

**When released from custody, you will be on parole for a period of \_\_\_\_\_ years. You must obey these conditions of parole. If you do not, you may be arrested, returned to prison and have to serve more time on parole.**

**GENERAL CONDITIONS OF PAROLE**

**1. Criminal Conduct**

- You must obey all laws. The board may find that you have violated parole, even if you are not convicted in court and even if you are not charged with a crime.
- If you are arrested or cited by any peace officer for any misdemeanor or felony, you must tell your parole agent right away. You must do this even if you are released.

**2. Instructions**

- You must report to your parole agent the first working day after your release unless you have written permission to report later.
- You must do what your parole agent tells you to do.
- If another agency has placed a hold on you, you may be released to their custody. If you are released from their custody before the end of your parole period, you must contact the nearest California parole office immediately. They will tell you what to do.

**3. Searches**

- Any parole agent or peace officer can search and seize you, your property, and any property under your control at any time of the day or night with or without cause.
- They can also search your residence of record and where you live.

**4. Travel**

- You cannot go more than 50 miles from your home unless you have written permission from your parole agent.
- You cannot leave the county where you live for more than 2 days (48 hours) without written approval from your parole agent.
- You cannot leave California without written approval from your parole agent.
- If you are arrested in another state, you agree to give up your right to a hearing on whether you can be brought back to California.

**5. Residence and Employment**

- You must tell your parole agent where you are living and where you are working.
- You must tell your parole agent before you change where you live.
- You must tell your parole agent within 3 days if you lose, quit, or change your job.
- You must tell your parole agent within 3 days if your work address changes.

**6. Weapons**

You shall not own, use, have access to, or have under your control:

- Any kind of gun.
- Anything a reasonable person would think looks like a gun.
- Any ammunition that could be used in a gun.
- Any weapon not allowed by State or Federal law.
- Anything a reasonable person would think could be used as a weapon.
- Any knife with a blade longer than 2 inches.
  - You can have kitchen knives, but they must be kept at your house in the kitchen.
  - You can have knives you need for work, but they can only be used and carried during normal work hours for your job with your parole agent's approval.
- A crossbow of any kind.

**7. Failure to Sign Conditions of Parole**

- You shall sign these conditions of parole and any special conditions imposed by your correctional counselor, parole agent, or the board. Failure to sign any conditions of parole will result in your being returned to custody.

CDC Number:	Inmate/Parolee Printed Name (Last, First, MI):	Inmate/Parolee Signature:	Date Signed:
-------------	--	---------------------------	--------------

**SPECIAL CONDITIONS OF PAROLE**

**Gang Restriction**

- You are a gang member or associate. You cannot be around known gang members. You cannot wear or carry gang colors, clothing, or items. You cannot be involved in any gang activity.

**Mentally Disordered Offender**

- You will be confined in a state hospital and may be placed in a Conditional Release Program (CONREP) community outpatient mental health treatment pursuant to Penal Code (PC) Section 2962 (MDO).

**Contact with Victim(s) or Victim(s) Family**

- You have committed a crime against a person. You may not contact the victim(s) or anyone in their family unless your parole agent gives you written permission. There cannot be contact of any kind. No visiting, calling, or writing to that person. You cannot ask another person to call, visit, or write that person for you. You cannot go by where that person lives.
- You have committed a crime against a person under the age of 18. You cannot have contact with ANY person under the age of 18 without permission from your parole agent. No contact of any kind. This means no visiting, calling, or writing. If you have accidental contact with a person under the age of 18, you must tell your agent immediately.

**MANDATORY SPECIAL CONDITIONS OF PAROLE**

- You are required to register under PC Section 290. Because of this, you cannot live with another person who is also required to register under PC Section 290 unless you are related by blood, marriage, or adoption.
- You are required to register under PC Section 290. Because of PC Section 3003.5, you cannot live within 2000 feet of any public or private school or any park where children regularly get together. This applies even if you finish parole.
- You have a current or prior conviction for violating PC Section 288 and/or PC Section 288.5. You are also a High Risk Sex Offender. Because of PC Section 3003(g), you cannot live within one-half mile of any public or private school. This applies as long as you are on parole.
- You were convicted of a sex offense while under the influence of alcohol. Because of this, you cannot drink or have alcoholic beverages.
- A judge has issued a protective order that says you cannot contact your victim. You must comply with this order. You have the right to appeal special conditions of parole imposed by filing a CDC Form 602, Inmate/Parolee Appeal. Special conditions imposed by the board may be appealed through the court by filing a petition for writ of habeas corpus. You can request reasonable accommodation on a CDCR Form 1824. You can also appeal a denial of a reasonable accommodation on a reasonable accommodation on a CDCR Form 1824.

**STAFF ISSUANCE/OBSERVATION**

- I have reviewed the Disability and Effective Communication System (DECS) and the Field File (Parole Staff) or C-File (Institution Staff) for disability and effective communication source documents.

**I have informed this inmate/parolee of this notice and have determined that he/she:**

- Appears to understand.
- Appears to have difficulty understanding.

**Effective Communication Method Used:** (please circle)

Foreign Language Interpreter    Sign Language Interpreter    Read/Spoke Slowly    Assistive Device (specify) \_\_\_\_\_

Other (please write): \_\_\_\_\_

**After providing assistance, inmate/parolee:**

- Explained the conditions in his/her own words.
- Does not appear to understand.

Comments: \_\_\_\_\_

CDC Number:	Inmate/Parolee Printed Name (Last, First, MI):	Inmate/Parolee Signature:	Date Signed:
Staff Printed Name / Title / Badge #:	Staff Signature:		Date Signed:

**ADDITIONAL SPECIAL CONDITIONS OF PAROLE**

**You must obey these additional conditions of parole:**

- You are not allowed to drink or have alcohol. You may not enter any bars or liquor stores. You have a history of alcohol abuse or alcohol has been a factor in one of your crimes. You will be required to submit to alcohol testing.
- Anti-Narcotic testing because you have a history of drug use.
- Attend Parole Outpatient Clinic as instructed because of mental health concerns.
- You are to be home between the hours of \_\_\_\_\_ and \_\_\_\_\_ because \_\_\_\_\_.
- You shall attend and complete \_\_\_\_\_.
- No contact with \_\_\_\_\_.
- See attached CDCR Form 1515-Addendum for additional special conditions of parole.

Additional Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons for additional special conditions of parole if not noted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Unit Supervisor Signature

\_\_\_\_\_  
Badge #

\_\_\_\_\_  
Date Signed

You have the right to appeal special conditions of parole imposed by filing a CDC Form 602, Inmate/Parolee Appeal. Special conditions imposed by the board may be appealed through the court by filing a petition for writ of habeas corpus. You can request a reasonable accommodation on a CDCR Form 1824. You can also appeal a denial of a reasonable accommodation on a CDCR Form 1824.

**STAFF ISSUANCE/OBSERVATION**

- I have reviewed the DECS and the Field File (Parole Staff) or C-File (Institution Staff) for disability and effective communication source documents.

**I have informed this inmate/parolee of this notice and have determined that he/she:**

- Appears to understand.
- Appears to have difficulty understanding.

**Effective Communication Method Used:** (please circle)

Foreign Language Interpreter    Sign Language Interpreter    Read/Spoke Slowly    Assistive Device (specify) \_\_\_\_\_  
Other (please write): \_\_\_\_\_

**After providing assistance, inmate/parolee:**

- Explained the conditions in his/her own words.
- Does not appear to understand.

Comments: \_\_\_\_\_

CDC Number:	Inmate/Parolee Printed Name (Last, First MI)	Inmate/Parolee Signature:	Date Signed:
Staff Printed Name / Title / Badge #:	Staff Signature:		Date Signed:



**RE-AFFIRMATION CONTINUATION SHEET**

**Reaffirm Conditions of Parole dated (from page 3) \_\_\_\_\_**

I have reviewed the DECS and the Field File (Parole Staff) or C-File (Institution Staff) for disability and effective communication source documents.

**I have informed this inmate/parolee of this notice and have determined that he/she:**

Appears to understand.  Appears to have difficulty understanding.

**Effective Communication Method Used:** (please circle)

Foreign Language Interpreter Sign Language Interpreter Read/Spoke Slowly Assistive Device (specify) \_\_\_\_\_  
Other (please write): \_\_\_\_\_

**After providing assistance, inmate/parolee:**

Explained the conditions in his/her own words.  Does not appear to understand.

Comments: \_\_\_\_\_

CDC Number:	Inmate/Parolee Printed Name (Last, First MI):	Inmate/Parolee Signature:	Date Signed:
Staff Printed Name/Title/Badge #:	Staff Signature:	Date Signed:	

**Reaffirm Conditions of Parole dated (from page 3) \_\_\_\_\_**

I have reviewed the DECS and the Field File (Parole Staff) or C-File (Institution Staff) for disability and effective communication source documents.

**I have informed this inmate/parolee of this notice and have determined that he/she:**

Appears to understand.  Appears to have difficulty understanding.

**Effective Communication Method Used:** (please circle)

Foreign Language Interpreter Sign Language Interpreter Read/Spoke Slowly Assistive Device (specify) \_\_\_\_\_  
Other (please write): \_\_\_\_\_

**After providing assistance, inmate/parolee:**

Explained the conditions in his/her own words.  Does not appear to understand.

Comments: \_\_\_\_\_

CDC Number:	Inmate/Parolee Printed Name (Last, First MI):	Inmate/Parolee Signature:	Date Signed:
Staff Printed Name/Title/Badge #:	Staff Signature:	Date Signed:	

**Reaffirm Conditions of Parole dated (from page 3) \_\_\_\_\_**

I have reviewed the DECS and the Field File (Parole Staff) or C-File (Institution Staff) for disability and effective communication source documents.

**I have informed this inmate/parolee of this notice and have determined that he/she:**

Appears to understand.  Appears to have difficulty understanding.

**Effective Communication Method Used:** (please circle)

Foreign Language Interpreter Sign Language Interpreter Read/Spoke Slowly Assistive Device (specify) \_\_\_\_\_  
Other (please write): \_\_\_\_\_

**After providing assistance, inmate/parolee:**

Explained the conditions in his/her own words.  Does not appear to understand.

Comments: \_\_\_\_\_

CDC Number:	Inmate/Parolee Printed Name (Last, First MI):	Inmate/Parolee Signature:	Date Signed:
Staff Printed Name/Title/Badge #:	Staff Signature:	Date Signed:	

**INSTRUCTIONS FOR ISSUANCE AND COMPLETION BY STAFF**  
**COMPLETING THE FORM**

The staff person will complete the CDCR Form 1515, Notice and Conditions of Parole, in conjunction with the CDCR Form 611, Release Program Study. The staff person will utilize the documentation on the CDCR Form 611 and from the DECS review to determine what accommodations may be needed to effectively communicate the CDCR Form 1515 information to the inmate/parolee. The staff person will initiate the form by clearly printing the inmate's/parolee's CDC Number and Name in the appropriate boxes.

**DOCUMENTING PAROLE PERIOD**

The staff person will write in the appropriate number of years for the inmate's/parolee's parole period as indicated on the CDC Form 188, Legal Status Summary (LSS).

**SPECIAL CONDITIONS OF PAROLE**

The staff person will review the Central File (C-File) to determine whether or not these special conditions apply to the inmate/parolee.

**Gang Restriction** - Review the CDC Form 812 and/or 812-A. If the inmate/parolee is a member or associate of any street gang or prison gang, check the box.

**Mentally Disordered Offender** - Check box if the inmate/parolee has been certified by the BPH as a MDO pursuant to PC Section 2962.

**Contact with Victim(s) or Victim(s) Family** - Review the LSS, POR, CI&I, or Confidential Folder to determine whether there is a specific crime victim. If there is, check the first box. (This does not include personal or public property crimes.) If the crime was committed against a person under the age of 18, check the second box.

**MANDATORY SPECIAL CONDITIONS OF PAROLE**

Review the C-File to determine whether or not these mandatory special conditions of parole apply to the inmate/parolee.

**Box #1** - Review the LSS, 112, CI&I to determine whether or not the inmate/parolee is required to register pursuant to PC Section 290. If he/she is required to register, check this box.

**Box #2** - Review the LSS, 112, CI&I to determine whether or not the inmate/parolee is required to register pursuant to PC Section 290. If he/she is required to register, check this box.

**Box #3** - Review LSS and CI&I Rap Sheet to determine whether or not the inmate/parolee has a current or prior conviction for violating PC Section 288 or 288.5. If he/she was previously convicted, or is currently committed for these offenses and is designated a High Risk Sex Offender per PC Section 3003(g), check the box.

**Box #4** - Review the LSS and POR to determine whether the inmate's/parolee's current commitment includes a sex offense that was committed while the inmate/parolee was under the influence of alcohol. If he/she was, check this box.

**Box #5** - Review the confidential folder to determine whether the inmate/parolee has a restraining order. If he/she does, check this box.

**INSTRUCTIONS FOR NOTICING THE INMATE/PAROLEE**

Prior to noticing the inmate/parolee of his/her conditions of parole, the staff person will ensure that any necessary accommodations identified through the DECS/File review process are available and utilized, if necessary, when noticing the inmate/parolee of his/her conditions of parole.

The staff person will advise the inmate/parolee of the required length of his/her parole period and then review the conditions of parole with the inmate/parolee as follows:

**Reviewing General Conditions of Parole**

The staff person will advise the inmate/parolee that the General Conditions apply to every person on parole.

The staff person will either read to or have the inmate/parolee read each condition. After each condition is read, the staff person will ask the inmate/parolee what he/she understands about the condition to ensure it was effectively communicated.

(Continued on back of Page 2)

## **INSTRUCTIONS FOR NOTICING THE INMATE/PAROLEE**

(CONTINUED FROM BACK OF CDCR FORM 1515, PAGE 1)

### **Reviewing the Special Conditions of Parole**

The staff person will advise the inmate/parolee that based upon his/her specific case factors; they must comply with these special conditions.

The staff person will either read to or have the inmate/parolee read each applicable special condition which is identified by a check mark in the corresponding box. After each condition is read, the staff person will ask the inmate/parolee what he/she understands about the condition to ensure effective communication.

### **Reviewing the Mandatory Special Conditions of Parole**

The staff person will advise the inmate/parolee that based upon his/her specific case factors; they must comply with these conditions of parole which are mandated by law.

The staff person will either read to or have the inmate/parolee read each applicable special condition which is identified by a check mark in the corresponding box. After each condition is read, the staff person will ask the inmate/parolee what he/she understands about the condition to ensure effective communication.

### **Documenting Observations**

After reviewing the conditions of parole with the inmate/parolee, the staff person will instruct the inmate/parolee to sign and date Page 1 and Page 2 in the appropriate boxes.

*Note:* If the inmate/parolee refuses to sign the form, the staff person shall remind the inmate/parolee that Condition #7 on Page 1 stated that failure to sign the form will result in his/her being retained in custody. If the inmate/parolee still refuses to sign the form, after completing the form, the staff person shall write a Rules Violation Report for Failure to Sign Conditions of Parole.

The staff person will check the box indicating they have reviewed the DECS and the Field File (Parole Staff) or C-File (Institutional Staff) for disability and effective communication needs. This review is mandatory.

Based upon the staff person's observations during the issuance of the conditions of parole, the staff person will check the appropriate box indicating whether the inmate/parolee appeared to understand or appeared to have difficulty understanding.

If the staff person had to provide assistance with effective communication, he/she shall check the box "Does not appear to understand (assistance provided)" and then circle what assistance was provided. The staff person shall then check the appropriate box indicating whether after assistance was provided, the inmate/parolee was (1) able to explain in his/her own words, or (2) still did not appear to understand.

The staff person shall then legibly print their name and title, and sign and date the form.

(Continued on back of Page 3)

**INSTRUCTIONS FOR SPECIAL CONDITIONS OF PAROLE**  
(CONTINUED FROM BACK OF CDCR FORM 1515, PAGE 2)

The following are instructions for the staff person who issues the Notice and Conditions of Parole to the inmate/parolee.

A special condition of parole must have a relation to the commitment offense; relate to conduct which is in itself criminal or is reasonably related to prevent future criminality.

Prior to discussion with the inmate/parolee, the staff person shall conduct a DECS/C-File or DECS/Field file review to determine whether the inmate/parolee needs assistance and/or accommodations. If needed, issuing staff shall ensure assistance and/or accommodations are provided to ensure effective communication.

The staff person shall review the prior conditions on Page 1 and Page 2 with the inmate/parolee and initial and date all previous signatures, respectively.

The staff person shall have the inmate/parolee explain in their own words what the conditions mean.

**ADDITIONAL SPECIAL CONDITIONS OF PAROLE**

The staff person shall add special conditions of parole by checking the appropriate box and/or print in the special condition and enter the reason for the condition(s).

**APPEAL**

The staff person shall explain to the inmate/parolee the right to appeal and right to request a reasonable accommodation and if requested, provide a CDC Form 602, Inmate/Parolee Appeal and/or CDCR Form 1824, Request For Reasonable Accommodation.

**STAFF ISSUANCE/OBSERVATION**

The staff person shall enter the CDC number and print the inmate's/parolee's name in the appropriate box.

The staff person shall have the inmate/parolee sign and date the conditions in the appropriate section.

The staff person will check the box indicating a review of the DECS and the Field File (Parole Staff) or C-File (Institutional Staff) for disabilities and effective communication source documents. This review is mandatory.

The staff person shall check the appropriate box regarding his/her observation of the understanding of the conditions by the inmate/parolee. If assistance was provided, the staff person will check the appropriate box and circle what assistance was provided or enter under "Other" what assistance was provided.

The staff person shall print their name, sign and date where indicated and record this task in the inmate's/parolee's record of supervision.

A copy of the conditions shall be given to the inmate/parolee.

(Continued on back of Page 4)

## INSTRUCTIONS FOR REAFFIRMATION OF CONDITIONS OF PAROLE

(CONTINUED FROM BACK OF CDCR FORM 1515, PAGE 3)

The following are instructions for the staff person who reaffirms the conditions of parole with the inmate/parolee. This form can be utilized for up to three subsequent releases. This form shall be used when the previous conditions of parole have not been modified, added, or deleted.

Upon each release from custody, the staff member shall reaffirm the conditions of parole with the inmate/parolee, and shall sign in the reaffirmation section.

### STAFF ISSUANCE/OBSERVATION

The staff person shall enter the date signed from page 3 into the Reaffirm Conditions of Parole dated box.

The staff person shall enter the CDC number and print the inmate's/parolee's name in the appropriate box.

The staff person shall have the inmate/parolee sign and date the conditions in the appropriate section.

The staff person will check the box indicating a review of the DECS and the Field File (Parole Staff) or C-File (Institutional Staff) for disabilities and effective communication source documents. This review is mandatory.

The staff person shall check the appropriate box regarding his/her observation of the understanding of the conditions by the inmate/parolee. If assistance was provided, the staff person will check the appropriate box and circle what assistance was provided or enter under "Other" what assistance was provided.

The staff person shall print their name, sign and date where indicated, and record this task in the inmate's/parolee's record of supervision.

A copy of the conditions shall be given to the inmate/parolee.