STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

PAROLE BOARD REPORT

CORRECTIONAL FACILITY

PAROLE BOARD TYPE/ DATE:

NAME:       RECEIVED DATE:       CMC: A  B

DOB:       DIN:       NYSID:       FBI:

PE DATE:       CR DATE:       ME DATE:

**PRS:**       years **PV NT:** Yes No **TIME ON PAROLE:**       **TIME SERVED:**

**AT THE TIME THE INSTANT OFFENSE(S) WAS COMMITTED, WAS INMATE UNDER 18 YEARS OF AGE?**

Yes No - If yes, enter age

**CRIMES OF COMMITMENT, FELONY CLASSES, SENTENCE, PLEA OR VERDICT, COMMIT COUNTY**

**EEC:** ISSUED DENIED NON-CERTIFIABLE INELIGIBLE / N/A

**OFFICIAL STATEMENTS:** JUDGE - Yes No DA - Yes No DEF ATTY - Yes No

**SENTENCING MINUTES:** Yes No IF NO, DATE(S) REQUESTED:

**CO-DEFENDANT:** NAME/NYSID STATUS

**DETAILED PRESENT OFFENSE:**

**OFFENDER STATEMENT:**

**CRIMINAL HISTORY:** Warrant: Yes No ICE: Yes No

IF YES, EXPLAIN:

NEW YORK STATE –

JUVENILE: Yes No OUT OF STATE: Yes No FEDERAL: Yes No

IF YES, EXPLAIN:

**COURT ORDERED RESTITUTION:** Yes No

IF YES,

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE |  | REASON |  | COUNTY/ORI |  | TOTAL |  |  | COLLECTED |
|  |  |  |  |  |  | $ |  |  | $ |

**CERTIFICATE OF RELIEF:** Eligible Ineligible Youthful Offender

**INTERPRETER NEEDED:** Yes No IF YES, LANGUAGE:

**PROPOSED RESIDENCES:**

|  |  |  |  |
| --- | --- | --- | --- |
| PRIMARY: |  | ALTERNATE: |  |

**PROPOSED EMPLOYMENT:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Type Name Here, ORC |  | Date: |  | Type Name Here, SORC |  | Date: |

**CONFIDENTIAL REPORT:**

**OFFENDER NAME:** **DIN:** **NYSID:**

**CONFIDENTIAL FILE:** Yes No

**SUPERVISION AND INVESTIGATION CONCERNS:**

**ACTIVE OR PRIOR ORDERS OF PROTECTION:** Yes No

If Yes, Dates of OOP:      , Expiration Dates:

Name(s)/Relationship(s):

**PAST BEHAVIORS:**

**HISTORY OF COMMUNITY SUPERVISION:**

**INTELLIGENCE INFORMATION:** Gang affiliation / Tattoos / Information from Bureau Special Services (BSS):

**SEX OFFENDER HISTORY:** Yes  No If Yes, Risk Level:

**MENTAL HEALTH:** Level       OMH Evaluations (dates/ diagnosis):

**MEDICAL CONCERNS:** Yes No Level

If Yes, Explain:

**DISCHARGE PLAN:** Yes No

**FAMILY INFORMATION:**

**DOMESTIC VIOLENCE HISTORY:**

Active or Prior Orders of Protection: Yes No

If Yes, Dates of OOP:      , Expiration Dates:

Name(s)/Relationship(s):

**FINANCIAL INFORMATION:**

**VICTIM INFORMATION:** Check all applicable.

**Stranger:** Adult 65 and Over Under 18 Under 13

**Non-stranger**: Adult 65 and Over Under 18 Under 13

**Non-stranger’s Victim’s Relationship to Offender:**

Grandparent Parent Spouse Child Sibling

Aunt Uncle Cousin Girlfriend/Boyfriend

**Non-S\stranger Other**:  (This could mean a person’s neighbor/employer/friend.)

**Law Enforcement**:

**Multiple Victims**:

**Unknown**:

**ENEMIES NOTED:**

**GUN OFFENDER REGISTRATION ACT (GORA) FORM COMPLETED AND ON FILE** (**NYC only**)**:** Yes No

**SUMMARY/EVALUATION**