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|  <p>NEW YORK STATE Corrections and Community Supervision</p> <p>DIRECTIVE</p> | TITLE | | NO. 9100 |
| | Special Conditions of Release | | DATE 03/19/2021 |
| SUPERSEDES DIR# 9100 Dtd. 01/15/21 | DISTRIBUTION A B | PAGES PAGE 1 OF 4 | DATE LAST REVISED |
| REFERENCES (Include but are not limited to) 9 NYCRR 8003.2, 8003.3 & 8003.4; ACA Expected Practices 4-APPFS-2B-01, 4-APPFS-2A-05, 4-APPFS-2A-12; Directives #4932, #8302, #8305, #8306, #8710, #9025, #9201, #9202, #9206, #9305 | APPROVING AUTHORITY  | | |

- I. **PURPOSE:** This directive provides instruction to facility and field staff regarding the imposition of conditions of release and special conditions of release to supervision. Special conditions can be utilized to set parameters around parolees' behavior, to address public safety concerns, and to assist parolees with the successful completion of their sentence.
- II. **POLICY:** It is the policy of the New York State Department of Corrections and Community Supervision (DOCCS) to impose case-specific special conditions to enhance public safety and to assist parolees in their adjustment to the community. Additionally, the Board of Parole has identified and adopted general conditions of release which are applicable to all parolees. In an effort to ensure control, direction, guidance, and community protection in individual cases based upon specific case risks and needs, the Board of Parole, or their designee, may impose special conditions for which a violation of any special condition may be considered a violation of the conditions of release in an important respect.
- III. **DEFINITIONS**
- A. Release Agreement: Any of the forms used by DOCCS to release inmates including, but not limited to, [Form #CS3010](#), "Certificate of Release to Parole Supervision." Please refer to Directive #8710, "Certificates of Release to Community Supervision," for protocols related to release forms.
- B. Prosocial Behavior: Any activities or actions of a parolee conducive to their progress and success in society which do not negatively impact the community.
- C. Employable: A person who is mentally and physically capable of working and/or participating in an academic/vocational program.
- IV. **PRE-RELEASE PROCEDURE**
- A. Supervising Offender Rehabilitation Coordinator (SORC), Offender Rehabilitation Coordinator (ORC), and Facility Staff Responsibilities
- Under the direction of the SORC, the ORC will recommend special conditions for consideration by the Board of Parole utilizing Form #9100RSC (English)/Form #9100RSC (Spanish), "ORC Recommended Special Conditions," and attach the recommendation to the Parole Board Report (PBR).
 - When considering recommendation of special conditions, the ORC must review all case record information, including but not limited to, the COMPAS Reentry Assessment, COMPAS Case Plans/Custom Fields, Case Management System (CMS) records, and Field Alerts to ensure the recommended special conditions are case-specific to the inmate and address all special needs/circumstances. The ORC should refrain from recommending conditions which would limit the prosocial behavior of the inmate upon release.

3. Facility staff will list all imposed special conditions on the release agreement in accordance with Directive #8710, "Certificates of Release to Community Supervision."
4. When the inmate is being processed for conditional release, facility staff will complete [Form #CS3041](#), "Application for Conditional Release to Parole Supervision" and obtain the inmate's signature on the application. Special conditions of release imposed by the Board will appear on the Release Agreement whether the inmate is released by Board decision, by conditional release, or by any other release mechanism.
5. Where an inmate who originally received an "Open Date" decision has not been paroled and is instead being conditionally released, facility staff will ensure that the release agreement accurately reflects the Conditional Release type and is completed accordingly, i.e. the Board of Parole section will not be applicable. Facility staff will also prepare [Form #CS3041](#).
6. Where an inmate is a Parole Violator with an Assessed Expiration Date (PVAE), the ORC will recommend special conditions by completing [Form #CS9100](#), "Parole Violator Re-Release Worksheet." The SORC will review all previous Board and Field-imposed Special Conditions to determine which are still applicable and should be re-imposed. For any additional conditions not previously imposed by the Board of Parole on the same term and imposed by the SORC, the SORC will provide corresponding rationales recorded on [Form #CS9100](#). The SORC-imposed special conditions will be recorded on the release agreement.
7. In the event that the PVAE inmate violates an institutional rule resulting in 60 days or greater Keeplock/SHU, the inmate will be referred to the Parole Board as a Parole Violator Re-Release (PVRE) for release consideration. The ORC will complete [Form #CS9100](#), "Parole Violator Re-Release Worksheet," and recommend special conditions for imposition by the Parole Board. The SORC will refer the case to the Board of Parole. The Board will review the case and either affirm release, restoring the PVAE status, or require a Board interview. Board imposed special conditions of release will then appear on the release agreement.
8. At the pre-release interview, in accordance with Directive #8710, the ORC will discuss each condition of release with the inmate.
9. Where an inmate is subject to the Sexual Assault Reform Act (SARA), the ORC will recommend on Form #9100RSC, the imposition of Special Condition 28, "Mandatory Condition of Release to Parole Supervision," in accordance with Directive #8305, "Sexual Assault Reform Act (Mandatory Condition)." Where there is no opportunity for Parole Board action prior to release, facility staff must impose the condition after submitting a request to the Board and receiving approval.
10. The SORC will ensure that all Board and/or SORC imposed conditions are entered in the Guidelines Entry System (GES), displayed in CMS, and recorded on the release documents.

NOTE: As needed, the ORC will case conference the imposition of special conditions with the SORC and make a chronological entry in CMS utilizing "FCC – FACILITY ORC/SORC CASE CON" and contact type code, noting the outcome of the case conference.

V. COMMUNITY SUPERVISION

A. Parole Officer Responsibilities

1. Special conditions of release may be imposed, in addition to the standard conditions of release, in response to case-specific needs. The imposition of special conditions should be based on public safety considerations, criminogenic and stabilization risks and needs, and as deemed necessary in support of the individualized supervision plan. Parole Officers shall use [Form #CS3020A](#), "Special Conditions of Release to Community Supervision," to document the imposition of the special conditions of release.
2. When considering the imposition of special conditions, Parole Officers should recommend and impose special conditions that reinforce prosocial behavior, encourage compliance with all conditions of release, and the successful completion of parole, or the period of post-release supervision.
3. Parole Officers should consider a parolee's Supervision Level (COMPAS Level) when recommending and imposing special conditions. Generally, parolees with a lower Supervision Level (low risk/low need) should have less restrictions imposed on them than those parolees with a higher Supervision Level.
4. Parole Officers should also refrain from redundancy by not imposing special conditions that have already been stipulated and imposed by the Board of Parole.
5. Prior to the imposition of special conditions on a parolee, the Parole Officer will case conference the desired conditions in advance with the Senior Parole Officer. A case conference will then be entered into CMS in accordance with Directive #9025, "Case Management System (CMS) Operational Guidelines." The case conference shall include the details related to the approval or denial of the special conditions.
6. When special conditions are approved by a supervisor to be imposed, the Parole Officer will discuss each condition with the parolee, have the parolee sign [Form #CS3020A](#), "Special Conditions of Release to Community Supervision," and make an entry in CMS (Screen F9). Additionally, the Parole Officer will enter all imposed special conditions on the Detail Screen/F6 in the "Special Conditions" section of CMS.
7. Field staff will enter a CMS contact when case reviewed for consideration of SC29 and SC30, pursuant to Directive #8306.

B. Senior Parole Officer (SPO) Responsibilities

1. The SPO will case conference all special conditions recommended by the Parole Officer prior to imposition and ensure that the approval and/or denial of any conditions are entered into CMS.
2. The SPO will assist in ensuring that the special conditions are specific to the risk and needs of each individual parolee, and that they do not limit or restrict any prosocial behavior.
3. The SPO will also routinely review the imposed special conditions with the Parole Officer during case conferences to determine if the conditions should be removed or modified.

- C. Bureau Chief Responsibilities: The Bureau Chief will approve or deny the recommended special conditions as part of their Community Prep approval process.

D. Removal/Modification of Special Conditions of Release

1. Where the Board of Parole has imposed a special condition(s), and where the specified service/treatment may not be available, and/or there has been a subsequent change in supervision needs, the Parole Officer, with the approval of the SPO, may request that the Board remove/modify the condition(s) by sending a memorandum to the Board. When the special condition(s) modification relates to any registered victim(s), the victim(s) input must be obtained.
NOTE: The signature of one Board Member is sufficient to remove/modify a Board imposed special condition(s).
2. Where the special condition(s) was imposed by a Parole Officer, the Officer of record will case conference with the SPO to remove or modify the special condition(s), and will make a chronological entry in the case folder/record identifying the change in supervision needs and noting the outcome of the case conference. The Officer will complete a memorandum to the case folder/record rescinding or modifying the special conditions and provide a copy to the parolee.
3. Only the Bureau Chief has authority to remove domestic violence special conditions involving contact and residence requirements that have been imposed by the Parole Officer and SPO; however, the Bureau Chief shall not remove these contact and residence conditions until such time as a period of at least six months has elapsed since the date of imposition.
4. The Regional Director and Assistant Regional Director have the authority to remove any imposed domestic violence special conditions throughout the period of community supervision.
5. The reasons and rationales for the removal of domestic violence special conditions shall be recorded in the CMS record of the parolee.

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

**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.
CONDITIONAL RELEASE DATE: Click to enter a date.

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

I, Click or tap here to enter text, hereby **apply** for Conditional Release. I understand that I will be in the legal custody of the Department of Corrections and Community Supervision until expiration of the Community Supervision period, which will be calculated upon my release. I agree to abide by the conditions of my release with the full knowledge that failure to do so may result in my imprisonment by order of the Board of Parole pursuant to law.

CONDITIONS OF RELEASE

1. I will proceed directly to the area to which I have been released and, within twenty-four hours or by the next available business day after my release, make my arrival report to the Community Supervision Office indicated below. I will make office and/or other reports thereafter as directed by my Parole Officer.
2. I will not leave the State of New York or any other state to which I am released or transferred, or any area defined in writing by my Parole Officer without permission.
3. I will not abscond, which means intentionally avoiding supervision by failing to maintain contact with my Parole Officer and failing to reside at my approved residence.
4. I will permit my Parole Officer to visit me at my residence, will permit the search and inspection of my person, residence and property, and will discuss any proposed changes in my residence, employment or program status with my Parole Officer.
5. I will reply promptly, fully and truthfully to any inquiry of, or communication by, my Parole Officer or other representative of the Department of Corrections and Community Supervision.
6. I will notify my Parole Officer any time I am in contact with, or arrested by, law enforcement. I understand, like every member of the public, I have a right to seek the assistance of law enforcement at any time.
7. I will not act in concert with a person I know to be engaged in illegal activity.
8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provides for a penalty of imprisonment, nor will my behavior threaten the health and safety of myself or others.
9. I will not own, possess, or purchase a shotgun, rifle, or firearm of any type including any imitation firearm. I will not own, possess or purchase any deadly weapon or use any dangerous instrument, as those terms are defined under Article 10 of the Penal Law. Further, I will not possess a dangerous knife or razor without the permission of my Parole Officer.
10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to contest extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from community supervision. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my community supervision.
11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
12. I will fully comply with the instructions of my Parole Officer.
13. I will fully comply with those special conditions set by my Parole Officer, a Member of the Board of Parole or an authorized representative of the Board or the Department of Corrections and Community Supervision. I understand that special conditions are additional conditions, set on an individualized basis, meant to be reasonably tailored to my circumstances and aimed toward my rehabilitation. I will fully comply with the following special conditions:

TO BE DETERMINED

- 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 fully understand that a violation of any condition of release in an important respect may result in the revocation of my period of Community Supervision.

Signed the _____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____ Witness Title: _____

ORIGINAL TO CENTRAL FILES INMATE COPY

COMMUNITY SUPERVISION FOLDER (GREY FOLDER) COPY TO FACILITY IRC

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

**STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
CERTIFICATE OF RELEASE TO COMMUNITY SUPERVISION**

SENTENCE: Choose an item

RELEASE TYPE: Choose an item

INMATE RELEASE FUNDS: Enter Balance. RESTITUTION/SURCHARGES: Click or tap here to enter text.

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

Click or tap here to enter text, now confined in Click or tap here to enter text Facility who was convicted and/or adjudicated of:

| CRIME/COUNTS | SENTENCE | COUNTY | COURT | SENTENCING DATE | JUDGE |
|--------------|----------|--------|-------|-----------------|-------|
| | | | | | |

has agreed to abide by the conditions to which they have signed their name below, and is hereby granted release, by virtue of the authority conferred by New York State Law.

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

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

It is hereby directed that Click or tap here to enter text be released and placed under legal jurisdiction of the Department of Corrections and Community Supervision until the Community Supervision End Date of Click here to enter a date.

Date of Release: Click here to enter a date

Parole Eligibility Date: Click here to enter a date

Board of Parole: Click or tap here to enter text.

Board Decision Date: Click here to enter a date

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

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

I, Click or tap here to enter text., understand I will be subject to Community Supervision. I fully understand that my person, residence and property are subject to search and inspection. I understand that Community Supervision is defined by these Conditions of Release and all other conditions that may be imposed upon me by the Board of Parole or an authorized representative of the Department of Corrections and Community Supervision. I understand that my violation of these conditions may result in the revocation of my release.

CONDITIONS OF RELEASE

- I will proceed directly to the area to which I have been released and, within twenty-four hours or by the next available business day after my release, make my arrival report to the Community Supervision Office indicated below. I will make office and/or other reports thereafter as directed by my Parole Officer.
 - Assigned Bureau: Click or tap here to enter text.
 - Assigned Bureau Address: Click or tap here to enter text.
 - City/State/Zip: Click or tap here to enter text.
 - Bureau Phone Number: Click or tap here to enter text.
 - Assigned Parole Officer: Click or tap here to enter text.
 - Assigned Senior Parole Officer: Click or tap here to enter text.
 - Emergency/After Office Hours & Weekends, contact the Community Supervision Operations Center (CSOC) (212) 239-6159
Additional Reporting Instructions.
- 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.
- I will not abscond, which means intentionally avoiding supervision by failing to maintain contact with my Parole Officer and failing to reside at my approved residence.

ORIGINAL TO CENTRAL FILES INMATE COPY

COMMUNITY SUPERVISION FOLDER (GREY FOLDER) COPY TO FACILITY IRC

Type Department ID Number & Name

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

- 4. I will permit my Parole Officer to visit me at my residence, will permit the search and inspection of my person, residence and property, and will discuss any proposed changes in my residence, employment or program status with my Parole Officer.
- 5. I will reply promptly, fully and truthfully to any inquiry of, or communication by, my Parole Officer or other representative of the Department of Corrections and Community Supervision.
- 6. I will notify my Parole Officer any time I am in contact with, or arrested by, law enforcement. I understand, like every member of the public, I have a right to seek the assistance of law enforcement at any time.
- 7. I will not act in concert with a person I know to be engaged in illegal activity.
- 8. I will not behave in such a manner as to violate the provisions of any law to which I am subject which provides for a penalty of imprisonment, nor will my behavior threaten the health and safety of myself or others.
- 9. I will not own, possess, or purchase a shotgun, rifle, or firearm of any type including any imitation firearm. I will not own, possess or purchase any deadly weapon or use any dangerous instrument, as those terms are defined under Article 10 of the Penal Law. Further, I will not possess a dangerous knife or razor without the permission of my Parole Officer.
- 10. In the event that I leave the jurisdiction of the State of New York, I hereby waive my right to contest extradition to the State of New York from any state in the Union and from any territory or country outside the United States. This waiver shall be in full force and effect until I am discharged from community supervision. I fully understand that I have the right under the Constitution of the United States and under law to contest an effort to extradite me from another state and return me to New York, and I freely and knowingly waive this right as a condition of my community supervision.
- 11. I will not use or possess any drug paraphernalia or use or possess any controlled substance without proper medical authorization.
- 12. I will fully comply with the instructions of my Parole Officer.
- 13. I will fully comply with those special conditions set by my Parole Officer, a Member of the Board of Parole or an authorized representative of the Board or the Department of Corrections and Community Supervision. I understand that special conditions are additional conditions, set on an individualized basis, meant to be reasonably tailored to my circumstances and aimed toward my rehabilitation. I will fully comply with the following special conditions:
Special Conditions.

I fully understand that a violation of any condition of release in an important respect may result in the revocation of my period of Community Supervision. I hereby certify that I understand and have received my Certificate of Release to Community Supervision.

Signed the _____ day of _____, 20_____

Releasee: _____

Witness Signature: _____

Witness Name: _____

Witness Title: _____

ORIGINAL TO CENTRAL FILES INMATE COPY

COMMUNITY SUPERVISION FOLDER (GREY FOLDER) COPY TO FACILITY IRC

**STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
PAROLE VIOLATOR RE-RELEASE WORKSHEET**

RELEASE TYPE: Choose an item.

EXPIRATION OF TIME ASSESSMENT: Click or tap to enter a date.

REVISED CR DATE: Click or tap to enter a date.

REVISED MAXIMUM EXPIRATION (ME) DATE: Click or tap to enter a date.

REVISED POST-RELEASE SUPERVISION ME DATE: Click or tap to enter a date.

POST-RELEASE SUPERVISION PERIOD: Click or tap here to enter text.

Certificate of Relief and Disabilities: Choose an item.

Status of Community Prep: Pending Click or tap here to enter text. Area office

Previous Special Conditions Imposed:

- Parole Board
Click or tap here to enter text.
 - Parole Officer
Click or tap here to enter text.
-

REVIEW OF PERTINENT FACTORS

- I. Disciplinary Record: Satisfactory Unsatisfactory
Explain: Click or tap here to enter text.
- II. Escape or Absconding from Temporary Release (since return only):
 No Yes
Explain: Click or tap here to enter text.
- III. Substantial change in the Inmate's Mental Health and/or Emotional Condition:
 No Yes
Explain: Click or tap here to enter text.
- IV. Additional Felony Arrests/Convictions (Subsequent to the Final Hearing):
 No Yes
Explain: Click or tap here to enter text.

V. Other Relevant Information:

No Yes

Explain: Click or tap here to enter text.

VI. Special Conditions, and or Instructions Recommended:

Click or tap here to enter text.

PAROLE VIOLATOR REVIEW

Process for Release on Date. (PVAE)

Schedule for Board Review on Month/Year. (PVRE & CRC-PV Only)

Prepared by ORC: Click or tap here to enter text. Approved by SORC: Click or tap here to enter text.

Date: Click or tap to enter a date.

Date: Click or tap to enter a date.

**PVRE & CRC-PV ONLY – BOARD OF PAROLE REVIEW
(Board of Parole Use Only)**

Reviewed by Commissioner: _____

Board Review (CRC-PV)

Board Interview (PVRE)

Date: _____

STATE OF NEW YORK
NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION (DOCCS)
SPECIAL CONDITIONS OF RELEASE TO COMMUNITY SUPERVISION

Name: _____ **NYSID:** _____

Date of Release: _____ **Supervision Maximum:** _____

I, _____, acknowledge that under the provisions of my Conditions of Release that the following Special Conditions have been imposed upon me and that these Special Conditions will remain in effect until the termination of my legal period of supervision. _____

Unless otherwise amended, in writing by the Department of Corrections and Community Supervision (DOCCS).

I hereby certify that I have read and understand the above Special Conditions of my release and that I have received a copy of these Special Conditions.

Signed this _____ day of _____, _____.

Releasee: _____ **Witness:** _____

CS3020A (Facility Version – 8710) (Revised 7/2019)

Copy to Releasee Copy to Area Office Copy to Central Files

**NYS SEXUAL ASSAULT REFORM ACT (SARA) - CHAPTER 1 OF THE LAWS OF 2000
EXECUTIVE LAW §259-c SUBDIVISION 14**

EXECUTIVE LAW §259-c, SUBDIVISION 14 REQUIRES THE BOARD OF PAROLE TO IMPOSE THE MANDATORY CONDITION OF RELEASE UPON ALL OFFENDERS WHO ARE RELEASED TO THE COMMUNITY ON OR AFTER 2/01/2001 WHO ARE LEVEL 3 SEX OFFENDER REGISTRANTS OR OFFENDERS SERVING ONE OR MORE SENTENCES (INCLUDING JUVENILE OFFENDERS AND YOUTHFUL OFFENDERS) FOR THE FOLLOWING SPECIFIED OFFENSES (INCLUDES AN ATTEMPT TO COMMIT ANY OF THE FOLLOWING) WHERE THE VICTIM WAS UNDER THE AGE OF 18 AT THE TIME OF THE OFFENSE:

| SECTION | CRIME | CLASS | SECTION | CRIME | CLASS |
|----------|--|--|---------|---|---------------|
| 130.20 | Sexual Misconduct | A Misdemeanor | 130.95 | Predatory Sexual Assault | A-II Felony |
| 130.25 | Rape – 3 rd | E Felony | 130.96 | Predatory Sexual Assault Against a Child | A-II Felony |
| 130.30 | Rape – 2 nd | D Felony | 135.05 | Unlawful Imprisonment - 2 nd | A Misdemeanor |
| 130.35 | Rape – 1 st | B Felony | 135.10 | Unlawful Imprisonment - 1 st | E Felony |
| 130.40 | Sodomy – 3 rd / Criminal Sexual Act 3 rd | E Felony | 135.20 | Kidnapping - 2 nd | B Felony |
| 130.45 | Sodomy – 2 nd / Criminal Sexual Act 2 nd | D Felony | 135.25 | Kidnapping – 1 st | A-1 Felony |
| 130.50 | Sodomy – 1 st / Criminal Sexual Act 1 st | B Felony | 135.35 | Labor Trafficking | D Felony |
| 130.52 | Forcible Touching | A Misdemeanor | 135.45 | Custodial Interference – 2 nd | A Misdemeanor |
| 130.53 | Persistent Sexual Abuse | E Felony | 135.50 | Custodial Interference – 1st | E Felony |
| 130.55 | Sexual Abuse – 3 rd | B Misdemeanor | 135.55 | Substitution of Children | E Felony |
| 130.60 | Sexual Abuse – 2 nd | A Misdemeanor | 135.60 | Coercion – 2 nd | A Misdemeanor |
| 130.65 | Sexual Abuse – 1 st | D Felony | 135.65 | Coercion – 1st | D Felony |
| 130.65-a | Aggravated Sexual Abuse – 4 th | E Felony | 255.25 | Incest -3 rd | E Felony |
| 130.66 | Aggravated Sexual Abuse – 3 rd | D Felony | 255.26 | Incest -2 nd | D Felony |
| 130.67 | Aggravated Sexual Abuse – 2 nd | C Felony | 255.27 | Incest- 1 st | B Felony |
| 130.70 | Aggravated Sexual Abuse – 1 st | B Felony | 263.05 | Use of a Child In a Sexual Performance | C Felony |
| 130.75 | Course of Sexual Conduct Against a Child – 1 st | B Felony | 263.10 | Promoting An Obscene Sexual Performance By A Child | D Felony |
| 130.80 | Course of Sexual Conduct Against a Child – 2 nd | D Felony | 263.11 | Possessing An Obscene Sexual Performance By A Child | E Felony |
| 130.85 | Female Genital Mutilation | E Felony | 263.15 | Promoting A Sexual Performance By A Child | D Felony |
| 130.90 | Facilitating a Sex Offense With a Controlled Substance | D Felony | 263.16 | Possessing A Sexual Performance By A Child | E Felony |
| 130.91 | Sexually Motivated Felony | Felony level same as specified offense | 263.30 | Facilitating A Sexual Performance by a Child with a Controlled Substance or Alcohol | B Felony |