State (DOCCS) correctional facility to the community prior to the maximum expiration date of his or her sentence, the Board of Parole has been vested with “the power to revoke the presumptive release, parole, conditional release or post-release supervision status of any person.” [Executive Law §259-c(6); Executive Law §259-i(3); and, Penal Law §70.40(3)]
- NOTE: Given the number of individuals under supervision in New York State who are subject to the revocation process, coupled with the many due process considerations attending this process, the Legislature has authorized the Parole Board to make use of Hearing Officers (i.e., Administrative Law Judges) to preside over Final Parole Revocation Hearings. [Executive Law §259-d]
- G. Violation Warrant (Warrant for Retaking and Detaining): When a Parole Officer believes that a person who is under their supervision has lapsed into criminal activity, or has violated one or more of the conditions governing their release “in an important respect,” a parole violation warrant may be issued so that the parolee can be taken into custody. [Executive Law §259-i(3)(a)(i)]

Once issued by a Parole Board member or “designated Officer” within the Department , a parole violation warrant can be executed by any Parole Officer, Peace Officer, Police Officer or Officer authorized to serve criminal process [Executive Law §259-i(3)(a)(iii)]. A designated Officer shall mean a Senior Parole Officer, Bureau Chief, Assistant Regional Director, Regional Director, Deputy Director of Operations, the Director of Operations, Chief of the Parole Violation Unit, Deputy Chief of the Parole Violation Unit, and any Officer who has been provided with specific authorization by the Board of Parole. No Officer shall issue a warrant in a case where he or she is the one who furnished the report upon which it is based.

IV. PROCEDURE

- A. Commencement of the Investigation and Documenting Violations
1. When a Parole Officer receives information that an arrest or a violation(s) of the conditions of release (Community Supervision) may have occurred, the Parole Officer shall conduct an investigation and proceed in accordance with DOCCS Directive #9050, “Revocation Process.”

2. All investigative actions shall be documented in the Case Management System (CMS) record of the alleged violator.
 3. If the behavior, violation, or arrest requires the issuance of a violation warrant and pursuit of a revocation of release, the Parole Officer shall prepare the Violation of Release Report and request the necessary case action.
 4. Violations reported through the ICAOS and defined as “significant violations” require the completion of a violation report and coordination with the Department’s Interstate Bureau.
- B. [“Violation of Release Report,”](#) Form #CS4003
1. Community Supervision staff shall use Form #CS4003, [“Violation of Release Report,”](#) for reporting all violations to include new arrests, convictions, absconding from supervision, and technical (rule) violations of release. Form #CS4003 is the DOCCS-authorized version of the violation report.
Community Supervision staff shall utilize Form #CS4003, [“Charge Library,”](#) when drafting Form #CS4003, [“Violation of Release Report.”](#)
 2. The [“Violation of Release Report,”](#) Form #CS4003, shall contain the following information:
 - a. Warrant Issued or No Warrant Issued
 - b. Name, NYSID, DIN, DOB
 - c. COMPAS Level
 - d. Releasing Facility
 - e. Date Released
 - f. Date of Warrant
 - g. Warrant Number
 - h. Date Warrant Enforced
 - i. Location Warrant Enforced
 - j. Sexually Motivated Felony
 - k. Delinquency Date
 - l. Instant Offense(s)
 - m. Sentence(s)
 - n. Time on Community Supervision (years, months, days)
 - o. Violation Charges (and narrative detail)
 - (1) Charge number
 - (2) Rule violation number
 - (3) Last name and first name of parolee
 - (4) Brief description of violative behavior
 - (5) Date of violative behavior
 - p. Possible Witnesses (only the names of witnesses)
 - q. Documents Provided at Time of Service (See Section III, “Procedure”)

C. Documents Provided

1. The violation charges portion of Form #CS4003, "[Violation of Release Report](#)," shall list all documents that are expected to be used at the revocation hearings to support the charges in the Violation of Release Report. All documents are to be listed under the heading, "Documents Provided," on the Violation of Release Report.
2. The documents to be provided at the time of service of [Form #9011CS](#), "Notice of Violation," and Form #CS4003, "[Violation of Release Report](#)," shall include, and not necessarily be limited to, the following:
 - a. The On-Site Drug Test Admission Form
 - b. Police reports (victim name and contact information must be redacted)
 - c. Arrest reports and indictment documents (victim contact and personal information must be redacted)
 - d. Certificates of Conviction and Certificates of Disposition
 - e. Arrest or "hit" notices from the arresting law enforcement agency which may include teletype, fax, or NYS Department of Criminal Justice System (DCJS) notification form
 - f. Drug test confirmation reports
 - g. Affidavits, statements, and letters received from treatment and service providers, program staff, crime victims, and law enforcement personnel
NOTE: Parole Officers, Senior Parole Officers, and Bureau Chiefs are required to inform witnesses that these documents will be provided to the alleged violator and defense attorney.
 - h. Photographs or copies of photographs
 - i. ICAOS documents and forms
 - j. Certificate of Release to Community Supervision
 - k. Special conditions of release forms
 - l. Restoration to supervision forms
 - m. Waivers of Extradition
 - n. Sex offender registration forms
3. Any document(s) not available at the time of initial service of the Notice of Violation and Violation of Release Report, that will be used to support a violation charge or charges, must be provided to the alleged violator and his or her attorney as soon as practicable.
4. The service of violation documents must be documented in the CMS record of the alleged violator. The case-specific CMS entry must include the following:
 - a. Date and time of service
 - b. Name of the staff person performing service
 - c. Description of the documents provided at time of service
 - d. Statement of confirmation that the documents were provided to the alleged violator and defense attorney of record

5. A CMS entry must be made confirming notification to a crime victim or witness regarding the release of a statement or affidavit to the alleged violator and the defense attorney.
- D. [“Violation of Release Report - Case Summary,”](#) Form #CS4003: The Case Summary portion of the Violation of Release Report must contain the following information:
1. Crime of conviction and current sentence
 2. Description of the instant offense
 3. Criminal history (a concise summary)
 4. Prior terms of probation and parole
 5. Prior violations on current term
 6. General adjustment to supervision
 7. Current violative behavior (a concise summary)
 8. Circumstances of custody
 9. Parolee statement
 10. Present status (present location, status, court or hearing dates)
 11. Other information (brief description of other relevant facts)
 12. Certificate of Relief from Disabilities and Certificate of Good Conduct (if applicable, date issued)
 13. The [“Violation of Release Report - Case Summary,”](#) Form #CS4003, must include the names, titles, and signatures of the Officer and supervisor responsible for completing and approving the report. Staff must ensure that the report includes the dates signed by the Officer and supervisor.
- E. [“Supplementary Violation of Release Report,”](#) Form #CS4003: Community Supervision staff shall use Form #CS4003, [“Supplementary Violation of Release Report,”](#) for reporting any additional violation charges, updated information, significant developments and present status of the alleged violator.
1. If the alleged violator is presently in violation status or the revocation phase has been initiated and a subsequent violation or violations are discovered, such violations shall be documented via completion of Form #CS4003, [“Supplementary Violation of Release Report,”](#) which is the DOCCS-authorized version of the supplementary report.
 2. The [“Supplementary Violation of Release Report,”](#) Form #CS4003, shall also be utilized when reporting the status of pending criminal charges, case or indictment numbers, conviction information, final dispositions, and sentence(s) imposed.
 3. The [“Supplementary Violation of Release Report,”](#) Form #CS4003, shall contain, where applicable, the following information:
 - a. Introduction (summary of the reasons for supplementary report)
 - b. Additional Information
 - c. Additional Violation Charges (and narrative details)
 - (1) Charge number
 - (2) Rule violation number
 - (3) Last name and first name of parolee

- (4) Brief description of violative behavior
 - (5) Date of violative behavior
 - d. Present Status (present location, status, court or hearing dates)
 - e. Additional Possible Witnesses (only the names of the witnesses)
 - f. Documents Provided (See Section IV-C)
 - g. The "[Supplementary Violation of Release Report](#)," Form #CS4003, must include the names, titles, and signatures of the Officer and supervisor responsible for completing and approving the report. Staff must ensure that the report includes the dates signed by the Officer and supervisor.
 4. When additional Supplementary Violation of Release Reports are prepared, reference is to be made to the preceding reports. Each supplementary report should continue from the point where the previous report concluded. Each report is to be numbered in sequence.
- F. Area/Bureau Analysis and Recommendation: Community Supervision staff shall use [Form #CS4003.2](#), "Area/Bureau Analysis," when submitting case action requests for consideration by the Bureau Chief. The "Area/Bureau Analysis," [Form #CS4003.2](#), shall be used in response to new arrests, convictions, absconding from supervision, and technical (rule) violations of release.
1. The header portion of [Form #CS4003.2](#), "Area/Bureau Analysis," shall include the following identification information:
 - a. Name
 - b. NYSID
 - c. Date of Warrant
 - d. Warrant Number
 - e. Date Enforced
 - f. Location
 - g. Book and Case Number (if applicable)
 2. Section I of [Form #CS4003.2](#), "Area/Bureau Analysis," shall include the following information:
 - a. Parole Officer's Name and Bureau of Assignment
 - b. Date of Preliminary Hearing Waiver or Date Preliminary Held
 - c. If probable cause was found at the Preliminary Hearing, the charges are to be noted.
 3. Section I of [Form #CS4003.2](#), "Area/Bureau Analysis"; A – H, shall include the appropriate case-specific recommendation as follows:
 - a. **"Declare Delinquent as of (xx/xx/xxxx) and Arrange for Final Revocation Hearing. Absconder Yes or No"**: This recommendation must be made before the Final Revocation Hearing can be held.
 - b. **"No Delinquency Pending Court Action"**: This recommendation can be made when the alleged violator is arrested on new criminal charges and the Department (DOCCS) is unable to prove such charges at a revocation hearing and this recommendation can also be made when the Department intends to await a final court disposition before deciding on a course of action.

- c. **“No Delinquency – No Warrant Issued”**: This recommendation is to be made when the circumstances of the alleged violation are such that no delinquency action is either possible or appropriate.
- d. **“Close Case – Delinquent Time Served – Lift Warrant on (xx/xx/xxxx)”**: This recommendation is made when a violator’s revocation time assessment is near completion while the violator remains incarcerated in a local correctional facility (county jail).
- e. **“Void Previous Board Decision of (xx/xx/xxxx)”**: This recommendation is to be made when the previously decided case action was submitted in error.
- f. **“Declare Delinquent as of (xx/xx/xxxx) and Arrange for a Final Revocation Hearing. Refer to Incarcerative Diversion Program: (Specify: _____), and, if successfully completed, cancel delinquency pursuant to 9 NYCRR section 8004.3(e). If not successfully completed, return to Correctional Facility unless the violation is dismissed at hearing”**: This recommendation is made when a diversion program is deemed appropriate and the Department does not intend to pursue a final declaration of delinquency pending program completion.
- g. **“No Delinquency, Warrant Issued, Lift Warrant, Return to Supervision. Recommended Restorative Actions: No New Special Condition; Special Condition: Enter and Successfully Complete Diversion Program; Special Condition: Successfully Complete Electronic Monitoring for XX Months; Other Special Conditions: _____”**: This recommendation is made when an alleged violator is incarcerated on a violation warrant and the circumstances of the violation are such that no further delinquency action is either possible or appropriate.
- h. **“Cancel Delinquency. Recommended Restorative Actions: Restore to Supervision; Close by Maximum Expiration; Untimely Hearing or Non-Curable Service Defect; Insufficient Basis to Proceed to Hearing; Alternatives or Information Not Available at Time of DD”**: These recommendations are made when there is a previous delinquency but no further revocation action is either possible or appropriate.
4. Section II of [Form #CS4003.2](#), “Area/Bureau Analysis” – Reasons for Recommended Action: The Senior Parole Officer shall provide the basis for the recommendation via a concise narrative summary.
5. Section III of [Form #CS4003.2](#), “Area/Bureau Analysis” – Alternatives Considered:
- The Senior Parole Officer shall detail the alternatives to a revocation of release that were considered and the reasons why the alternatives were deemed appropriate or not appropriate in response to the behavior.
 - The Senior Parole Officer will summarize the efforts made by DOCCS to assist the alleged violator and the responses to those efforts.
6. The Senior Parole Officer shall sign and date [Form #CS4003.2](#), “Area/Bureau Analysis,” and submit the form along with the violation of release reports to the Bureau Chief.
7. In response to the analysis, recommendation and case-specific factors, the Bureau Chief shall proceed as follows:

- a. Submit for Board Review (Parole Board Action Required); or
 - b. Determine that No Board Action is Required, Declare Delinquent as of (xx/xx/xxxx) and arrange for Final Revocation Hearing. (If an absconder, arrange for a Final Revocation Hearing when apprehended).
8. The Bureau Chief shall sign and date the Area/Bureau Analysis.
9. The "Area/Bureau Analysis," [Form #CS4003.2](#), shall be distributed as follows:
- a. Board of Parole
 - b. Community Supervision Quality Control Unit
 - c. Community Supervision case file
- G. "Notice of Violation," Form #9011CS
1. Community Supervision staff shall complete and provide the alleged violator with [Form #9011CS](#), "Notice of Violation," in accordance with DOCCS Directive #9050, "Revocation Process."
 2. The "Notice of Violation," [Form #9011CS](#), informs the alleged violator of his or her right to a Preliminary and Final Revocation Hearing as well as the date, time, and location of the revocation hearings. In addition, the notice delineates the alleged violator's due process rights as follows:
 - a. to compel witnesses to appear at the hearing and provide testimony;
 - b. to subpoena and submit documentary evidence;
 - c. of confrontation and cross examination;
 - d. to submit mitigating evidence for the purpose of being restored to supervision; and,
 - e. to representation of counsel.
 3. Service of the Notice of Violation, Violation of Release Reports, and evidentiary documents (See Section III) shall be in accordance with Directive #9050, "Revocation Process."

V. PROCEDURAL DOCUMENTS

- A. [Violation of Release Report Charge Library](#) (Form #CS4003)
- B. [Violation of Release Report Charge Sheet](#) (Form #CS4003)
- C. [Violation of Release Report Case Summary](#) (Form #CS4003)
- D. [Supplementary Violation of Release Report](#) (Form #CS4003)
- E. [Area/Bureau of Analysis and Recommendation](#) (Form #CS4003.2)
- F. [Notice of Violation](#) (Form #9011CS)



VIOLATION OF RELEASE REPORT

CHARGE SHEET

Warrant Issued:

No Warrant Issued:

Name: Last Name, First Name

Date Released: M/D/YYYY

NYSID: New York State ID

Date of Warrant: M/D/YYYY

DIN: Department ID Number

Warrant #: Warrant Number

DOCCS Releasing
Facility: DOCCS Releasing Facility

Date Warrant Enforced: M/D/YYYY

Date of Birth: M/D/YYYY

Location Warrant Enforced: County
Facility

COMPAS Level: Level #

Sexually Motivated Felony: Yes/No

Delinquency Date: M/D/YYYY

Instant Offense	Sentence
Click or tap here to enter text.	Click or tap here to enter text.

Time on Community Supervision: ## Years ## Months ## Days

Since his/her release, the above-named individual has violated the Conditions of Release in the following manner:

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POSSIBLE WITNESSES

Click here to enter text.

DOCUMENTS PROVIDED AT TIME OF SERVICE

Click here to enter text.



SUPPLEMENTARY VIOLATION OF RELEASE REPORT # #

Name: Last Name, First Name

Warrant #: Warrant Number

NYSID: New York State ID

DIN: Department ID Number

INTRODUCTION	Click or tap here to enter text.
ADDITIONAL INFORMATION	Click or tap here to enter text.
ADDITIONAL CHARGES	Choose an item.
PRESENT STATUS	Click or tap here to enter text.

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ADDITIONAL POSSIBLE WITNESSES

Click here to enter text.

DOCUMENTS PROVIDED

Click here to enter text.

Type Name/Title

Name/Title

Signature

Date

Type Name/Title

Name/Title

Signature

Date

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AREA/BUREAU ANALYSIS

Name: _____
Date of Warrant: _____
Warrant No.: _____
Date Enforced: _____

NYSID: _____
Location: _____
Book & Case No.: _____
(If Applicable)

SECTION ONE: BUREAU/AREA OFFICE ANALYSIS AND RECOMMENDATION

Parole Officer: _____ Bureau: _____

Preliminary Hearing: _____ Waived on ___/___/___ Held on: ___/___/___.
If preliminary hearing was held, probable cause found on charge _____ (_____).

I. RECOMMENDED ACTION:

- A. Declare delinquent as of ___/___/___ and arrange for Final Revocation Hearing.
Absconder: Yes No
- B. No Delinquency pending court action.
- C. No Delinquency - No warrant issued.
- D. Close case - delinquent time served - lift warrant on ___/___/___.
- E. Void Previous Board Decision of ___/___/___.
- F. Declare delinquent as of ___/___/___ and arrange for Final Revocation Hearing. Refer to incarcerative diversion program:
(Specify: _____), and, if successfully completed, cancel delinquency pursuant to 9 NYCRR section 8004.3 (e). If not successfully completed, return to Correctional Facility unless violation is dismissed at hearing.
- G. No Delinquency, warrant issued, lift warrant, return to supervision.
 - 1. No new Special Conditions
 - 2. Special Condition: Enter and successfully complete diversion program.
 - 3. Special Condition: Successfully complete Electronic Monitoring for _____ months.
 - 4. Other Special Conditions: _____
- H. Cancel Delinquency
 - 1. Restore to Supervision
 - 2. Close by Maximum Expiration
 - 3. Untimely hearing or non-curable service defect
 - 4. Insufficient basis to proceed to hearing
 - 5. Alternatives or information not available at time of DD

II. REASONS FOR RECOMMENDED ACTION:

III. FOR THIS VIOLATION, ALTERNATIVES THAT WERE CONSIDERED AND REASONS WHY APPROPRIATE/NOT APPROPRIATE:

Check box if Bureau Analysis Continuation Sheet is attached.

Submitted by Senior Parole Officer: _____
(Type Name) (Sign) (Date)

Board Action Required – Submit for Board Review.

No Board Action Required
Declare Delinquent as of ___/___/___ and arrange for Final Revocation Hearing. (If absconder, arrange for Final Revocation Hearing when apprehended)

Approved By Bureau Chief: _____
(Type Name) (Sign) (Date)

COPIES: Board/QC, Folder

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AREA/BUREAU ANALYSIS

Name: _____
Date of Warrant: _____
Warrant No.: _____
Date Enforced: _____

NYSID: _____
Location: _____
Book & Case No.: _____
(If Applicable)

SECTION ONE: BUREAU/AREA OFFICE ANALYSIS AND RECOMMENDATION

Parole Officer: _____ Bureau: _____

Preliminary Hearing: _____ Waived or _____ Held on: ____/____/____.
If preliminary hearing was held, probable cause found on charge _____ (_____).

I. RECOMMENDED ACTION:

- A. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing.
Absconder: Yes No
- B. No Delinquency pending court action.
- C. No Delinquency - No warrant issued.
- D. Close case - delinquent time served - lift warrant on ____/____/____.
- E. Void Previous Board Decision of ____/____/____.
- F. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing. Refer to incarcerative diversion program:
(Specify: _____), and, if successfully completed, cancel delinquency pursuant to 9 NYCRR section 8004.3 (e). If not successfully completed, return to Correctional Facility unless violation is dismissed at hearing.
- G. No Delinquency, warrant issued, lift warrant, return to supervision.
 - 1. No new Special Conditions
 - 2. Special Condition: Enter successfully complete TFP.
 - 3. Special Condition: Successfully complete Electronic Monitoring for _____ months.
 - 4. Other Special Conditions: _____
- H. Cancel Delinquency
 - 1. Restore to Supervision
 - 2. Close by Maximum Expiration
 - 3. Untimely hearing or non-curable service defect
 - 4. Insufficient basis to proceed to hearing
 - 5. Alternatives or information not available at time of DD

II. REASONS FOR RECOMMENDED ACTION:

III. FOR THIS VIOLATION, ALTERNATIVES THAT WERE CONSIDERED AND REASONS WHY APPROPRIATE/NOT APPROPRIATE:

Check box if Bureau Analysis Continuation Sheet is attached.

Submitted by Senior Parole Officer: _____
(Type Name) (Sign) (Date)

Board Action Required – Submit for Board Review.

No Board Action Required
Declare Delinquent as of ____/____/____ and arrange for Final Revocation Hearing. (If absconder, arrange for Final Revocation Hearing when apprehended)

Approved By Bureau Chief: _____
(Type Name) (Sign) (Date)

COPIES: Board/QC, Folder

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AREA/BUREAU ANALYSIS

Name: _____
Date of Warrant: _____
Warrant No.: _____
Date Enforced: _____

NYSID: _____
Location: _____
Book & Case No.: _____
(If Applicable)

SECTION ONE: BUREAU/AREA OFFICE ANALYSIS AND RECOMMENDATION

Parole Officer: _____ Bureau: _____

Preliminary Hearing: _____ Waived or _____ Held on: ____/____/____.
If preliminary hearing was held, probable cause found on charge _____ (_____).

I. RECOMMENDED ACTION:

- A. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing.
Absconder: Yes No
- B. No Delinquency pending court action.
- C. No Delinquency - No warrant issued.
- D. Close case - delinquent time served - lift warrant on ____/____/____.
- E. Void Previous Board Decision of ____/____/____.
- F. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing. Refer to incarcerative diversion program:
(Specify: _____), and, if successfully completed, cancel delinquency pursuant to 9 NYCRR section 8004.3 (e). If not successfully completed, return to Correctional Facility unless violation is dismissed at hearing.
- G. No Delinquency, warrant issued, lift warrant, return to supervision.
 - 1. No new Special Conditions
 - 2. Special Condition: Enter successfully complete TFP.
 - 3. Special Condition: Successfully complete Electronic Monitoring for _____ months.
 - 4. Other Special Conditions: _____
- H. Cancel Delinquency
 - 1. Restore to Supervision
 - 2. Close by Maximum Expiration
 - 3. Untimely hearing or non-curable service defect
 - 4. Insufficient basis to proceed to hearing
 - 5. Alternatives or information not available at time of DD

II. REASONS FOR RECOMMENDED ACTION:

III. FOR THIS VIOLATION, ALTERNATIVES THAT WERE CONSIDERED AND REASONS WHY APPROPRIATE/NOT APPROPRIATE:

Check box if Bureau Analysis Continuation Sheet is attached.

Submitted by Senior Parole Officer: _____
(Type Name) (Sign) (Date)

Board Action Required – Submit for Board Review.

No Board Action Required
Declare Delinquent as of ____/____/____ and arrange for Final Revocation Hearing. (If absconder, arrange for Final Revocation Hearing when apprehended)

Approved By Bureau Chief: _____
(Type Name) (Sign) (Date)

COPIES: Board/QC, Folder

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AREA/BUREAU ANALYSIS

Name: _____
Date of Warrant: _____
Warrant No.: _____
Date Enforced: _____

NYSID: _____
Location: _____
Book & Case No.: _____
(If Applicable)

SECTION ONE: BUREAU/AREA OFFICE ANALYSIS AND RECOMMENDATION

Parole Officer: _____ Bureau: _____

Preliminary Hearing: _____ Waived or _____ Held on: ____/____/____.
If preliminary hearing was held, probable cause found on charge _____ (_____).

I. RECOMMENDED ACTION:

- A. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing.
Absconder: Yes No
- B. No Delinquency pending court action.
- C. No Delinquency - No warrant issued.
- D. Close case - delinquent time served - lift warrant on ____/____/____.
- E. Void Previous Board Decision of ____/____/____.
- F. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing. Refer to incarcerative diversion program:
(Specify: _____), and, if successfully completed, cancel delinquency pursuant to 9 NYCRR section 8004.3 (e). If not successfully completed, return to Correctional Facility unless violation is dismissed at hearing.
- G. No Delinquency, warrant issued, lift warrant, return to supervision.
 - 1. No new Special Conditions
 - 2. Special Condition: Enter successfully complete TFP.
 - 3. Special Condition: Successfully complete Electronic Monitoring for _____ months.
 - 4. Other Special Conditions: _____
- H. Cancel Delinquency
 - 1. Restore to Supervision
 - 2. Close by Maximum Expiration
 - 3. Untimely hearing or non-curable service defect
 - 4. Insufficient basis to proceed to hearing
 - 5. Alternatives or information not available at time of DD

II. REASONS FOR RECOMMENDED ACTION:

III. FOR THIS VIOLATION, ALTERNATIVES THAT WERE CONSIDERED AND REASONS WHY APPROPRIATE/NOT APPROPRIATE:

Check box if Bureau Analysis Continuation Sheet is attached.

Submitted by Senior Parole Officer: _____
(Type Name) (Sign) (Date)

Board Action Required – Submit for Board Review.

No Board Action Required
Declare Delinquent as of ____/____/____ and arrange for Final Revocation Hearing. (If absconder, arrange for Final Revocation Hearing when apprehended)

Approved By Bureau Chief: _____
(Type Name) (Sign) (Date)

COPIES: Board/QC, Folder

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
AREA/BUREAU ANALYSIS

Name: _____
Date of Warrant: _____
Warrant No.: _____
Date Enforced: _____

NYSID: _____
Location: _____
Book & Case No.: _____
(If Applicable)

SECTION ONE: BUREAU/AREA OFFICE ANALYSIS AND RECOMMENDATION

Parole Officer: _____ Bureau: _____

Preliminary Hearing: _____ Waived or _____ Held on: ____/____/____.
If preliminary hearing was held, probable cause found on charge _____ (_____).

I. RECOMMENDED ACTION:

- A. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing.
Absconder: Yes No
- B. No Delinquency pending court action.
- C. No Delinquency - No warrant issued.
- D. Close case - delinquent time served - lift warrant on ____/____/____.
- E. Void Previous Board Decision of ____/____/____.
- F. Declare delinquent as of ____/____/____ and arrange for Final Revocation Hearing. Refer to incarcerative diversion program:
(Specify: _____), and, if successfully completed, cancel delinquency pursuant to 9 NYCRR section 8004.3 (e). If not successfully completed, return to Correctional Facility unless violation is dismissed at hearing.
- G. No Delinquency, warrant issued, lift warrant, return to supervision.
 - 1. No new Special Conditions
 - 2. Special Condition: Enter successfully complete TFP.
 - 3. Special Condition: Successfully complete Electronic Monitoring for _____ months.
 - 4. Other Special Conditions: _____
- H. Cancel Delinquency
 - 1. Restore to Supervision
 - 2. Close by Maximum Expiration
 - 3. Untimely hearing or non-curable service defect
 - 4. Insufficient basis to proceed to hearing
 - 5. Alternatives or information not available at time of DD

II. REASONS FOR RECOMMENDED ACTION:

III. FOR THIS VIOLATION, ALTERNATIVES THAT WERE CONSIDERED AND REASONS WHY APPROPRIATE/NOT APPROPRIATE:

Check box if Bureau Analysis Continuation Sheet is attached.

Submitted by Senior Parole Officer: _____
(Type Name) (Sign) (Date)

Board Action Required – Submit for Board Review.

No Board Action Required
Declare Delinquent as of ____/____/____ and arrange for Final Revocation Hearing. (If absconder, arrange for Final Revocation Hearing when apprehended)

Approved By Bureau Chief: _____
(Type Name) (Sign) (Date)

COPIES: Board/QC, Folder



VIOLATION OF RELEASE REPORT

CASE SUMMARY

Name: Last Name, First Name

Warrant #: Warrant Number

NYSID: New York State ID

DIN: Department ID Number

CRIME OF CONVICTION & CURRENT SENTENCE	Click or tap here to enter text.
DESCRIPTION OF INSTANT OFFENSE	Click or tap here to enter text.
CRIMINAL HISTORY	Click or tap here to enter text.
PRIOR TERMS OF PROBATION/PAROLE	Click or tap here to enter text.
PRIOR VIOLATIONS ON CURRENT TERM	Click or tap here to enter text.
GENERAL ADJUSTMENT TO PAROLE SUPERVISION	Click or tap here to enter text.
CURRENT VIOLATIVE BEHAVIOR	Click or tap here to enter text.
CIRCUMSTANCES OF CUSTODY	Click or tap here to enter text.
PAROLEE STATEMENT	Click or tap here to enter text.
PRESENT STATUS	Click or tap here to enter text.
OTHER INFORMATION	Click or tap here to enter text.

CERTIFICATE OF RELIEF FROM DISABILITIES YES DATE ISSUED (M/D/YYYY) NO

CERTIFICATE OF GOOD CONDUCT YES DATE ISSUED (M/D/YYYY) NO

Type Name/Title

Name/Title

Signature

Date

Type Name/Title

Name/Title

Signature

Date



VIOLATION OF RELEASE REPORT

CHARGE LIBRARY

Charge ##	First Name Last Name violated Rule # 1 of the Conditions of Release in that he/she failed to make his/her arrival report to the Location, Address within 24 hours of release from Correctional Facility on M/D/YYYY.
Charge ##	First Name Last Name violated Rule # 2 of the Conditions of Release in that he/she failed to make his/her office report on M/D/YYYY choose an item .
Charge ##	First Name Last Name violated Rule # 3 of the Conditions of Release in that he/she left the State of New York on or about M/D/YYYY without the permission of his/her Parole Officer.
Charge ##	First Name Last Name violated Rule # 3 of the conditions of Release in that on or about M/D/YYYY he/she left the geographic area as defined in writing by his/her Parole Officer without the permission of his/her Parole Officer.
Charge ##	First Name Last Name violated Rule # 4 of the Conditions of Release in that on or about M/D/YYYY he/she failed to notify his/her Parole Officer of a change in his/her residence at Address despite an immediate and continuing duty to notify/discuss same with his/her Parole Officer.
Charge ##	First Name Last Name violated Rule # 4 of the Conditions of Release in that on or about M/D/YYYY he/she failed to notify his/her Parole Officer of changes in his/her employment status at Name of Employer despite an immediate and continuing duty to notify/discuss same with his/her Parole Officer.
Charge ##	First Name Last Name violated Rule # 4 of the Conditions of Release in that on or about M/D/YYYY he/she failed to notify his/her Parole Officer of changes in program status at Name of Program despite an immediate and continuing duty to notify/discuss same with his/her Parole Officer.
Charge ##	First Name Last Name violated Rule # 5 of the Conditions of Release when on or about M/D/YYYY he/she failed to reply promptly, fully and truthfully to choose an item when he/she stated statement.
Charge ##	First Name Last Name violated Rule # 6 of the Conditions of Release when on or about M/D/YYYY he/she failed to notify his/her Parole Officer that he/she choose an item Law Enforcement Agency despite an immediate and continuing duty to do so.



**Corrections and
Community Supervision**

Charge ##	First Name Last Name violated Rule # 7 of the Conditions of Release when on or about M/D/YYYY he/she was in the company of or fraternized with First Name Last Name a person known to him/her as having a criminal record without the permission of his/her Parole Officer.
Charge ##	First Name Last Name violated Rule # 8 of the Conditions of Release when his/her behavior violated the provisions of law to which he/she is subject which provides for a penalty of imprisonment in that on or about M/D/YYYY at approximately time at location he/she behavior.
Charge ##	First Name Last Name violated Rule # 8 of the Conditions of Release when his/her behavior threatened the safety or wellbeing of himself/herself or others in that on or about M/D/YYYY at approximately time at location he/she behavior.
Charge ##	First Name Last Name violated Rule # 9 of the Conditions of Release in that on or about M/D/YYYY at approximately time at location he/she choose an item a/an object type, an instrument readily capable of causing physical injury without a satisfactory explanation for choose an item.
Charge ##	First Name Last Name violated Rule # 9 of the Conditions of Release in that on or about M/D/YYYY at approximately time at location he/she choose an item a/an type of firearm without the written permission of his/her Parole Officer.
Charge ##	First Name Last Name violated Rule # 11 of the Conditions of Release in that on or prior to M/D/YYYY he/she choose an item controlled substance without proper medical authorization.
Charge ##	First Name Last Name violated Rule # 11 of the Conditions of Release in that on or about M/D/YYYY at location he/she choose an item type of drug paraphernalia.
Charge ##	First Name Last Name violated Rule # 12 of the Conditions of Release in that on or about M/D/YYYY he/she failed to comply with a Board ordered condition when he/she behavior.
Charge ##	First Name Last Name violated Rule # 13 of the Conditions of Release in that on or about M/D/YYYY he/she failed to fully comply with the instructions of the Parole Officer and/or the special additional written conditions that were imposed when he/she behavior.
Charge ##	Free Form Charge



VIOLATION OF RELEASE REPORT

CHARGE SHEET

Warrant Issued:

No Warrant Issued:

Name: Last Name, First Name

Date Released: M/D/YYYY

NYSID: New York State ID

Date of Warrant: M/D/YYYY

DIN: Department ID Number

Warrant #: Warrant Number

DOCCS Releasing
Facility: DOCCS Releasing Facility

Date Warrant Enforced: M/D/YYYY

Date of Birth: M/D/YYYY

Location Warrant Enforced: County
Facility

COMPAS Level: Level #

Sexually Motivated Felony: Yes/No

Delinquency Date: M/D/YYYY

Instant Offense	Sentence
Click or tap here to enter text.	Click or tap here to enter text.

Time on Parole: ## Years ## Months ## Days

Since his/her release, the above-named individual has violated the Conditions of Release in the following manner:

--	--

POSSIBLE WITNESSES

Click here to enter text.

DOCUMENTS PROVIDED AT TIME OF SERVICE

Click here to enter text.

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
NOTICE OF VIOLATION

TO: _____ INST. #: _____

WARRANT #: _____ NYSID #: _____

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

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

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

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

In the event that your return to the State of New York cannot be effected for the hearing as scheduled above due to circumstances beyond the Department's control, you will be afforded a preliminary hearing and final revocation hearing at such time as you may become available for return on the Department's warrant.

You have the right to a preliminary and final violation hearing. A preliminary hearing may be held to determine whether there is probable cause to believe that you violated one or more of the conditions of your release in an important respect. At this hearing you are entitled to appear and speak on your own behalf; introduce letters and documents; present witnesses who can give relevant information; and confront and cross-examine adverse witnesses. Proof of your conviction of a crime committed after your release shall constitute probable cause for the purpose of the preliminary hearing. You may be represented by counsel. It is your responsibility to obtain counsel. Your waiver of this preliminary hearing is equivalent to a finding of probable cause.

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

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

At the final revocation hearing, the presiding officer will determine whether there is a preponderance of evidence to support each of the charged violations. At this hearing, you have a right to be represented by counsel; to speak on your own behalf; have the right to introduce letters and documents; present witnesses who can give relevant information; and confront and cross-examine adverse witnesses against you. At this hearing, you also have the right to present mitigating evidence relevant to your restoration to community supervision.

In the event that you are convicted of a felony committed while under community supervision and you receive a new indeterminate or determinate sentence, any final revocation hearing which has been scheduled for you may be cancelled. In such instances, the Board of Parole may issue a final declaration of delinquency based upon that conviction and sentence.

In the event the Board of Parole issues a final declaration of delinquency, you will be served a copy of that determination together with a copy of the commitment.

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

A request to adjourn either scheduled hearing should be made in the case of a preliminary hearing, at least three (3) days, and in the case of a final hearing, at least seven (7) days prior to the hearing, in writing, to the local area office. Requests for adjournments made at the hearing will only be granted for good cause shown.

Violation of Release Report received:

Signature Date

All persons charged with a violation of parole are required to be present at all proceedings regarding that violation of community supervision which are authorized by the Board of Parole. Any voluntary failure on your part to be present at any of these proceedings may result in a finding that your failure to appear was a voluntary, knowing and intelligent waiver of your right to appear. Should such a finding be made, a hearing in absentia can be held and a final determination be made regarding the charges pending against you, including, if necessary, a time assessment because of the violation of community supervision.

I DO wish to have a preliminary hearing.

I do NOT wish to have a preliminary hearing.

Date

Signature of Releasee

Date

Signature of Witness

If you cannot afford an attorney and wish to have counsel at your preliminary hearing, sign and detach this form. It is your responsibility to mail the form to the address shown on the form. If you request assigned counsel at your preliminary hearing, you must mail this form IMMEDIATELY.

TO: _____ RE: _____
Name

WARRANT # _____

I am an alleged community supervision violator being held at: _____

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

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

at _____ at _____
Time Place

I cannot afford an attorney and request that I be assigned counsel.

Releasee _____
Name