STATE OF CALIFORNIA–OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION (See instructions on reverse)

CERT

STD. 400 (REV. 01-2013)

For use by Secretary of State only

ENDORSED FILED IN THE OFFICE OF

2014 AUG 27 PM 2:09

DEBRA BOWEN SECRETARY OF STATE

OAL FILE NUMBERS	NOTICE FILE NUMBER	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-2014-0211-06	2014-0716-02C	

For use by Office of Administrative Law (OAL) only

2014 JUL 16 PM 3:40

OFFICE OF ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY: California Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (If any): 13-0014

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE | TITLE(S) | FIRST SECTION AFFECTED | 2. REQUESTED PUBLICATION DATE

3. NOTICE TYPE: ☐ Notice re Proposed Regulatory Action ☐ Other

4. AGENCY CONTACT PERSON | TELEPHONE NUMBER | FAX NUMBER (Optional)

OAL USE ONLY — ACTION ON PROPOSED NOTICE: ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/ Withdrawn

NOTICE REGISTER NUMBER: 2014, 82

PUBLICATION DATE: 2/21/2014

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S): Parole Revocation Realignment

1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S): 2014-0117-01EON

2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)

SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)

ADOPT: 3750, 3751, 3752, 3753, 3754, 3756, 3760, 3761, 3761.1, 3762, 3763, 3764, 3765, 3766

AMEND: 3000, 3075.2, 3768.2, 3768.3

REPEAL:

TITLE(S): 15

3. TYPE OF FILING

- ☐ Regular Rulemaking (Gov. Code §11346)
- ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)
- ☐ Emergency (Gov. Code, §11346.1(b))
- ☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.
- ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)
- ☐ Emergency Readopt (Gov. Code, §11346.1(h))
- ☐ File & Print
- ☐ Other (Specify)
- ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
- ☐ Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

May 5, 2014 - May 23, 2014; and June 4, 2014 - June 20, 2014

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

- ☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))
- ☒ Effective on filing with Secretary of State
- ☐ §100 Changes Without Regulatory Effect
- ☐ Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

- ☒ Department of Finance (Form STD. 399) (SAM §6660) TH 8/27/14 per agency request
- ☐ Fair Political Practices Commission
- ☐ State Fire Marshal
- ☐ Other (Specify) 445

7. CONTACT PERSON: Rosie Ruiz | TELEPHONE NUMBER: (916) ~~455~~-2244 | FAX NUMBER (Optional): (916) 324-6075 | E-MAIL ADDRESS (Optional): rosie.ruiz@cdcr.ca.gov

8. **I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.**

SIGNATURE OF AGENCY HEAD OR DESIGNEE | DATE: 7/1/14

TYPED NAME AND TITLE OF SIGNATORY: MARTIN HOSHINO, UNDERSECRETARY, OPERATIONS

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

AUG 27 2014

Office of Administrative Law

FINAL TEXT OF PROPOSED REGULATIONS

In the following text, bold underline indicates additional text, and bold ~~strikethrough~~ indicates additional deleted text, to the originally proposed text.

California Code of Regulations, Title 15, Division 3, Adult Institutions, Programs and Parole

Chapter 1, Rules and Regulations of Adult Operations and Programs

TABLE OF CONTENTS, Subchapter 6. ADULT PAROLE, Articles 18 and 19 are amended.

Article 18. Reserved title heading is adopted, and contents are amended to read:

Article 18. Parole Holds

3750 Authority to Place a Parole Hold.
3751 Criteria for Placement of a Parole Hold.
3752 Factors to be Considered for Placement of a Parole Hold.
3753 Review of a Parole Hold.
3754 Notification of Reasons for a Parole Hold.
3755 Transfer to Prison. [Reserved]
3756 Length of a Parole Hold.

Article 19. Contents are amended to read:

Article 19. Parole Violations and Reports

3760 Parole Violations and Reports.
3761 Investigation of Parole Violations.
3761.1 Investigation of Supplemental Parole Violations.
3762 Parole Violation Report (CDCR Form 1676).
3763 Petition for Revocation~~, Form CR 300~~.
3764 Recommendations.
3765 Legal Custody and Jurisdiction of County Jail Facility.
3766 Warrants.

Article 1. Behavior

3000. Definitions.

Section 3000 is amended to alphabetically merge the definitions below with those that exist in the regulations:

*

*

*

Administrative Officer of the Day (AOD) means an administrative staff member possessing managerial or supervisory experience and authority to make decisions in the absence of an Institution Head or Region Parole Administrator.

California Law Enforcement Telecommunications System (CLETS) means a statewide telecommunications system for the use of law enforcement agencies maintained by the California Department of Justice.

CalParole means a centralized statewide parolee information data system.

Case Conference means a documented communication between the parole agent and the parole unit supervisor concerning a parolee (i.e., placing a parole hold).

Parole Administrator means the Department's administrator of a Division of Adult Parole Operations headquarters unit, district, program or geographic location.

Parole Violation Disposition Tracking System (PVDTS) means an electronic database utilized by Division of Adult Parole Operations field staff to track all remedial sanctions, warrant requests, and petitions to the local court for revocation of parole.

*
*
*

Note: Authority cited: Sections 2717.3, 3000.03, 5058, 5058.3 and 1170.05, Penal Code; Section 10115.3(b), Public Contract Code; and Sections 4525(a), 4526 and 14837, Government Code. Reference: Sections 186.22, 243, 314, 530, 532, 646.9, 653m, 832.5, 1170.05, 1203.8, 1389, 2080, 2081.5, 2600, 2601, 2700, 2717.1, 2717.6, 2932.5, 3003.5(a), 3020, 3450, 3550, 4570, 4576, 5009, 5050, 5054, 5068, 7000 et seq. and 11191, Penal Code; Sections 1132.4 and 1132.8, Labor Code; Sections 10106, 10108, 10108.5, 10115, 10115.1, 10115.2, 10115.3 and 10127, Public Contract Code; and Section 999, Military and Veterans Code; Section 391, Code of Civil Procedure; Section 297.5, Family Code; Section 8550, 8567, 12838 and 12838.7, Government Code; Governor's Prison Overcrowding State of Emergency Proclamation dated October 4, 2006; In re Bittaker, 55 Cal.App. 4th 1004, 64 Cal. Rptr. 2d 679; Section 11007, Health and Safety Code; and Madrid v. Cate (U.S.D.C. N.D. Cal. C90-3094 TEH).

Article 6.5 Intake, Release, and Discharge of Inmates

3075.2. Releases.

Subsections 3075.2(a) – 3075.2(b)(2) are unchanged.

Subsection 3075.2(b)(2)(A) is amended to read:

The CDCR Form 611 (Rev. 8/12), Release Program Study, which is incorporated by reference; CDCR Form 1515 (Rev. ~~04/13~~ 04/14), Notice and Conditions of Parole, which is incorporated by reference~~; CDCR Form 1570 (Rev. 1/06), Guidelines for Parole, which is incorporated by reference;~~ and reporting instructions shall be explained to the inmate at least 45 days before their scheduled release to parole or, if less than 45 days remain as a result of a change in the inmate's legal status, as soon as possible.

Subsections 3075.2(b)(2)(B) – 3075.2(e)(2) are unchanged.

Note: Authority cited: Sections 2713.1, 3000.03, 5058 and 5058.3, Penal Code. Reference: Sections 290, 457.1, 1168, 1170, 1170.05, 2713.1, 2901, 2962, 3053.5, 3067, 3450, 3452, 3453, 3454, 5054, 11175, 11176 and 11180, Penal Code; Section 11592, Health and Safety Code; and Sections 6601 and 6604, Welfare and Institutions Code.

Subchater 6. ADULT PAROLE

Reserved Article 18 is adopted.

Article 18. Parole Holds

Reserved Section 3750 title is adopted, and new subsections 3750(a) through 3750(f)(2) are adopted to read:

3750. Authority to Place a Parole Hold.

~~(a) Inmates/parolees who are released to non-revocable parole as provided in California Code of Regulations (CCR) Section 3505 are excluded from any of the provisions of CCR Sections 3750 – 3756.~~

~~(b)~~ (a) If the parole agent has probable cause, as described in Section 3753, to believe the parolee has violated conditions of parole or of the law, the parole agent may arrest the parolee without a warrant at any time during the period of parole supervision and bring him or her before the court for final adjudication, pursuant to Penal Code (PC) Section 1203.2.

~~(c)~~ (b) The parole hold decision must be made in every case regardless of the type of crime or parole violation with which the parolee is charged or whether another criminal justice agency is detaining the parolee.

~~(d)~~ (c) A parole agent may impose a parole hold when the parole agent determines that the parolee falls within the criteria listed in Section 3751, and upon review by the unit supervisor, there is probable cause to believe the parolee has violated parole and the parole hold is appropriate.

~~(e)~~ (d) Pursuant to PC Sections ~~3000.01(c)~~ 3000.08(c) and/or 3056, a parole agent may place a parole hold on a parolee when the parolee has been confined in a county jail facility as the result of a technical violation and/or a new criminal charge as a result of the violation of the law described in subsection 3750(~~b~~ a), or may arrest a parolee and place him or her in a county jail facility on a parole hold pending investigation of the alleged parole violations or new violations of the law.

~~(f)~~ (e) When determining whether or not to place a parole hold, the parole agent may do the following:

(1) Place the parole hold.
(2) Take any action as described in Section 3764.

Note: Authority cited: Section 3056, Section 5058 and 5058.3, Penal Code. Reference: Sections 1203.2, 3000(b)(7), 3000(b)(9)(A), 3052, 5054, and 5054.1 Penal Code.

Reserved Section 3751 title is adopted, and new subsections 3751(a) through 3751(a)(2) are adopted to read:

3751. Criteria for Placement of a Parole Hold.

(a) A parolee suspected of a parole violation may be detained by a parole hold for any of the following reasons:

(1) The parolee is a danger to the person or property of another.
(2) The parolee is suspected of a parole violation and is believed to be at high risk to abscond from parole supervision based on prior parole supervision history or other case factors or information.

Note: Authority cited: Section 5058 and 5058.3, Penal Code. Reference: Sections 1203.2, 3052, 3056, 5054, and 5076.2, Penal Code.

Reserved Section 3752 title is amended and adopted, and new subsections 3752(a) through 3752(j) are adopted to read:

3752. Factors to be Considered for Placement of a Parole Hold.

Factors to be considered when deciding whether to place a parole hold include:

(a) Drug or alcohol abuse. If drug or alcohol abuse is the only factor warranting a parole hold, the parolee shall be placed in the county jail facility only when there is no suitable alternative available such as a residential drug or alcohol treatment program.

(b) The seriousness of the alleged parole violation.

(c) Prior instances of assaultive behavior when the present violation relates to danger to others.

(d) Involvement in the transportation, sale, or distribution of narcotics or restricted drugs.

(e) Any present threats of violence.

(f) Repeated unlawful conduct during the parolee's current parole.

(g) Record of escapes from custody or of absconding from parole, probation or bail.

(h) Employment history and stability.

(i) Residential pattern.

(j) Nature of family and community relationships.

Note: Authority cited: Section 5058 and 5058.3, Penal Code.; Reference: Sections 1203.2, 3052, 3056, 5054, and 5076.2, Penal Code; and Terhune v. Superior Court (Whitley), 65 Cal.App.4th 864.

Reserved Section 3753 title is adopted, and new subsections 3753(a) through 3753(d) are adopted to read:

3753. Review of a Parole Hold.

(a) As soon as possible, but no later than close of the next business day, upon discovery of a known violation of parole and the placement of a parole hold, the parole agent shall conduct a case conference with the parole unit supervisor to present the facts and circumstances of the parolee behavior to determine whether there is probable cause to retain the parole hold.

(b) A parole unit supervisor or the parole administrator may order the removal of a parole hold upon review as described in subsection 3753(a).

(c) Once removed, a parole hold shall not be reinstated unless new information is received which may indicate that the parolee's behavior falls within the criteria set forth in Section 3751. If the parole hold is reinstated, the parolee shall be issued the reasons in writing as provided in Section 3754.

(d) If upon review, it is determined that the county of arrest has no jurisdiction to pursue a revocation, the parole hold shall be removed and the parolee shall be ordered to return to his or her county of supervision and the jurisdiction of the county superior court (court). Upon the parolee's return to the county of supervision, the parole agent shall submit a petition for revocation to the court to adjudicate the parole violation(s).

Note: Authority cited: Sections 5058, Penal Code. Reference: Section 5054, Penal Code.

Reserved Section 3754 title is amended and adopted, and new subsections 3754(a) through 3754(c) are adopted to read:

3754. Notification of Reasons for a Parole Hold.

(a) In all cases wherein the parole unit supervisor determines probable cause exists to retain the parole hold, the noticing parole agent shall notify the parolee in writing of the reasons for the retention of the parole hold no later than three business days from the date of placement of the hold, utilizing CDCR Form 1502-B (Rev. 04/13),

Probable Cause Determination, which is incorporated by reference. The notice shall include a summary of the violation(s) relied upon to maintain the parole hold.

(b) The noticing parole agent shall provide the parolee with the CDCR Form 2271 (~~04/13~~ **Rev. 04/14**), Notice and Request for Assistance During Parole Proceeding, which is incorporated by reference, no later than three business days from the date of the placement of the hold. If the parolee is released from the custody of the county jail and is instructed to report to the court for a petition for revocation prior to him or her being served the CDCR Form 2271, the noticing parole agent shall ensure that the parolee is served with the CDCR Form 2271 upon the parolee reporting to the court, as previously instructed in subsection 3753(d).

(c) If the parole hold has been placed or reinstated by the Board of Parole Hearings (BPH) or the court, the parole agent shall notify the parolee in writing of the reasons for the reinstatement of the parole hold as described in subsection 3754(a).

Note: Authority cited: Section 5058 and 5058.3, Penal Code. Reference: Sections 1203.2, 3052, 3056, 3057, 5054, and 5076.2, Penal Code.

3755. Transfer to Prison. [Reserved]

Reserved Section 3756 title is adopted, and new subsections 3756(a) through 3756(a)(2) are adopted to read:

3756. Length of a Parole Hold.

(a) Pursuant to PC Sections 3056, 3057 and 3060.5, the following shall apply:

(1) Unless otherwise provided by law, for all parolees with a parole hold/discovery date on or after October 1, 2011, the parole hold shall not remain in effect for longer than 180 days.
(2) For purposes of this Section, the discovery date is the date the parole supervising authority obtains knowledge that an alleged violation of parole has occurred.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections **3000.08(g)** and 5054, Penal Code.

Article 19. Parole Violations and Reports

Reserved Section 3760 title is amended and adopted, and new subsections 3760(a) through 3760(c) are adopted to read:

3760. Parole Violations and Reports.

(a) Persons on parole for specified crimes, as listed in PC Sections 3000(b)(4) and 3000.1(a)(1)–(2), are subject to PC Section 3000.1 proceedings upon revocation of parole. Parolees subject to PC Section 3000.1 shall be placed into a local jail facility on a parole hold, and shall, upon good cause finding by the court, be retained in local custody pending transfer to state prison.

(b) Pursuant to PC Section 3000.08, persons released from state prison after serving a prison term for the following crimes, or whose sentence has been deemed served pursuant to PC Section 2900.5 and who are not serving a life term of parole supervision, shall be subject to parole supervision by the Department and the jurisdiction of the court in the county where the parolee is supervised or the county in which the alleged parole violation occurred for the purpose of hearing petitions and imposition of a revocation of parole term:

(1) A serious felony as described in PC Section 1192.7(c).
(2) A violent felony as described in PC Section 667.5(c).

(3) A crime for which the person eligible for release from state prison is classified as a High Risk Sex Offender by the CDCR.
(4) Any crime where the person is required, as a condition of parole, to undergo treatment by the Department of Mental Health pursuant to PC Section 2962.

(c) All petitions to the court for revocation of parole shall be reviewed and approved by the parole administrator. When the court finds good cause that the parolee has committed a violation of his or her conditions of parole or of the law, the parole agent shall by order of the court impose additional and appropriate conditions of parole, including, but not limited to, rehabilitation and treatment services, appropriate incentives for compliance, or immediate and structured sanctions as described in Section 3764 for parole violations.

Note: Authority cited: Section 5058 and 5058.3, Penal Code. Reference: Sections 1203.2, 3000(b)(9)(A), 3000.08, 3000.1, 3052, 3063, 5054, and 5054.1 Penal Code.

Reserved Section 3761 title is amended and adopted, and new text is adopted to read:

3761. Investigation of Parole Violations.

The parole agent shall investigate all known and suspected parole violations. All available facts relating to the known or suspected parole violation(s) shall be documented as described in Section 3762. The investigating parole agent shall obtain a copy of the arresting agency's arrest report and/or investigation report when a parolee is arrested or is suspected of a new crime. The investigating parole agent may interview all persons who have knowledge of the suspected parole violation(s) whether or not the violation(s) are being investigated as a new crime(s) ensuring that his or her investigation does not compromise the integrity of any on-going investigation that is being conducted by a local law enforcement agency.

Note: Authority cited: Section 5058 and 5058.3, Penal Code. Reference: Sections 290, 1203.3, 3000, 3000(b)(9)(A), 3052, 3053, 3056, 3057, 5054, 5054.1 and 5076.2, Penal Code; Sections 11561 and 11563, Health and Safety Code.

New Section 3761.1 is adopted:

3761.1 Investigation of Supplemental Parole Violations.

If the parole agent discovers additional parole violations, or violations of the law, requiring submission of additional information to the court, the parole agent shall record the additional information on the CDCR Form 1502-B and forward to the parole unit supervisor no later than one business day from the date of discovery of the violation, and notify the parolee as described in Section 3754.

Note: Authority cited: Section 5058 and 5058.3, Penal Code. Reference: Sections 290, 1203.2, 3000, 3000(b)(9)(A), 3052, 3053, 3056, 3057, 5054, 5054.1 and 5076.2, Penal Code; Sections 11561 and 11563, Health and Safety Code.

per agency request 8/27/14 (TH)

Reserved Section 3762 title is amended and adopted, and new text is adopted to read:

3762. Parole Violation Report (CDCR Form 1676). , hereby incorporated by reference

Parole violations are documented on the CDCR Form 1676 (Rev. 04/13), Parole Violation Report. The CDCR Form 1676 shall be prepared electronically within the Parole Violation Disposition Tracking System (PVDTS) by the parole agent specifying the charges against the parolee and shall contain or refer to the information known to the parole agent relevant to the charges. The CDCR Form 1676 shall be processed as described in Section 3768.3 upon completion.

Note: Authority cited: Section, 5058 and 5058.3, Penal Code. Reference: Sections 290, 1203.2, 3000, 3000(b)(9)(A), 3000.08(a), 3015(b) 3052, 3053, 3056, 3057, 5054, 5054.1 and 5076.2, Penal Code; Sections

Reserved Section 3763 title is amended and adopted, and new subsections 3763(a) through 3763(b) are adopted to read:

3763. Petition for Revocation~~, Form CR 300~~.

Judicial Council of California Form CR 300 (Rev. ~~11/12~~ **01/14**), Petition for Revocation, which is incorporated by reference**, or the unique court form established by a court for this purpose in a particular county,** shall be utilized by the parole agent for submitting a recommendation for revocation of parole to the court.

(a) The parole agent shall submit the Form CR 300**, or the unique court form established by a court for this purpose in a particular county,** with the following attachments:

(1) CDCR Form 1676, Parole Violation Report
(2) CDCR Form 1502-B, Probable Cause Determination
(3) CDCR Form 1521-B (Rev. 04/13), Criminal History, which is incorporated by reference
(4) CDCR Form 1244 (Rev. 4/13), Parole Violation History, which is incorporated by reference
(5) CDCR Form 1515 (Rev. ~~04/13~~ **04/14**), Notice and Conditions of Parole
(6) CDCR 1515-Addendum (Rev. 04/13), Special Conditions of Parole, which is incorporated by reference

(b) When appropriate, the parole agent shall file a petition for prosecution with the local district attorney's office, utilizing the CDCR Form 2278 (~~04/13~~ **04/14**), Arrest Report, which is incorporated by reference, in addition to the documents described in Section 3763(a).

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 1203.2, 3000.08(a), 3052, 3053, 3063 and 5054, and 5076.2, Penal Code.

Reserved Section 3764 title is amended and adopted, and new text is adopted to read:

3764. Recommendations.

The parole agent shall recommend the appropriate sanction to address the violation charged. Public safety shall be the primary concern when determining the recommendation. The parole agent shall choose from the following recommendations and make the recommendation on the CDCR Form 1502-B:

New subsections 3764(a) through 3764(d) are adopted to read:

(a) Continue on Parole. This recommendation may be used when the violation charged is not serious enough to warrant petition for revocation. A "Continue on Parole" recommendation may include a recommendation to delete or modify conditions of parole, or add special conditions of parole.

(b) Refer to a local community program. This recommendation may be used when the violation charged is not serious enough to warrant a petition for revocation of the parolee, but does require treatment which can be obtained in a community facility or program.

(c) Remedial Sanctions to include but not limited to the use of Electronic In-Home Detention monitoring.

(d) Petition for Revocation upon review and approval by the parole administrator as described in subsection 3760(c). This recommendation may be used whenever the violation charged is indicative of a violation of conditions of parole or of the law.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 1203.2, 3000(b)(7), 3000(b)(9)(A), 3052, 5054, and 5054.1 Penal Code.

Reserved Section 3765 title is amended and adopted, and new text is adopted to read:

3765. Legal Custody and Jurisdiction of County Jail Facility.

A parolee may be housed in a county jail facility in the county where he or she was arrested or the county where the petition to revoke parole is filed.

New subsections 3765(a) through 3765(b) are adopted to read:

(a) When housed in a county jail facility, parolees are under the sole legal custody and jurisdiction of the county, and shall remain under the sole legal custody and jurisdiction of the county sheriff or county correctional administrator even if placed in an alternative custody program in lieu of incarceration, including but not limited to, the following:

(1) Work Furlough
(2) Electronic In-Home Detention

(b) When the parolee, including a parolee placed on Electronic In-Home Detention, is under the legal custody and jurisdiction of a county jail facility awaiting parole revocation proceedings, or upon revocation, the parolee shall not be under any supervision by a DAPO parole agent. Parole supervision by the Department shall commence at the time of release from the county jail facility or county alternative custody program following a period of custody for revocation of parole, or upon release from the county jail facility if the court made the determination that there is no violation of parole.

Note: Authority cited: Section 5058, Penal Code. Reference: Sections 290, 1203.2, 3000, 3000(b)(9)(A), 3052, 3053, 3056, 3057, 5054, 5054.1, and 5076.2, Penal Code; Sections 11561 and 11563, Health and Safety Code.

Reserved Section 3766 title is amended and adopted:

3766. Warrants.

New subsections 3766(a) through 3766(d) are adopted to read:

(a) Pursuant to Section 3504.2, inmates meeting the criteria for assignment to the Highest Control or Risk Classification, upon release from confinement from a State facility, are required to report to their assigned parole agent within two days or 48 hours of release from state prison. Within 24 hours of the parolee's failure to report, the DAPO parole agent shall petition the local court as described in subsection 3766(b)(1).

(b) When the parolee is released from a county jail facility, where the parole agent has determined that the parolee has become unavailable for supervision, or of being suspected of committing a serious crime, the parole agent shall attempt to locate the parolee, and if the parole agent has determined that the parolee's whereabouts are unknown, obtain a warrant from the court for the parolee's arrest, completing the following steps:

(1) Petition the court to issue a written order for the arrest of the parolee pending a hearing before the court utilizing Judicial Council of California Form CR 301 (07/13), Warrant Request and Order, which is incorporated by reference**, or the unique court form established by a court for this purpose in a particular county**.
(2) Monitor the parolee's status until such time that the parolee is re-arrested and remanded into local custody upon the issuance of an arrest warrant.
(3) Recall the warrant issued by the court upon a parolee's arrest utilizing Judicial Council of California Form CR 302 (07/13), Request and Order to Recall Warrant, which is incorporated by reference, **or the unique court form established by a court for this purpose in a particular county,** when appropriate.

(c) Department staff shall utilize the CDCR Form 2274 (04/13), After-Hours Warrant Tracking Form, which is incorporated by reference, to process after hours warrant information received by the Administrative Officer of the Day, and manually enter warrant information into the following systems:

(1) CLETS.
(2) CalParole data system.

(d) Pursuant to PC Section 3000(b)(9)(B), any warrant issued by BPH shall remain in full force and effect until the warrant is served or recalled by BPH. All cases of parolees arrested pursuant to a warrant issued by BPH shall be reviewed by BPH. The parole agent shall submit a discharge review report to BPH for discharge consideration. If BPH decides to take no action, and/or retain the parolee on parole, DAPO shall initiate remedial sanctions, which may include continuing the parolee on parole with no sanctions, or filing a petition for revocation of parole as described in Section 3764.

Note: Authority cited: Sections 1203.2, 3000(b)(9)(B), 3060.7, Penal Code. Reference: Sections, 3000(b)(9)(A), 3052, 5054, 5054.1, 5058, and 5058.3, Penal Code.

Sections 3768 and 3768.1 are unchanged.

3768.2 Exclusions from the Mandatory Use of the Parole Violation Decision-Making Instrument.

Subsection 3768.2(a) is amended to read:

(a) The CDCR Form 1500 (Rev. 05/13), Parole Violation Decision-Making Instrument (PVDMI), which is incorporated by reference, shall be used to assess all known parole violations except in the following circumstances:

Subsections 3768.2(a)(1) through 3768.2(b) are unchanged.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3015, 5054 and 5076.2, Penal Code.

Section 3768.3 Utilization of the Parole Violation Decision-Making Instrument.

Subsection 3768.3(a) is amended to read:

(a) The automated CDCR Form shall be utilized as the reporting mechanism within the Parole Violation Disposition Tracking System (PVDTS) for the following types of alleged parole violations:

Subsections 3768.3(a)(1) through 3768.3(a)(2)(B) are unchanged.

Subsections 3768.3(b) is amended to read:

(b) Prior to the initiation of the CDCR Form 1676 in the PVDTS program, the automated CDCR Form 1500 shall be completed. Upon the completion of the CDCR Form 1676, it shall be forwarded to the court as part of the revocation packet for final adjudication of the parole violation(s) as referenced in Section 3763.

Subsections 3768.3(b)(1) through (b)(3) are deleted:

Subsections 3768.3(b)(1) through 3768.3(g) are unchanged.

Note: Authority cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3015, 5054 and 5076.2, Penal Code.

STATE OF CALIFORNIA

PAROLE VIOLATION HISTORY

CDCR 1244 (REV 04/13)

ATTACHMENT 3

PVDTS #: _____

CDC #	INMATE/PAROLEE NAME	PAROLE UNIT

VIOLATIONS

DATE	OFFENSE	DISPOSITION	ADJUDICATED BY

DISTRIBUTION: COPY TO PAROLE AUTHORITY COPY TO DISTRICT ATTORNEY COPY TO DEFENSE ATTORNEY COPY TO FIELD FILE

State of California
PAROLE VIOLATION DECISION MAKING INSTRUMENT
CDCR 1500 (Rev. 05/13)

Department of Corrections and Rehabilitation
Division of Adult Parole Operations

PVDTS Case: _____ | Subject to 3000.1 ◯ Y ◯ N

A

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Region

Age	DOB	Sex	Race	Height	Weight	Eyes	Hair
		◯ M ◯ F					

Last Known Address	Residential Pattern

Controlling Discharge Date	Code	Discharge Review Date	Date of Discovery	Hold Date	Hold Removed Date

Arrest Date	Booking Number	Booking Location	Court Case Number

Name Booked As	Arresting Agency

Arrest Code

ARREST CODES:
A DAPO Staff Alone
AB DAPO Assisted by Law Enforcement Agency
B Law Enforcement Agency Alone
D Law Enforcement Agency With Information From DAPO

☐ Imminent Discharge

Reason For Retaining Parole Hold: Parolee Danger To:

☐ Abscond ☐ Property-Others ☐ Safety-Others

Parolee/Releasee Copy Provided(Date)	Mailed or Delivered By

Commitment Offense(s):

Offense Code	Offense Description	Controlling Offense

DEC System Checked ◯ Yes ◯ No

Disability/Effective Communication Information:

B

CSRA Risk Level: ◯ Low (1) ◯ Moderate (2) ◯ High - Drug (3) ◯ High - Property (4) ◯ High - Violent (5)

Is the Parolee a Sex Offender (as defined by PC 290)? ◯ Yes ◯ No If yes, indicate STATIC-99 Risk Category: ◯ Low (Score of 3 or less) ◯ High (Score of 4 or more)

Supervised Using GPS ◯ Yes ◯ No | Classification | GPS used to affect arrest ◯ Yes ◯ No | GPS used to investigate violation ◯ Yes ◯ No

C Violation(s):

D Circumstances of Charge(s):

D1 Parolee/Witness Statement

D2 Court Status

Distribution: Original -- Parolee Field File

State of California
PAROLE VIOLATION DECISION MAKING INSTRUMENT
CDCR 1500 (Rev. 05/13)

Department of Corrections and Rehabilitation
Division of Adult Parole Operations

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery

E

Violation Severity Score: 0

F Instrument Recommended Response Level:

◯ Least Intensive ◯ Moderately Intensive ◯ Most Intensive A ◯ Most Intensive A or B ◯ Most Intensive C

G **Recommended Responses:** Check the box in the assigned response level that will most effectively address the violation behavior. Some exceptional circumstances may warrant selection of more than one response. If options within the assigned response level are not appropriate, proceed to the optional "Override" Section I of this form.

Response Level 1: Least Intensive - Select Desired Sanction(s)

- ☐ Verbal Reprimand (1a)
- ☐ Encourage Offender to Obtain and Maintain Full Time Employment; Refer to Employment Agencies/Programs (1b)
- ☐ Increase Reporting Requirements (1c)
- ☐ Written Travel Restriction (1d)
- ☐ Imposition of Curfew (1e)
- ☐ Imposition of any other Condition with a Nexus to the Violation or Offense (1f)
- ☐ Behavioral Contract (1g)
- ☐ Referral to PACT Program (1h)
- ☐ Referral to Parole Agent Sponsored Program (e. g. Life Skills Women's Group) (1i)
- ☐ Referral to Community Based Substance Abuse Treatment Program (1j)
- ☐ Referral to Community Based Support Group AA/NA (1k)
- ☐ Referral to Certified Community Based Outpatient Counseling/Treatment Services (1l)
- ☐ Proposition 36 Program (1m)
- ☐ Imposition of EID (1n)
- ☐ Referral to other Program (Long-Term Use of Remedial Sanctions) (1o)
- ☐ Restart Program (1p)
- ☐ Defer to Local Adjudication (1q)

Response Level 2: Moderately Intensive - Select Desired Sanction(s)

- ☐ Referral to Psychological Assessment/ Evaluation (2a)
- ☐ Community Service Hours (2b)
- ☐ Program Restrictions - Specific Limitations (2c)
- ☐ Geographic Restrictions - Specific Limitations (2d)
- ☐ Increase UA Testing (2e)
- ☐ Daily Reporting with Option of UA Testing (2f)
- ☐ Establish No-Contact Orders (2g)
- ☐ Imposition of Curfew or Increased Curfew Enhancement (2h)
- ☐ Referral to Domestic Violence Program (2i)
- ☐ Referral to Day Reporting Center (DRC) (2j)
- ☐ Referral to Structured Residential or Outpatient Drug Treatment Program (2k)
- ☐ Increase Number of Substance Abuse Support Group Meetings Attendance (2l)
- ☐ Referral to Other Programs (Long-Term Use of Remedial Sanctions) (2m)
- ☐ Mandate Participation and Completion of a Structured Residential or Outpatient Substance Abuse Treatment Program (2n)
- ☐ Referral to Parolee Service Center (PSC) (2o)
- ☐ Referral to Community-Based Coalition (CBC) (2p)
- ☐ Referral to Female Residential Service Center (FRMSC) (2q)
- ☐ Referral to Residential Multi-Service Center (RMSC) (2r)
- ☐ Increase Length of Treatment/Cognitive Program (2s)
- ☐ Increase Supervision Level (2t)
- ☐ Referral to Community-Based In-Custody Drug Treatment Program (ICDTP) (2u)
- ☐ Re-entry Court (2v)

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery

Response Level 3: Most Intensive - *Select Desired Sanction(s)*

Most Intensive - *A*

☐ Placement into Mental Health Services (3a)

☐ Placement into Intensive Licensed/Certified Residential or Outpatient Drug Treatment Program (3b)

Most Intensive - *B*

☐ Recommend for Revocation (3e)

Response Level 4: Most Intensive C

☐ Recommend for Revocation (4a)

Recommended Revocation Days _____

H Agent's Recommended Response Level:

○ Least Intensive ○ Moderately Intensive ○ Most Intensive A ○ Most Intensive B ○ Most Intensive C

Agent's Response (Please be specific when indicating response; e.g. identify the program the offender is required to attend):

Comments:

Badge #		Name		Date	
User ID		Password		Lock	

State of California
PAROLE VIOLATION DECISION MAKING INSTRUMENT
CDCR 1500 (Rev. 05/13)

Department of Corrections and Rehabilitation
Division of Adult Parole Operations

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery

I Unit Supervisor's Determination

Case Conference Date:

Between (Agent) _____ and (Supervisor) _____

Instrument Recommendation: ◯ Least Intensive ◯ Moderately Intensive ◯ Most Intensive A ◯ Most Intensive A or B ◯ Most Intensive C

Parole Agent Recommendation: ◯ Least Intensive ◯ Moderately Intensive ◯ Most Intensive A ◯ Most Intensive B ◯ Most Intensive C

Concur with Agent's Response : ◯ YES ◯ NO Recommended Revocation Days

Unit Supervisor's Response Level: ◯ Least Intensive ◯ Moderately Intensive ◯ Most Intensive A ◯ Most Intensive B ◯ Most Intensive C

Unit Supervisor's Action:	☐ Decision	☐ Review	Release Hold as of Date:
☐ Retain Hold	☐ Cancel Warrants		Discharge Effective Date:
☐ Continue on Parole	☐ Retain on Parole		Reinstate on Parole as of Date:
Time Loss: ◯ Yes ◯ No	☐ Refer for Revocation		Investigate and Submit Appropriate Report by (Date):

Special Conditions of Parole:

☐ Add SCP
☐ Delete SCP

Unit Supervisor's Response (please be specific when indicating response. e.g. identify the of program the offender is required to attend)

PVDTS Case ID: Empty ☐ Refer to Parole Administrator

Badge #	Name	Date

User ID		Password		Lock	

Distribution: Original -- Parolee Field File

State of California
PAROLE VIOLATION DECISION MAKING INSTRUMENT
CDCR 1500 (Rev. 05/13)

Department of Corrections and Rehabilitation
Division of Adult Parole Operations

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery

J Parole Administrator's Determination

◯ Agree ◯ DOP | ◯ Least Intensive ◯ Moderately Intensive ◯ Most Intensive A ◯ Most Intensive B ◯ Most Intensive C

Parole Administrator's Response:

☐ Refer for Revocation | Discharge Effective Date:

Badge #		Name		Date	
User ID		Password		Lock	

Distribution: Original -- Parolee Field File

STATE OF CALIFORNIA

PROBABLE CAUSE DETERMINATION

CDCR 1502-B (REV 04/13)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS

ATTACHMENT 4

PVDTS #: _____

RED TEXT DOES NOT PRINT

CDC NUMBER	PAROLEE NAME (LAST, FIRST, MI)	PAROLE UNIT	REGION	AGENT OF RECORD

AGE	DOB	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
		☐ M ☐ F					

LAST KNOWN ADDRESS	RESIDENTIAL PATTERN	CONTROLLING DISCHARGE DATE	LIFE-TERM PAROLEE
	DROP DOWN LIST - PICK ONE: STABLE / UNSTABLE / TRANSIENT		PC 3000.1 ☐ YES ☐ NO

ARREST DATE	HOLD DATE	HOLD REMOVED DATE	COUNTY IDENTIFIER

ARRESTING AGENCY	NAME BOOKED AS	BOOKING NUMBER	BOOKING LOCATION

DEC SYSTEM CHECKED? ☐ YES (Once yes is selected, this line of text will not show.)

DISABILITY / EFFECTIVE COMMUNICATION (DEC) INFORMATION:

VIOLATION(S): ☐ ADD ☐ DELETE

CIRCUMSTANCES OF CHARGE(S):

COURT STATUS:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PAROLE AGENT NAME	ELECTRONIC SIGNATURE	DATE

UNIT SUPERVISOR'S ACTION:

☐ DECISION ☐ REVIEW ☐ RETAIN HOLD ☐ RELEASE HOLD - (DATE): _____

☐ CONTINUE ON PAROLE

☐ INVESTIGATE - SUBMIT APPROPRIATE REPORT BY (DATE): _____

☐ SPECIAL CONDITIONS: ☐ ADD ☐ DELETE

UNIT SUPERVISOR COMMENTS / RECOMMENDATION:

UNIT SUPERVISOR NAME	ELECTRONIC SIGNATURE	DATE

DISTRIBUTION: COPY TO PAROLE AUTHORITY COPY TO PAROLEE COPY TO DISTRICT ATTORNEY COPY TO DEFENSE ATTORNEY COPY RETAINED IN FIELD FILE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

NOTICE AND CONDITIONS OF PAROLE

CDCR 1515 (Rev. 04/14)

YOU ARE BEING RELEASED TO PAROLE SUPERVISION, EFFECTIVE: _____, 20____, FOR A MAXIMUM PERIOD OF: _____.

YOU ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RELEASE FROM PRISON:

If you violate any of the conditions of your parole or violate any law, you may be subject to arrest and/or incarceration in a county jail or returned to state prison, pursuant to Penal Code (PC) Section 3000.1, or PC Section 3000, subdivision (b), paragraph (4), regardless of whether new charges are filed.

You shall waive extradition to the State of California from any state or territory of the United States, or the District of Columbia. You shall not contest any effort to return you to the State of California.

You, your residence, and any property under your control are subject to search or seizure by a probation officer, an agent or officer of the California Department of Corrections and Rehabilitation, or any other peace officer, at any time of the day or night, with or without a search warrant, with or without cause.

If another jurisdiction has lodged a detainer against you, you may be released to the custody of that jurisdiction. Should you be released from their custody prior to the expiration of your California parole, or should the detainer not be exercised, you are to immediately contact the nearest office of the Department of Corrections and Rehabilitation, Division of Adult Parole Operations, for instructions on reporting to a parole agent.

The procedure for obtaining a Certificate of Rehabilitation is documented in PC Sections 4852.01–4852.21.

CONDITIONS OF PAROLE

1. **SPECIAL CONDITIONS:** Special conditions of parole may be mandated by law or may be imposed at the discretion of your agent. Special conditions of parole that forbid conduct which is not itself criminal, must reasonably relate to a crime for which you were convicted, or must be reasonably related to deterring future criminality. **You are subject to the following special conditions of parole:**

Reasons for the imposition of special conditions of parole:

I ACKNOWLEDGE MY SPECIAL CONDITIONS OF PAROLE Inmate / Parolee Initials: _____	SIGNATURE OF UNIT SUPERVISOR	DATE SIGNED

2. **RELEASE, REPORTING, RESIDENCE AND TRAVEL:** Unless other arrangements are approved in writing, you shall report to your parole agent on the first working day following your release. The name, address, and telephone number of the parole agent responsible for your parole supervision shall be documented on the CDCR Form 611 (Rev. 08/12), Release Program Study, which is incorporated by reference as part of this Notice. You shall inform your supervising parole agent of your residence, employment, education, and/or training. Any change or anticipated change to your residence shall be reported to your parole agent in advance. You shall inform your parole agent within 72 hours of any change to your employment location, employer, or termination of employment.

3. **PAROLE AGENT INSTRUCTIONS AND TRAVEL:** You shall comply with all of the instructions from your parole agent. You shall not travel more than 50 miles from your residence without the prior approval of your parole agent. You shall not be absent from your county of residence for a period of more than 48 hours. You shall not leave the State of California without prior written approval of your parole agent.

4. **CRIMINAL CONDUCT:** You shall not engage in conduct prohibited by law (state, federal, county, or municipal). You shall immediately inform your parole agent if you are arrested for any felony or misdemeanor crime. Be advised, your conduct, if prohibited by law, may result in parole revocation with or without a criminal conviction.

5. **WEAPONS:** You shall not own, use, have access to, or have under your control: (a) any type of firearm, instrument, or device which a reasonable person would believe to be capable of being used as a firearm, or any ammunition which could be used in a firearm; (b) any weapon as defined in state or federal statutes, or any instrument or device which a reasonable person would believe to be capable of being used as a weapon; (c) any knife with a blade longer than two inches, except kitchen knives which must be kept only in the kitchen of your residence, and knives related to your employment, which may be used and carried only in connection with your employment; or (d) a crossbow of any kind.

6. **THIS DOCUMENT SERVES AS YOUR NOTICE AND CONDITIONS OF PAROLE.** You have the right to appeal the special conditions of your parole. Special conditions imposed by the Division of Adult Parole Operations may be appealed pursuant to California Code of Regulations (CCR), Title 15, Sections 3084 - 3085.

I have read, or have had read to me, and I understand the conditions of parole as they apply to me.

CDC NUMBER	INMATE/PAROLEE NAME (PRINT OR TYPE)	INMATE/PAROLEE SIGNATURE X	DATE SIGNED

THIS SECTION TO BE COMPLETED BY CDCR STAFF ONLY

Does the inmate/parolee have a qualifying disability requiring effective communication? ☐YES ☐NO If yes, cite the source document and/or observations:

What type of accommodation or assistance was provided to achieve effective communication to the best of the inmate's/parolee's ability?

STAFF NAME (PRINT OR TYPE)	STAFF SIGNATURE	DATE SIGNED

DISTRIBUTION: COPY TO CENTRAL FILE; COPY TO INMATE/PAROLEE COPY TO PAROLE AGENT OF RECORD COPY TO PAROLE UNIT FIELD FILE

deleted

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

NOTICE AND CONDITIONS OF PAROLE

CDCR 1515 (Rev. 04/13)

YOU ARE BEING RELEASED TO PAROLE SUPERVISION, EFFECTIVE: _____, 20____, FOR A MAXIMUM PERIOD OF: _____.

YOU ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RELEASE FROM PRISON:

If you violate any of the conditions of your parole or violate any law, you may be subject to arrest and/or incarceration in a county jail or returned to state prison, pursuant to Penal Code (PC) Section 3000.1, or PC Section 3000, subdivision (b), paragraph (4), regardless of whether new charges are filed.

You shall waive extradition to the State of California from any state or territory of the United States, or the District of Columbia. You shall not contest any effort to return you to the State of California.

You, your residence, and any property under your control are subject to search or seizure by a probation officer, an agent or officer of the California Department of Corrections and Rehabilitation, or any other peace officer, at any time of the day or night, with or without a search warrant, with or without cause.

If another jurisdiction has lodged a detainer against you, you may be released to the custody of that jurisdiction. Should you be released from their custody prior to the expiration of your California parole, or should the detainer not be exercised, you are to immediately contact the nearest office of the Department of Corrections and Rehabilitation, Division of Adult Parole Operations, for instructions on reporting to a parole agent.

The procedure for obtaining a Certificate of Rehabilitation is documented in PC Sections 4852.01–4852.21.

CONDITIONS OF PAROLE

1. **SPECIAL CONDITIONS:** Special conditions of parole may be mandated by law or may be imposed at the discretion of your agent. Special conditions of parole that forbid conduct which is not itself criminal, must reasonably relate to a crime for which you were convicted, or must be reasonably related to deterring future criminality. **You are subject to the following special conditions of parole:** _____

_____

_____

Reasons for the imposition of special conditions of parole: _____

I ACKNOWLEDGE MY SPECIAL CONDITIONS OF PAROLE: Inmate / Parolee Initials: _____	SIGNATURE OF UNIT SUPERVISOR	DATE SIGNED

2. **RELEASE, REPORTING, RESIDENCE AND TRAVEL:** Unless other arrangements are approved in writing, you shall report to your parole agent on the first working day following your release. The name, address, and telephone number of the parole agent responsible for your parole supervision shall be documented on the CDCR Form 611 (Rev. 08/12), Release Program Study, which is incorporated by reference as part of this Notice. You shall inform your supervising parole agent of your residence, employment, education, and/or training. Any change or anticipated change to your residence shall be reported to your parole agent in advance. You shall inform your parole agent within 72 hours of any change to your employment location, employer, or termination of employment.
3. **PAROLE AGENT INSTRUCTIONS AND TRAVEL:** You shall comply with all of the instructions from your parole agent. You shall not travel more than 50 miles from your residence without the prior approval of your parole agent. You shall not be absent from your county of residence for a period of more than 48 hours. You shall not leave the State of California without prior written approval of your parole agent.
4. **CRIMINAL CONDUCT:** You shall not engage in conduct prohibited by law (state, federal, county, or municipal). You shall immediately inform your parole agent if you are arrested for any felony or misdemeanor crime. Be advised, your conduct, if prohibited by law, may result in parole revocation with or without a criminal conviction.
5. **WEAPONS:** You shall not own, use, have access to, or have under your control: (a) any type of firearm, instrument, or device which a reasonable person would believe to be capable of being used as a firearm, or any ammunition which could be used in a firearm; (b) any weapon as defined in state or federal statutes, or any instrument or device which a reasonable person would believe to be capable of being used as a weapon; (c) any knife with a blade longer than two inches, except kitchen knives which must be kept only in the kitchen of your residence, and knives related to your employment, which may be used and carried only in connection with your employment; or (d) a crossbow of any kind.
6. **THIS DOCUMENT SERVES AS YOUR NOTICE AND CONDITIONS OF PAROLE.** You have the right to appeal the special conditions of your parole. Special conditions imposed by the Division of Adult Parole Operations may be appealed pursuant to California Code of Regulations (CCR), Title 15, Section 3084 - 3085.

I have read, or have had read to me, and I understand the conditions of parole as they apply to me.

CDC NUMBER	INMATE/PAROLEE NAME (PRINT OR TYPE)	INMATE/PAROLEE SIGNATURE	DATE SIGNED
		X	

THIS SECTION TO BE COMPLETED BY CDCR STAFF ONLY

Does the inmate/parolee have a qualifying disability requiring effective communication? ☐YES ☐NO If yes, cite the source document and/or observations:

What type of accommodation or assistance was provided to achieve effective communication to the best of the inmate's/parolee's ability?

STAFF NAME (PRINT OR TYPE)	STAFF SIGNATURE	DATE SIGNED

DISTRIBUTION: COPY TO CENTRAL FILE; COPY TO INMATE/PAROLEE COPY TO PAROLE AGENT OF RECORD COPY TO PAROLE UNIT FIELD FILE

STATE OF CALIFORNIA

SPECIAL CONDITIONS OF PAROLE

CDCR 1515-ADDENDUM (Rev. 04/13)

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

You shall comply with all of the following Special Conditions while you are on parole. Any exceptions must be approved in writing by the Unit Supervisor.

COURT IMPOSED

	REASON	INITIAL
1. You shall abide by any court imposed Special Conditions of Parole.		

SUBSTANCE ABUSE

	REASON	INITIAL
2. You shall provide an anti-narcotic test when instructed to do so by a parole agent.		
3. You shall not consume, possess, or have access to any alcoholic beverages, liquors, or over-the-counter medication that contains alcohol; (e.g., Nyquil). You shall provide a urine or breath sample for the purpose of detecting the presence of alcohol.		
4. You shall not enter a business whose primary purpose is to sell or serve alcoholic beverages.		
5. You shall not use, possess, or distribute any narcotic or other controlled substance as defined by law or any paraphernalia related to such substances, without a valid prescription.		
6. You shall enroll in and successfully complete a substance abuse treatment program as directed by your parole agent or appropriate parole authority.		

TREATMENT

	REASON	INITIAL
7. You shall attend Parole Outpatient Clinic (POC) for an initial evaluation and remain in the mental health treatment program as deemed necessary by a POC clinician.		
8. You shall participate in a mental health treatment program as directed by your parole agent.		
9. You shall submit to psychological or physiological assessments to assist in treatment planning and/or parole supervision.		
10. You shall actively participate in a DAPO-approved treatment program specific to Sex Offenders.		
11. You shall report to, enroll in, and actively participate in outpatient sex offender treatment.		
12. You hereby agree to waive psychotherapist-patient privilege, and agree to polygraph examinations while in treatment during parole.		
13. Upon reporting to outpatient sex offender treatment, you shall sign forms presented by the treatment providers, including an information release form and a "Consent to Polygraph" form.		

CONTACT WITH MINORS

	REASON	INITIAL
14. You shall not have contact with any minor male/female you know or reasonably should know is under the age of 18. "No contact" means no contact in any form, whether direct or indirect, personally, by telephone, by writing, electronic media, computer, or through another person, etc., excluding biological children.		
15. You shall not have any contact with any minor male/female you know or reasonably should know is between the ages of 13 and 18. "No contact" means no contact in any form, whether direct or indirect, personally, by telephone, by writing, electronic media, computer, or through another person, etc., excluding biological children.		
16. You shall not have contact with your biological or adopted children. "No contact" means no contact in any form, whether direct or indirect, personally, by telephone, in writing, through electronic media, e-mail, computer, or through another person, etc.		
17. You shall immediately inform your parole agent regarding any contact with a minor. This includes "accidental" or "incidental" contact.		
18. You shall not enter or loiter within 250 Feet of the perimeter of places where children congregate; e.g., day care centers, schools, parks, playgrounds, video arcades, swimming pools, state fairgrounds, county fairgrounds, etc.		

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

	REASON	INITIAL
19. You shall not enter any park where children regularly gather without prior written approval from your parole agent. The written approval must be kept with you while you are in the park.		

RELATIONSHIPS

	REASON	INITIAL
20. You shall not date, socialize or form a romantic interest or sexual relationship with any person who has physical custody of a minor.		
21. You shall inform all persons with whom you have a significant relationship (e.g., employer, dating, roommate) about your criminal history, and you will inform your parole agent about the relationship.		
22. You shall inform all persons with whom you have a sexual or romantic relationship, that you have been diagnosed as having a communicable disease.		

VICTIM(S) - [Provide victim's full name; if unable to produce victim's name, supply law enforcement agency number or DA case number and conviction date(s).]

	REASON	INITIAL
23. You shall not enter the premises, unnecessarily travel past, or loiter near where your victim frequents, resides, is employed, or attends classes.		
24. You shall not contact or attempt to contact your crime victim(s) or their immediate families. "No contact" means no contact in any form, whether direct or indirect, personally, by telephone, by writing, electronic media, computer, or through another person, etc		
25. You shall not threaten, stalk, abuse, harass, or commit further violent acts against the victim(s).		
26. You shall not have in your possession any of your victim's personal effects; e.g., pictures, letters, etc.		

ASSOCIATION

	REASON	INITIAL
27. You shall not associate with any sex offenders except when approved in writing by your parole agent.		
28. You shall not have contact with co-defendants or other arrestees of your offenses. "No contact" means no contact in any form, whether direct or indirect, personally, by telephone, by writing, electronic media, computer, or through another person, etc.		

TRAVEL

	REASON	INITIAL
29. You shall not travel more than _____ miles from your residence of record.		
30. You shall maintain and have in your possession a travel log which shall include *(circle all that apply)*: date and time of departure, destination, time of arrival, mileage, route taken, with whom, and include daily starting and ending mileage.		
31. You shall not hitchhike or pick up hitchhikers.		
32. You shall not enter or loiter within 100 yards of areas of sexual or pornographic activity, (e.g., adult bookstores, massage parlors, nude or topless bars, sex shops, etc.)		
33. You shall notify your parole agent in advance of operating any motor vehicle, providing the make, model, year, color, and license number.		

EMPLOYMENT

	REASON	INITIAL
34. Employment shall be pre-approved by your parole agent.		
35. You shall not obtain employment that allows you to enter a residence where a stranger resides.		
36. Volunteer work shall be preapproved by your parole agent.		

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

RESIDENCE

	REASON	INITIAL
37. You shall not reside in a residence with any person also required to register pursuant to PC Section 290, unless he or she is legally related to you by blood, marriage, or adoption. This does not include treatment programs and/or board and care facilities with the appropriate use permit.		
38. You shall not reside within one-half mile of any public or private school (kindergarten and grades 1 to 12, inclusive) specific to PC 288 or 288.5.		
39. You shall not reside within 2,000 feet of any public or private school (kindergarten and grades 1 to 12, inclusive), or parks where children regularly congregate per PC Section 3003.5(b).		
40. You shall not reside in the county of _____.		
41. You shall be in your approved residence from _____ p.m. to _____ a.m.		
42. You shall not establish a residence that has not been preapproved by your parole agent.		
43. You shall not reside within 35 miles of your victim.		

POSSESSIONS

	REASON	INITIAL
44. You shall not possess, or have access to any sexually oriented or sexually stimulating objects and/or devices.		
45. You shall not view, possess, or have access to any pornographic material; e.g., movies, photographs, drawings, literature, etc.		
46. You shall not view, possess, or have access to any material; e.g., periodicals, newspapers, magazines, catalogs depicting adults or children in undergarments, nude, partially nude, etc.		
47. You shall not possess or have access to sexually oriented devices, handcuffs, handcuff keys, restraint equipment, or any other items that could be used for bondage, restraint, control, or confinement.		
48. You shall not possess or have access to children's clothing, toys, games, or other similar material related to children's interests.		
49. You shall not possess any household pets or animals including animals not traditionally considered household pets; e.g., snakes, lizards, gerbils, farm animals, etc.		
50. You shall not use or possess law enforcement identification, insignia, badges, uniforms, or other items identified with law enforcement.		
51. You shall not use, possess, or have access to surveillance equipment.		
52. You shall not use, possess, or have access to police radio scanners, or other telecommunications device(s) which monitor police radio transmission.		
53. You shall not wear, possess, purchase, or have access to costumes, masks, or other identity-concealing items.		
54. You shall not use or have access to a post office box, safe deposit box, storage facility, or locker.		
55. You shall not possess or have access to checks, money orders, or credit cards.		
56. You shall not possess or have access to latex, surgical, or any other type of gloves.		

GANG:

	REASON	INITIAL
57. You shall not contact or associate with any person you know or reasonably should know to be a member or associate of a prison gang, disruptive group, or street gang.		
58. You shall not violate any gang abatement injunction, ordinance, or court order.		
59. You shall not wear or carry on your person any clothing or apparel with gang colors, signs, symbols, or paraphernalia you know or reasonably should know to be associated with gang affiliation and/or activity.		
60. You shall not possess items such as photographs, written material, publications, jewelry, or any		

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

	REASON	INITIAL
other items depicting or describing activity you know or reasonably should know are associated with gang activity.		
61. You shall not be within 100 yards of _____, a known place of gang activity, loitering (delaying, lingering, or idling about), or congregating.		

FAMILY VIOLENCE:

	REASON	INITIAL
62. You shall enroll in and successfully complete a certified Batterer's Program. Enrollment shall occur within 30 days from the date of release.		
63. You shall enroll in and successfully complete a certified Parenting Program. Enrollment shall occur within 30 days from the date of release.		
64. You shall enroll in and successfully complete an Anger Management Program. Enrollment shall occur within 30 days from the date of release or 30 days from the signature of these conditions, whichever occurs last.		
65. You shall not come within 100 yards of the victim, the victim's residence, or the victim's workplace.		

GLOBAL POSITIONING SYSTEM (GPS)

	REASON	INITIAL
66. You shall participate in continuous electronic monitoring, e.g., Global Positioning System (GPS) technology.		
67. You may be charged criminally with grand theft, petty theft, or vandalism and be fined for the cost of the equipment's replacement in the event it is not returned, is purposely discarded, stolen, and/or damaged.		
68. You are approved for a GPS modification: You shall maintain the GPS device on your person or ambulatory device 24 hours a day, 7 days a week, except when showering or sleeping. When showering or sleeping, you must keep the device within reach of your person.		
69. You shall observe a _____ a.m. / p.m. to _____ a.m. / p.m. curfew and remain within your approved residence.		
70. You shall charge the GPS device at least two times per day (every 12 hours). Charge the device at _____ a.m. for at least 1 full hour. Charge the device at _____ p.m. for at least 1 full hour.		
71. You shall charge the GPS device for 1 hour within 10 minutes of receiving a low battery alert.		
72. You shall charge the GPS device at least two times per day (every 12 hours) for at least 1 full hour for each charging time.		
73. You shall not tamper with the device or cover the device with any material that you know or reasonably should know will interfere with the GPS signal.		
74. You shall contact your parole agent immediately if and when the device vibrates and/or makes an audible tone (beep).		
75. You shall not expose the device to extreme temperatures or place it under water; e.g., pool, hot tub, bath, etc.		

PC SECTION 290 TRANSIENT:

	REASON	INITIAL
76. If you are transient, you shall register as a transient and comply with all transient registration requirements pursuant to PC Section 290.011.		
77. If you are transient, you shall report to the parole office once a week on (*circle all that apply*): M / T / W / TH / F / S / SU.		
78. If you are transient, you shall contact your parole agent and provide him or her with the exact location that you spent the previous night and where you plan on spending the next night.		

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

	REASON	INITIAL
79. If you are transient, you shall complete a monthly report form each week and give it directly to your parole agent or to the Officer of the Day (if your agent is not in the office).		
80. If you are transient, you shall contact your parole agent by telephone between the hours of _____ a.m. and _____ p.m., on (*circle all that apply*): M / T / W / TH / F / S / SU.		
81. If you are transient, you shall report to the following destination _____ on (*circle all that apply*): M / T / W / TH / F / S / SU.		

COMPUTER USE AND ELECTRONIC MEDIA

	REASON	INITIAL
82. You shall not have access to or use a personal computer and peripheral devices.		
83. You shall not use or possess cameras, cell phones that include a camera, video cameras, or photography equipment of any kind.		
84. You shall not use or possess a cell phone of any kind.		
85. You shall agree to install, or allow to be installed at your own expense, equipment and/or software to monitor or limit computer use.		
86. You shall not use an electronic bulletin board system, internet relay chat channel, instant messaging, newsgroup, user group, peer to peer; e.g., Napster, Gnutella Freenet, etc. This would include any site-base; e.g., Hotmail, Gmail, or Yahoo e-mail, etc., which allows the user to have the ability to surf the internet undetected.		
87. You shall not use the computer for any purpose which might further sexual activity; e.g., possession of sexually explicit material in any form; sexually related "chat" or e-mail exchange; visiting or joining "chat rooms" which contain sexually explicit conversations; visiting/viewing sexually explicit material on web sites; downloading text or video files, digital images in any format, text files or multi-media material that is sexual in nature; or visiting and/or subscribing to user groups, newsgroups, or list servers which contain sexual content.		
88. You shall not use the computer for any purpose which might further sexual activity involving minor children; e.g., possession of sexually explicit material in any form; sexually related "chat" or e-mail exchange; visiting or joining "chat rooms" which contain sexually explicit conversations; visiting/viewing sexually explicit material on web sites; downloading text or video files, digital images in any format, text files or multi-media material that is sexual in nature; or visiting and/or subscribing to user groups, newsgroups, or list servers which contain sexual content.		
89. You shall not possess or view certain materials related to, or part of, the grooming cycle for your crime; e.g., images of your victim, stories or images related to your crime or similar crimes, images which depict individuals similar to your victims; e.g., children, stories written about or for individuals similar to your victim, materials focused on the culture of your victim; e.g., children's shows or web sites.		
90. You shall not use any method to hide or prevent unauthorized users from viewing specific data or files; e.g., encryption, cryptography, steganography, compression, password protected files. Log in and password information shall be provided to your parole agent upon request.		
91. You shall not alter or destroy records of computer use; e.g., delete or remove browser history data, possess software or items designed to boot into the memory in the computer, alter or "wipe" computer media, defeat forensic software, block monitoring software, restore a computer to a previous state, or reinstall operating systems, etc.		
92. You shall consent to announced or unannounced examination and/or search of electronic devices to which you have access for the limited purpose of detecting content prohibited by your conditions of parole or court order; e.g., hard disks, zip disks, floppy diskettes, CD ROMs, optical disks, thumb drives, magnetic tape, and/or any other storage media whether installed within a device or removable and separate from the actual computer device.		
93. You shall not view, possess, or have access to television sets or monitors for the purpose of viewing sexually explicit programming.		
94. You shall not view, possess, or have access to electronic media that depicts sexually explicit content.		

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

OTHER

	REASON	INITIAL
95. You shall not place or answer any type of classified personal advertisement seeking or soliciting a relationship with a stranger.		
96. You shall not use or access any telephone numbers designed for sexual arousal or stimulation.		
97. You shall not use any fictitious names or change your name in an attempt to conceal your registered name, conceal your true identity, or establish another identity.		
98. If you spend the night away from your residence of record, you shall notify your parole agent in advance. You shall provide all contact information, including the address and the telephone number.		
99. You shall not loiter (to delay, to linger, or to idle about) or be in the vicinity of:		
100. Unless you are a resident, you shall not enter or remain on the grounds of a day care or residential facility where elders or dependent adults are regularly present or living (PC 653c).		
101. You shall not use any public shower facility; join any health club, physical fitness training facility, or sports club.		
102. You shall wear clothing so as not to expose your genitals, breasts, or buttocks.		
103. You shall contact your parole agent within 24 hours of any type of law enforcement contact; e.g., traffic stop, identification check, suspect, witness, etc.		
104. You shall have your updated Penal Code 290 registration verification with you at all times. You must present it during any contact or interaction with any law enforcement officer.		
105. You shall observe a _____a.m./p.m. to _____ a.m./p.m. curfew on Halloween and remain within your approved residence.		
106. You shall/shall not:		
107. You shall/shall not:		
108. Other information:		
109. Other information:		

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

REASONS FOR SPECIAL CONDITIONS OF PAROLE

Special conditions of parole can be imposed if there is a nexus or are reasonably related to the Subject's commitment offense, criminal conduct, and/or future criminality. A special condition of parole that bars lawful activity is valid only if the prohibited conduct either:

1. Has a relationship to the crime of which the offender was convicted.
2. Is reasonably related to deter future criminality.

Conditions may regulate conduct that is not in itself criminal, but rather reasonably related to future criminality by regulating or prohibiting non-criminal conduct.

REASON CODES	DESCRIPTION
1.	Subject has a history, supported by an arrest, conviction, or documented admission or pattern of illegal or illicit drug use.
2.	Subject has a history, supported by an arrest, conviction, or documented admission or pattern of alcohol use and/or abuse, where continued use could result in criminal or harmful activity.
3.	Based on factors and circumstances directly related to the Subject's commitment offense(s), the imposition of this condition will assist in the goal of preventing the Subject from committing subsequent criminal offenses under Federal, State, or local law. These factors include:
4.	Based on the nature of the commitment offense(s), a nexus exists between the behavior displayed during the course of committing his or her prior crime(s), and the behavior that is being restricted by imposing this condition. The nature of the commitment offense is described as:
5.	Based on previous offense(s) as noted in the Subject's criminal history, the restrictions imposed by this condition will assist in the goal of preventing the Subject from committing subsequent criminal offenses under Federal, State, or local law. Previous offenses include:
6.	Based on previous offense(s) as noted in the Subject's probation or parole violation history, the restrictions imposed will assist in the goal of preventing the Subject from committing subsequent criminal offenses under Federal, State, or local law, or additional violation of his or her conditional release. Previous violations include:
7.	Subject has a documented history of psychiatric/psychological illness and/or related symptoms.
8.	Parole Outpatient Clinic referral as required per PC 3002 and/or DAPO Parole Agent policy.

PAROLEE NAME: _____ CDC NUMBER: _____ DATE: _____

9.	Based on behavior displayed by offenders convicted of similar crimes, or displaying similar criminal behavior, imposition of this condition may regulate conduct that is not in itself criminal, but rather reasonably related to future criminality.
10.	Based on current federal, State, or local laws, or Regulations cited in the California Code of Regulations, Title 15, as described below, this condition is imposed to ensure compliance with the following laws or regulations:
11.	Based on your lawful requirement to register as a sex offender pursuant to PC 290, you are subject to sex offender treatment programs pursuant to PC 3008(b).
12.	Subject has a current and/or prior sex offender conviction; therefore, residence is restricted per PC 3003.5(b), current and/or prior offense(s), arrests and/or behavior as noted in the parolee's criminal history.
13.	GPS/electronic monitor use is authorized for use on Subject by PC 3010, 3010.1, 3010.5, 3010.7.
14.	Other good cause determined by parole agent as the specific condition controls those behaviors associated with subject's sexual deviancy and sex offender profile behavioral characteristics.
15.	Subject is a validated gang member.
16.	Subject has a documented history of gang involvement/activity/association.
17.	Subject has a current or prior conviction of PC 182.5 and PC 186.22.
18.	Parole Authority imposed Special Conditions of Parole:
19.	Parolee volunteered to participate in the 150-day aftercare program. This special condition is to be placed on all Treatment Incentive Program participants.
20.	Based on prior history of victimizing biological or adopted children and/or evidence of risk to family members.

PAROLEE NAME (TYPE- LAST, FIRST, MI)	PAROLEE'S SIGNATURE	CDC NUMBER	DATE SIGNED

PAROLE AGENT NAME	SIGNATURE	BADGE NO.	DATE

UNIT SUPERVISOR NAME	SIGNATURE	BADGE NO.	DATE

STATE OF CALIFORNIA

CRIMINAL HISTORY

CDCR 1521-B (REV 04/13)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS

ATTACHMENT 2

PVDTS #: _____

CDC #	INMATE/PAROLEE NAME	PAROLE UNIT

FELONY CONVICTIONS

DATE	OFFENSE	DISPOSITION

MISDEMEANOR CONVICTIONS

DATE	OFFENSE	DISPOSITION

DISTRIBUTION: COPY TO PAROLE AUTHORITY COPY TO DISTRICT ATTORNEY COPY TO DEFENSE ATTORNEY COPY TO FIELD FILE

STATE OF CALIFORNIA
PAROLE VIOLATION REPORT
CDCR 1676 (REV. 04/13)
ATTACHMENT 1
PVDTS#: _____

CDC #	PAROLEE NAME (LAST, FIRST, MI)	PAROLE UNIT	REGION	AGENT OF RECORD

AGE	DOB	SEX ☐ M ☐ F	RACE	HEIGHT	WEIGHT	EYES	HAIR

LAST KNOWN ADDRESS

RESIDENTIAL PATTERN
FROM DROP DOWN TAB, CHOOSE ONE:
STABLE / UNSTABLE / TRANSIENT

LIFE TERM PAROLEE
PC 3000.1 ☐YES ☐NO

ARREST DATE	HOLD DATE	HOLD REMOVED DATE	COUNTY IDENTIFIER

ARRESTING AGENCY	NAME BOOKED AS	BOOKING NUMBER	BOOKING LOCATION

CALIFORNIA STATIC RISK ASSESSMENT LEVEL: ☐LOW [1] ☐MODERATE [2] ☐HIGH-DRUG [3] ☐HIGH-PROPERTY [4] ☐HIGH-VIOLENT [5]

NOTE: *IF THIS PAROLEE IS NOT A SEX OFFENDER, THIS ENTIRE SECTION GOES AWAY*

IS THIS PAROLEE A SEX OFFENDER [AS DEFINED BY PC 290]: ☐YES ☐NO IF YES, INDICATE STATIC-99R RISK CATEGORY: ☐LOW -- ☐ HIGH

GLOBAL POSITIONING SYSTEM MONITORING WAS PAROLEE SUPERVISED USING GPS: ☐YES ☐NO CLASSIFICATION:

WAS GPS USED TO AFFECT ARREST: ☐YES ☐NO WAS GPS USED TO INVESTIGATE VIOLATION: ☐YES ☐NO

VIOLATION(S):

(Red text hidden when printed)
☐ADD NEW VIOLATION
☐REMOVE THIS VIOLATION

CIRCUMSTANCES OF CHARGE(S):

PAROLEE STATEMENT:

#1 ☐WITNESS ☐ VICTIM ☐ADD ☐REMOVE (PVDTS AUTOMATICALLY NUMBERS WITNESSES WHEN ADD OR REMOVE IS CHECKED)

NAME	ADDRESS	TELEPHONE	BADGE ☐N/A	SENSITIVE WITNESS
				☐CONFIDENTIAL ☐FEARFUL ☐MINOR/JUVENILE

WITNESS/VICTIM STATEMENT:

COURT STATUS:

EVALUATION:

DISTRIBUTION: COPY TO PAROLE AUTHORITY COPY TO DISTRICT ATTORNEY COPY TO DEFENSE ATTORNEY COPY RETAINED IN FIELD FILE

CDC #	PAROLEE NAME (LAST, FIRST, MI)	PAROLE UNIT	REGION	AGENT OF RECORD

RECOMMENDATION FROM SUPERVISING AGENCY

EVIDENCE BASED TOOL USED FOR RECOMMENDATION: PAROLE VIOLATION DECISION MAKING INSTRUMENT [PVDMI]

INSTRUMENT RECOMMENDED RESPONSE LEVEL:

☐ LEAST TO MOST INTENSIVE: CONTINUE ON PAROLE WITH REMEDIAL SANCTIONS

☐ MOST INTENSIVE: REFER FOR REVOCATION

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION RECOMMENDED RESPONSE LEVEL:

PETITION FOR REVOCATION DUE TO PAROLEE'S FAILURE TO COMPLY WITH HIS OR HER CONDITIONS OF PAROLE OR INVOLVEMENT IN CRIMINAL BEHAVIOR.

RECOMMENDATION: RETURN TO CUSTODY FOR _____ DAYS

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PAROLE AGENT NAME	ELECTRONIC SIGNATURE	DATE

SUPERVISOR NAME	ELECTRONIC SIGNATURE	DATE

STATE OF CALIFORNIA

NOTICE AND REQUEST FOR ASSISTANCE DURING PAROLE PROCEEDING

CDCR 2271 (Rev. 04/14)

I. PRE-INTERVIEW FILE/DECS REVIEW *(Staff Only)*

I acknowledge that I have reviewed all relevant and reasonably available central file and/or field file information (at minimum, the CDCR Form 611 (Rev. 08/12), *Release Program Study* and attachments) and the Disability and Effective Communication System (DECS) prior to the first contact with the inmate/parolee involved in this parole proceeding.

Staff Printed Name:_____ Signature:_____ Date:_____

IDENTIFIED DISABILITIES (Information obtained from DECS only, unless a date is next to the listed source document):

- ☐ Mental Health Concerns - *Circle one*: CCCMS EOP — verified on CDC 128C dated:_____
- ☐ Developmental Disability - *Circle one*: DD1 DD2 DD3 — verified on CDC 128C-2 dated:_____
- ☐ Physical Disability - *Circle all that apply*: — verified on CDC 1845 dated:_____
  MOBILITY: *DPW / DPO / DPM / DLT / DNM* VISION: *DPV* HEARING: *DPH / DNH* SPEECH: *DPS*
- ☐ Learning Disability, documented on:_____ Dated:_____
- ☐ No Disabilities Identified (from review of the field file and DECS.)

OTHER POTENTIAL ASSISTANCE NEEDS:

- ☐ Reading level: _____ Total Grade Point Level: _____ *(If not available, write "N/A")*
- ☐ Non-English Speaking list language(s) the Inmate/Parolee speaks and understands:_____

II. INMATE/PAROLEE SELF-IDENTIFICATION

If you are currently being given your Notice of Charges and you need help reading, hearing, or seeing, CDCR must provide you with help to read documents related to your parole proceeding. If you do not speak English, you have the right to an interpreter. If you are deaf and use sign language, you have a right to a sign language interpreter. If you need assistance with housing, healthcare, or with getting around, you may ask a deputy at the jail for help. If you need further assistance, you may file a grievance with the county jail or you may notify the Parole Agent that gives you your Notice of Charges.

CHECK ALL THAT APPLY:

- ☐ I need help reading my documents
- ☐ I need help understanding the procedures and forms.
- ☐ I need a sign language interpreter.
- ☐ I need the following help to hear:_____
- ☐ I need the following help to see:_____
- ☐ I need to communicate in writing.
- ☐ I need a wheelchair, and ☐ I do have one / ☐ I do not have one.
- ☐ I need a _____ (appliance/equipment) to get around, and ☐ I do have it ☐ I do not have it.
- ☐ I do not speak English and need an interpreter in _____ (language).
- ☐ I need a housing accommodation:_____
- ☐ I have a health problem and I need a ☐ Medical Evaluation ☐ Mental Health Evaluation ☐ Medication
- ☐ I do not need an accommodation or assistance at this time.

INMATE/PAROLEE SIGNATURE	CDC NUMBER	DATE SIGNED
X		

III. INITIAL SERVICE *(Staff Only)*

- ☐ No Accommodation Requested.
- ☐ I have provided a CDCR 2275-CJ (04/14), *Request for Reasonable Modification or Accommodation for Access to Housing and/or Program(s) in a County Jail* and a postage pre-paid, pre-addressed envelope to the parolee.
- ☐ I have requested an accommodation from the County Jail staff on behalf of the parolee:

Type: ☐Mobility ☐Vision ☐Communication ☐Housing ☐Medical / Mental Health ☐Other:_____

County Jail Facility Name:_____ Date Jail Staff Notified:_____

I have informed the inmate/parolee of his/her charges, if any, and have determined that he or she:

☐ Appears to understand ☐ Appears to have difficulty understanding

Effective Communication Method Used:

- ☐ Foreign Language Interpreter - Telephonic
- ☐ Foreign Language Interpreter/Certified DAPO Staff
- ☐ Read / Spoke Slowly
- ☐ Assistive Visual Device
- ☐ Foreign Language Interpreter/Contractor (In-Person)
- ☐ Sign Language Interpreter
- ☐ Assistive Hearing Device

ADDITIONAL COMMENTS:

STAFF NAME AND TITLE	SIGNATURE	DATE

CDC#:	INMATE/PAROLEE NAME:	COUNTY JAIL/LOCATION:

DISTRIBUTION: Copy to Inmate/Parolee; Copy to ADA Coordinator; Copy to Field File

STATE OF CALIFORNIA

NOTICE AND REQUEST FOR ASSISTANCE DURING PAROLE PROCEEDING

CDCR 2271 (04/13)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS

I. PRE-INTERVIEW FILE/DECS REVIEW (STAFF ONLY)

I acknowledge that I have reviewed all relevant and reasonably available central file and/or field file information (at minimum, the CDCR 611 and attachments) and the Disability and Effective Communication System (DECS) prior to first contact with the inmate/parolee involved in this parole proceeding.

Name (staff):_____ Signature:_____ Date:_____

IDENTIFIED DISABILITIES (Information obtained from DECS only, unless a date is next to the listed source document)

- ☐ Mental Health Concerns - *circle one:* CCCMS EOP verified on CDCR 128C dated:_____
- ☐ Developmental Disability - *circle one:* DD1 DD2 DD3 verified on CDCR 128C-2 dated:_____
- ☐ Physical Disability - *circle all that apply:* verified on CDCR 2275 dated:_____
  MOBILITY: DPW / DPO / DPM / DLT / DNM VISION: DPV HEARING: DPH / DNH SPEECH: DPS
- ☐ Learning Disability, documented on:_____ dated:_____
- ☐ NO DISABILITIES IDENTIFIED *(as result of the field file and DECS review).*

OTHER POTENTIAL ASSISTANCE NEEDS:

- ☐ Reading level:_____ Total Grade Point Level: _____ (if not available, write "N/A")
- ☐ Non-English Speaking list language(s) Inmate/Parolee speaks and understands:_____

II. INMATE/PAROLEE SELF IDENTIFICATION

If you are currently being given your **Notice of Charges** and you need help reading, hearing, or seeing, the CDCR must provide you with help to read documents related to your parole proceeding, If you do not speak English, you have the right to an interpreter. If you are deaf and use sign language, you have a right to a sign language interpreter. If you need assistance with housing, healthcare, or getting around, you may notify the Parole Agent that gives you your Notice of Charges, or ask the Deputy for help or ask for a county jail grievance form.

Check all that apply:

☐ I need help reading my documents	☐ I need the following help to hear:_____
☐ I need help understanding the procedures and forms.	☐ I need the following help to see:_____
☐ I need a sign language interpreter.	☐ I need to communicate in writing.

- ☐ I need a wheelchair, and: ☐ I do have one ☐ I do not have one.
- ☐ I need a (appliance/equipment) _____ to get around, and: ☐ I do have it ☐ I do not have it.
- ☐ I do not speak English and need an interpreter in _____ (language).
- ☐ I need a housing accommodation: _____.
- ☐ I have a health problem and I need: ☐ a medical evaluation ☐ a mental health evaluation ☐ medication.
- ☐ I do not need an accommodation or assistance at this time.
- ☐ I am ☐ I am not an Armstrong class member and I received a CDCR Grievance/Appeal form with pre-paid postage.

INMATE/PAROLEE SIGNATURE	CDC NUMBER	DATE SIGNED
X		X

III. INITIAL SERVICE (STAFF ONLY)

- ☐ NO ACCOMMODATION REQUESTED.
- ☐ I have requested an accommodation from the County Jail staff on behalf of the parolee:
  Type: ☐ Mobility ☐ Vision ☐ Communication ☐ Housing ☐ Medical / Mental Health ☐ Other:

County Jail Facility Name:_____ Date Jail Staff Notified:_____

I have informed inmate/parolee of his/her charges, if any, and have determined that he/she:

☐ Appears to understand ☐ Appears to have difficulty understanding

Effective Communication Method Used:

- ☐ Foreign Language Interpreter - Telephonic
- ☐ Foreign Language Interpreter/Contractor (In-Person)
- ☐ Foreign Language Interpreter /Certified DAPO Staff
- ☐ Sign Language Interpreter
- ☐ Read / Spoke Slowly
- ☐ Assistive Visual Device
- ☐ Assistive Hearing Device

Additional comments:

STAFF NAME AND TITLE	SIGNATURE	DATE

CDC No.:	Inmate/Parolee Name:	Location (County Jail):

DISTRIBUTION: Copy to Inmate/Parolee Copy to ADA Coordinator Copy to Parole Unit / Field File

For Warrant Unit Internal Use Only

AFTER-HOURS WARRANT TRACKING FORM

COUNTY OF:			**CALL DATA** DATE: _____ TIME: _____
ADMINISTRATIVE OFFICER OF THE DAY'S NAME:			
REQUESTING PAROLE AGENT'S NAME:	PAROLE UNIT:		
PAROLE UNIT SUPERVISOR'S NAME:			Authorized by the County: ☐ YES ☐ NO
PAROLEE NAME (LAST, FIRST, MIDDLE):			
CDC NO.:	CII NO.:	FBI NO.:	NAME OF COUNTY APPROVER:

Warrant Number: _____

TYPE OF WARRANT ISSUED BY THE COUNTY

☐ CALIFORNIA WARRANT

☐ NCIC WARRANT

****

IDENTIFYING INFORMATION

DOB	GENDER	HEIGHT	WEIGHT	HAIR	EYES	RACE	TATTOOS

CAUTION(S):	LAST KNOWN ADDRESS:

****

SPECIAL INSTRUCTIONS: E-mail completed form to the Unit Supervisor/Agent of Record.

STATE OF CALIFORNIA

ARREST REPORT

CDCR 2278 (Rev. 04/14)

DEPARTMENT OF CORRECTIONS AND REHABILITATIOI

☐ COMPLETE REPORT ☐ SUPPLEMENTAL REPORT ☐ CONTINUATION OF REPORT	REPORT NUMBER	ARRESTING UNIT ☐ DAPO ☐ OTHER	NAME OF ARRESTING AGENT/OFFICER
DATE/TIME OF REPORT	DATE/TIME OF ARREST / INCIDENT	LOCATION OF ARREST/INCIDENT	BOOKING NUMBER
1ST CHARGE	☐ FELONY ☐ MISDEMEANOR	CRIME DEFINITION	
2ND CHARGE	☐ FELONY ☐ MISDEMEANOR	CRIME DEFINITION	
BOOKING LOCATION		CUSTODY/COUNTY JAIL LOCATION	

SUBJECT (IF MORE THAN ONE SUBJECT, ATTACH ADDITIONAL PAGES AND CHECK THE BOX "CONTINUATION OF REPORT")

NAME (LAST, FIRST, MIDDLE)		ALIAS OR NICKNAME(S):	
CDC NUMBER	STATE SUPERVISED PAROLEE ☐ YES ☐ NO	PAROLE REGION/UNIT	POST RELEASE COMMUNITY SUPERVISION ☐ YES ☐ NO
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)		CITY	STATE / ZIP CODE
MAILING ADDRESS ☐SAME	HOME PHONE NUMBER		ALTERNATE PHONE NUMBER

SEX	AGE	RACE	DATE OF BIRTH	PLACE OF BIRTH	HAIR	EYES	HEIGHT	WEIGHT
☐MALE ☐FEMALE								

DRIVERS LICENSE/I.D. NUMBER	STATE	STATUS OF LICENSE	OCCUPATION / NAME OF EMPLOYER	BUSINESS PHONE
FBI NUMBER	CII NUMBER	INS NUMBER	SOC SECURITY NO.	OTHER
TATTOOS, MARKS, SCARS				

VEHICLE(S)

CODES: SV = SUSPECT VEHICLE W = WITNESS VEHICLE V = VICTIM VEHICLE RO = REGISTERED OWNER

NO. 1

CODE	LICENSE NO.	STATE	YEAR	MAKE	MODEL	BODY STYLE	COLOR(S)

VIN NUMBER		NAME AND ADDRESS OF REGISTERED OWNER ☐SAME AS SUBJECT
NAME OF LEGAL OWNER ☐ SAME AS SUBJECT	VEHICLE DISPOSITION ☐ STORED ☐ IMPOUNDED	LOCATION OF VEHICLE

NO. 2

CODE	LICENSE NO.	STATE	YEAR	MAKE	MODEL	BODY STYLE	COLOR(S)

VIN NUMBER		NAME AND ADDRESS OF REGISTERED OWNER ☐ SAME AS SUBJECT
NAME OF LEGAL OWNER ☐ SAME AS SUBJECT	VEHICLE DISPOSITION ☐ STORED ☐ IMPOUNDED	LOCATION OF VEHICLE

PROPERTY/EVIDENCE

NO. 1

ID #	DESCRIPTION	SERIAL NUMBER	MAKE/MODEL	
OWNER			LICENSE/STATE	COLOR
STATUS	STATUS OFFICER	QUANTITY	UNITS OF MEASURE	VALUE
GUN TYPE	CALIBER	FINISH	GRIP	GUN STOCK
CONDITION	GUN TEST ☐YES ☐NO	TEST TYPE	SIGHT TEST ☐YES ☐NO	SIGHT TEST
REPORTING AGENT/OFFICER (PRINT NAME)	SIGNATURE		BADGE NO.	DATE

REPORT NO: _____

PROPERTY/EVIDENCE (continued)
NO. 2

ID #	DESCRIPTION	SERIAL NUMBER	MAKE/MODEL	
OWNER			LICENSE/STATE	COLOR
STATUS	STATUS OFFICER	QUANTITY	UNITS OF MEASURE	VALUE
GUN TYPE	CALIBER	FINISH	GRIP	GUN STOCK
CONDITION	GUN TEST ☐YES ☐NO	TEST TYPE	SIGHT TEST ☐YES ☐NO	SIGHT TEST

WITNESS(ES)/VICTIM(S)
CODES: W = WITNESS J = JUVENILE V = VICTIM RP = REPORTING PARTY

NO. 1

CODE	NAME (LAST, FIRST, MIDDLE)			IDENTIFICATION NUMBER (DRIVER'S LICENSE OR BADGE NUMBER)	
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)				CITY	STATE / ZIP CODE
MAILING ADDRESS ☐ SAME AS RESIDENCE				HOME PHONE NUMBER	ALTERNATE PHONE NUMBER
SEX ☐ MALE ☐ FEMALE	AGE	RACE	DATE OF BIRTH	OCCUPATION/EMPLOYER/EMPLOYER'S ADDRESS	

NO. 2

CODE	NAME (LAST, FIRST, MIDDLE)			IDENTIFICATION NUMBER (DRIVER'S LICENSE OR BADGE NUMBER)	
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)				CITY	STATE / ZIP CODE
MAILING ADDRESS ☐ SAME AS RESIDENCE				HOME PHONE NUMBER	ALTERNATE PHONE NUMBER
SEX ☐ MALE ☐ FEMALE	AGE	RACE	DATE OF BIRTH	OCCUPATION/EMPLOYER/EMPLOYER'S ADDRESS	

SYNOPSIS

ADOA

REPORTING AGENT/OFFICER (PRINT NAME)	SIGNATURE	BADGE NO.	DATE
SUPERVISOR (PRINT NAME)	SIGNATURE	BADGE NO.	DATE

Deleted

STATE OF CALIFORNIA
ARREST REPORT
CDCR 2278 (04/13)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

☐ COMPLETE REPORT ☐ SUPPLEMENTAL REPORT ☐ CONTINUATION OF REPORT	REPORT NUMBER	ARRESTING UNIT ☐ DAPO ☐ OCS ☐ OTHER	NAME OF ARRESTING AGENT / OFFICER
DATE/TIME OF REPORT	DATE/TIME OF ARREST / INCIDENT	LOCATION OF ARREST / INCIDENT	BOOKING NUMBER

1ST CHARGE	☐ FELONY ☐ MISDEMEANOR	CRIME DEFINITION
2ND CHARGE	☐ FELONY ☐ MISDEMEANOR	CRIME DEFINITION
BOOKING LOCATION		CUSTODY / COUNTY JAIL LOCATION

SUBJECT(S): *If more than one subject, attach continuation pages.*

NAME (LAST, FIRST, MIDDLE)			ALIAS OR NICKNAME(S):		
CDC NUMBER	STATE SUPERVISED PAROLEE ☐ YES ☐ NO	PAROLE REGION/UNIT		POST RELEASE COMMUNITY SUPERVISION ☐ YES ☐ NO	
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)			CITY	STATE	ZIP CODE
MAILING ADDRESS ☐SAME		HOME PHONE NUMBER		ALTERNATE PHONE NUMBER	

SEX ☐MALE ☐FEMALE	AGE	RACE	DATE OF BIRTH	PLACE OF BIRTH	HAIR	EYES	HEIGHT	WEIGHT

DRIVERS LICENSE/I.D. NUMBER	STATE	STATUS OF LICENSE	OCCUPATION / NAME OF EMPLOYER	BUSINESS PHONE

FBI NUMBER	CII NUMBER	INS NUMBER	SOC SECURITY NO.	OTHER

TATTOOS, MARKS, SCARS

VEHICLE(S): *Codes: SV = Suspect Vehicle W = Witness Vehicle V = Victim Vehicle RO = Registered Owner*

NO. 1

CODE	LICENSE NO.	STATE	YEAR	MAKE	MODEL	BODY STYLE	COLOR(S)

VIN NUMBER:	NAME AND ADDRESS OF REGISTERED OWNER ☐SAME AS SUBJECT
NAME OF LEGAL OWNER ☐ SAME AS SUBJECT	VEHICLE DISPOSITION ☐ STORED ☐ IMPOUNDED	LOCATION OF VEHICLE

NO. 2

CODE	LICENSE NO.	STATE	YEAR	MAKE	MODEL	BODY STYLE	COLOR(S)

VIN NUMBER:	NAME AND ADDRESS OF REGISTERED OWNER ☐SAME AS SUBJECT
NAME OF LEGAL OWNER ☐ SAME AS SUBJECT	VEHICLE DISPOSITION ☐ STORED ☐ IMPOUNDED	LOCATION OF VEHICLE

PROPERTY/EVIDENCE

No. 1

ID #	DESCRIPTION	SERIAL NUMBER	MAKE/MODEL	
OWNER			LICENSE/STATE	COLOR
STATUS	STATUS OFFICER	QUANTITY	UNITS OF MEASURE	VALUE
GUN TYPE	CALIBER	FINISH	GRIP	GUN STOCK
CONDITION	GUN TEST ☐YES ☐NO	TEST TYPE	SIGHT TEST ☐YES ☐NO	SIGHT TEST

REPORTING AGENT/OFFICER (PRINT NAME)	SIGNATURE	BADGE NO.	DATE

delete

STATE OF CALIFORNIA
ARREST REPORT
CDCR 2278 (04/13)

REPORT NUMBER: _____

PROPERTY/EVIDENCE cont.

No. 2

ID #	DESCRIPTION	SERIAL NUMBER	MAKE/MODEL	
OWNER			LICENSE/STATE	COLOR
STATUS	STATUS OFFICER	QUANTITY	UNITS OF MEASURE	VALUE
GUN TYPE	CALIBER	FINISH	GRIP	GUN STOCK
CONDITION	GUN TEST ☐YES ☐NO	TEST TYPE	SIGHT TEST ☐YES ☐NO	SIGHT TEST

WITNESS(ES) / VICTIM(S): *Codes: W = Witness J = Juvenile V = Victim RP = Reporting Party*

No. 1:

CODE	NAME (LAST, FIRST, MIDDLE)			IDENTIFICATION NUMBER (DRIVER'S LICENSE OR BADGE NUMBER)		
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)				CITY	STATE	ZIP CODE
MAILING ADDRESS ☐ SAME				HOME PHONE NUMBER		ALTERNATE PHONE NUMBER
SEX ☐ MALE ☐ FEMALE	AGE	RACE	DATE OF BIRTH	OCCUPATION/EMPLOYER/EMPLOYER'S ADDRESS		

No. 2:

CODE	NAME (LAST, FIRST, MIDDLE)			IDENTIFICATION NUMBER (DRIVER'S LICENSE OR BADGE NUMBER)		
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)				CITY	STATE	ZIP CODE
MAILING ADDRESS ☐ SAME				HOME PHONE NUMBER		ALTERNATE PHONE NUMBER
SEX ☐ MALE ☐ FEMALE	AGE	RACE	DATE OF BIRTH	OCCUPATION/EMPLOYER/EMPLOYER'S ADDRESS		

SYNOPSIS

REPORTING AGENT/OFFICER (PRINT NAME)	SIGNATURE	BADGE NO.	DATE
SUPERVISOR (PRINT NAME)	SIGNATURE	BADGE NO.	DATE

DISTRIBUTION: Copy to

SUPERVISING AGENCY *(Name and address)*: TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*:	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF *(name of supervised person)*: Date of birth:	
PETITION FOR REVOCATION ☐ **PAROLE (Pen. Code, § 3000.08)** ☐ **PRCS (Pen. Code, § 3455)**	CDCR NUMBER, IF ANY: COURT/CASE NUMBER:

INSTRUCTIONS

- *Before filing this form, petitioner should consult local rules and court staff to schedule the hearing in item 1.*
- *Petitioner must note whether the petition applies to a parole (beginning July 1, 2013) or postrelease community supervision matter by marking the appropriate check box above.*

1. **HEARING INFORMATION:** A hearing on this petition for revocation has been scheduled as follows:

   Date: Time: Dept.:

   Location *(if different than court address above)*:

   If an interpreter is needed, please specify the language:

2. **CUSTODY STATUS *(Select one)*:** ☐ not in custody ☐ in custody *(specify location)*:

   Booking number *(if any)*:

3. **CONVICTION INFORMATION:**
   The supervised person was originally convicted of the following offenses:

   on *(date)*: in case numbers *(specify)*:

   in county of *(specify)*:

4. **SUPERVISION INFORMATION:** The supervised person was released on supervision on *(specify date)*:

   Name of current supervising agent or officer:

   Supervision is scheduled to expire on (i.e., the controlling discharge date is) *(date)*:

5. **SPECIFIC TERMS AND CONDITIONS:** Petitioner alleges that the supervised person has violated the following terms and conditions of supervision *(if more space is needed, please use* Attachment to Judicial Council Form *(MC-025))*:

6. **SUMMARY:** The supervising agency established probable cause for the alleged violation on *(date)*:
   The circumstances of the alleged violation are *(if more space is needed, please use* Attachment to Judicial Council Form *(MC-025))*:

7. **SPECIAL PAROLE STATUS** *(check this box **only if** the supervised person is subject to parole under Penal Code section 3000.1)*:

   ☐ The supervised person is on parole under Penal Code section 3000.1. If the court determines that the person has violated parole, the court is required to remand the person to the custody of CDCR for future parole consideration. (Pen. Code, § 3000.08(h).)

I declare under penalty of perjury and to the best of my information and belief that the foregoing is true and correct.

Date: _____ By _____

NAME AND TITLE OF PETITIONER SIGNATURE OF PETITIONER

Form Approved for Optional Use
Judicial Council of California
CR-300 [Rev. January 1, 2014]

PETITION FOR REVOCATION
(Pen. Code, §§ 1203.2, 3000.08, and 3455)

deleted

CR-300

SUPERVISING AGENCY *(Name and address)* TELEPHONE NO FAX NO *(Optional)* E-MAIL ADDRESS *(Optional)*	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS CITY AND ZIP CODE BRANCH NAME	
IN THE MATTER OF *(name of supervised person)*: Date of birth:	
PETITION FOR REVOCATION ☐ **PAROLE (Pen. Code, § 3000.08)** ☐ **PRCS (Pen. Code, § 3455)**	CDCR NUMBER, IF ANY COURT/CASE NUMBER

INSTRUCTIONS

- *Before filing this form, petitioner should consult local rules and court staff to schedule the hearing in item 1.*
- *Petitioner must note whether the petition applies to a parole (beginning July 1, 2013) or postrelease community supervision matter by marking the appropriate check box above.*

1. **HEARING INFORMATION:** A hearing on this petition for revocation has been scheduled as follows:

   Date: Time: Dept.:

   Location *(if different than court address above)*:

   If an interpreter is needed, please specify the language:

2. **CUSTODY STATUS** *(Select one)*: ☐ not in custody ☐ in custody *(specify location)*:
   Booking number *(if any)*:

3. **CONVICTION INFORMATION:**
   The supervised person was originally convicted of the following offenses:

   on *(date)*: in case numbers *(specify)*:
   in county of *(specify)*: and sentenced to *(specify)*:

4. **SUPERVISION INFORMATION:** The supervised person was released on supervision on *(specify date)*:
   Name of current supervising agent or officer:
   Supervision is scheduled to expire on (i.e., the controlling discharge date is) *(date)*:

5. **SPECIFIC TERMS AND CONDITIONS:** Petitioner alleges that the supervised person has violated the following terms and conditions of supervision *(if more space is needed, please use* Attachment to Judicial Council Form *(MC-025))*:

6. **SUMMARY:** The supervising agency established probable cause for the alleged violation on *(date)*:
   The circumstances of the alleged violation are *(if more space is needed, please use* Attachment to Judicial Council Form *(MC-025))*

7. **SPECIAL PAROLE STATUS** *(check this box **only** if the supervised person is subject to parole under Penal Code section 3000.1)*:
   ☐ The supervised person is on parole under Penal Code section 3000.1. If the court determines that the person has violated parole, the court is required to remand the person to the custody of CDCR for future parole consideration (Pen. Code, § 3000.08(h).)

I declare under penalty of perjury and to the best of my information and belief that the foregoing is true and correct.

Date: _____ By _____
NAME AND TITLE OF PETITIONER SIGNATURE OF PETITIONER

Form Approved for Optional Use
Judicial Council of California
CR-300 [Rev. November 1, 2012]

PETITION FOR REVOCATION
(Pen. Code, §§ 1203.2, 3000.08, and 3455)

CEB
www.ceb.com

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA *VS.* SUPERVISED PERSON:			
WARRANT REQUEST AND ORDER ☐ PAROLE ☐ PRCS			
CII No.:	CDCR No.:	FBI No.:	CASE NUMBER:

CONVICTION AND SUPERVISION INFORMATION:
The supervised person was convicted of the following offenses:
on *(date)*: in case number(s): and sentenced to:

The supervised person was released on supervision on *(date)*:
Supervision is scheduled to expire on *(date)*:

WARRANT REQUEST
A warrant is being requested because *(select one)*:
☐ The supervised person has absconded and his or her whereabouts are unknown.
☐ The supervised person has committed a new offense *(specify offense)*:
☐ The supervised person has violated the following term(s) of supervision *(specify)*:
☐ Other *(specify)*:
To be entered into the ☐ state (WPS) ☐ national (NCIC) warrant system(s).

DECLARATION
(State facts that establish probable cause for the warrant. If more space is needed, attach the Attached Declaration *(form MC-031).)*

INFORMATION ABOUT THE SUPERVISED PERSON
Name: Alias:
DOB: Gender: Race: Height: Weight: Hair: Eyes:
Tattoos: Other:
Last Known Address:
☐ Armed and dangerous. ☐ Possible mental disorder.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ _____
TYPE OR PRINT NAME AND TITLE SIGNATURE

ORDER

For court use only

☐ Based on the above declaration and information, the court finds probable cause to arrest and orders a ☐ No Bail ☐ Bail Amount *(specify)*: warrant for the arrest of the supervised person described above to be entered into the ☐ state (WPS) ☐ national (NCIC) warrant system(s).
☐ The court also summarily revokes supervision and tolls the running of the supervision period.
☐ Request Denied. The court finds no probable cause to arrest.

Date: Time: Location:

_____
JUDICIAL OFFICER

SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			FOR COURT USE ONLY
PEOPLE OF THE STATE OF CALIFORNIA *vs.* SUPERVISED PERSON:			
REQUEST AND ORDER TO RECALL WARRANT ☐ PAROLE ☐ PRCS			
CII No.:	CDCR No.:	FBI No.:	CASE NUMBER:

NOTICE

Any person using this form to request that a warrant be recalled must attach a signed copy of the warrant in question to this form.

CONVICTION AND SUPERVISION INFORMATION

The supervised person was convicted of the following offenses:
on *(date)*: in case number(s): and sentenced to:

The supervised person was released on supervision on *(date)*:
Supervision is scheduled to expire on *(date)*:

WARRANT INFORMATION

The attached warrant for the arrest of the supervised person was ordered on *(date)*:
The warrant was ordered for *(select one)*: ☐ No Bail ☐ Bail Amount *(specify amount)*:
☐ Supervision was also summarily revoked and ordered tolled on

REQUEST FOR RECALL OF WARRANT

This request for recall is being made because *(select all that apply)*:

- ☐ The supervised person has been located and is currently in compliance with the terms of supervision.
- ☐ The supervised person has been arrested for a new offense in another county *(specify charges and case number, if any)*:
- ☐ The supervised person has been arrested. The supervising agency declines to petition the court for a formal revocation because the supervising agency has determined that an intermediate sanction without court involvement is an appropriate response to the alleged violation.
- ☐ Other *(specify)*:

☐ The supervising agency also requests that supervision be reinstated.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

TYPE OR PRINT NAME AND TITLE

SIGNATURE

ORDER

For court use only

- ☐ Based on the above declaration and information, the court grants the request and orders the warrant described above recalled.
- ☐ The court reinstates supervision.
- ☐ Request Denied.

Date: Time: Location:

JUDICIAL OFFICER

STATE OF CALIFORNIA
RELEASE PROGRAM STUDY
CDCR 611 (Rev. 8/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS

I. CASE FACTORS

CDCR NUMBER	NAME (LAST, FIRST, MI)	COUNTY OF COMMITMENT	COUNTY OF LAST LEGAL RESIDENCE

☐ NEW FELON	☐ PVWNT	CI&I #:	PLACEMENT SCORE	INSTITUTION	SCHEDULED RELEASE DATE

II. RESIDENCE PLANS

☐ REQUESTS OUT-OF-COUNTY PAROLE/RELEASE ☐ REQUESTS OUT-OF-STATE PAROLE/RELEASE ☐ CHANGE OF ADDRESS

PRIMARY RESIDENCE	WITH WHOM	RELATIONSHIP	PHONE NUMBER
	STREET ADDRESS	CITY	COUNTY (STATE, IF INTERSTATE)
ALTERNATE RESIDENCE	WHOM	RELATIONSHIP	PHONE NUMBER
	STREET ADDRESS	CITY	COUNTY (STATE, IF INTERSTATE)

III. SUPERVISION DETERMINATION BY CORRECTIONAL COUNSELOR/PAROLE AGENT

a. Check ALL that apply on the CURRENT TERM :	b. Parole Terms	c. For PC 290 only	d. Supervision Determination	
☐ PC 667.5(c) ☐ PC 1192.7(c)/1192.8 ☐ LIFE SENTENCE	☐ PC 3000 exclusion	STATIC 99R SCORE: _____ ☐ HRSO = Male with score 4 or more, Female with moderate or high risk.	☐ RELEASE TO STATE PAROLE REGION: ☐ I ☐ II ☐ III ☐ IV	☐ RELEASE TO COUNTY SUPERVISION

CORRECTIONAL COUNSELOR/PAROLE AGENT NAME (PRINT)	CORRECTIONAL COUNSELOR/PAROLE AGENT SIGNATURE	CONTACT NUMBER AND EXT.	DATE SIGNED

IV. SUPERVISOR REVIEW AND APPROVAL OF SCREENING DETERMINATION

☐ I HAVE REVIEWED AND APPROVED THE SUPERVISION DETERMINATION	CSRA SCORE:	☐ Meets 3060.7 PC criteria (Check box if CSRA 5, CSRA manual req., or PC 290)

CORRECTIONAL COUNSELOR/PAROLE SUPERVISOR NAME (PRINT Last, First)	CORRECTIONAL COUNSELOR/PAROLE SUPERVISOR SIGNATURE (Last, First)	DATE SIGNED

V. COUNTY AGENCY REPORTING INSTRUCTIONS

COUNTY OFFICE:	PHONE NUMBER AND EXT.

ADDRESS:	CITY:	STATE:

COUNTY REPRESENTATIVE (Print Last Name, First)	COUNTY REPRESENTATIVE SIGNATURE	DATE SIGNED

☐ PC 3060.7 NOTED OR ☐ NOT APPLICABLE, REPORT AS FOLLOWS:

VI. CDCR PAROLE REPORTING INSTRUCTIONS

ASSIGNED PAROLE UNIT	RE-ENTRY SCREENER'S NAME (PRINT)	RE-ENTRY SCREENER'S SIGNATURE	PHONE NUMBER AND EXT.

COUNTY OF RESIDENCE	STATE

☐ **CDCR SUPERVISION LEVEL:** _____
☐ Release per PC 3060.7
☐ COMPAS Case Plan Approved
☐ Report As Follows (include date and time)

☐ RELEASE WITH FULL FUNDS ☐ RELEASE WITH $_____ (BALANCE TO PAROLE UNIT)

☐ REPORT TO PAROLE AGENT: _____

PAROLE OFFICE: _____ PHONE: _____

STREET: _____ CITY: _____ STATE: _____

PAROLE AGENT NAME (PRINT)	BADGE #	DATE SIGNED	SUPERVISOR SIGNATURE	BADGE #	DATE SIGNED

VII. INMATE RECEIVED A COPY OF REPORTING INSTRUCTIONS

CDCR NUMBER	INMATE NAME	INMATE SIGNATURE	DATE SIGNED:

STAFF NAME (PRINT Last, First)	BADGE #	STAFF SIGNATURE	DATE SIGNED:

STATE OF CALIFORNIA
RELEASE PROGRAM STUDY
CDCR 611 (Rev. 8/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION
DIVISION OF ADULT PAROLE OPERATIONS

CDCR NUMBER	INMATE/PAROLEE NAME	DATE OF STUDY

VIII. NOTIFICATION AND REGISTRATION REQUIREMENTS / SPECIAL INTEREST

NOTIFICATION (Check all that apply)

☐ 3058.6 PC ☐ 3058.61 PC ☐ 3058.65 PC ☐ 3058.8 PC ☐ 3058.9 PC ☐ 11150 PC

REGISTRATION

☐ 11590 H&S ☐ 290 PC ☐ 186.30 PC ☐ 457.1 PC

SPECIAL INTEREST

☐ PUBLIC INTEREST CASE ☐ SUBSTANCE ABUSE PROGRAM ☐ SECURITY HOUSING UNIT

OTHER REQUIREMENTS

☐ SUBJECT TO 645 PC ☐ SUBJECT TO PC 11177.2 RESTITUTION ☐ SUBJECT TO 3053.2 PC

IX. HOLD(S)

ICE HOLDS PLACED ☐ YES ☐ NO	IF YES, INDICATE US ICE "A" NUMBER	ILLEGAL ALIEN: ☐ ACTUAL ☐ POTENTIAL ☐ PREVIOUSLY DEPORTED
OTHER HOLD(S) ☐ YES ☐ NO	IF YES, INDICATE AGENCY AND HOLD NUMBER	FOR CDCR TRACKING PURPOSES ONLY POTENTIAL: ☐ 2962 PC (MDO) ☐ 6601 W&IC ☐ SVP SCREENING FORM COMPLETED OR (SVP) STATUS:

X. EMPLOYMENT PLANS

PRIMARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER
SECONDARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER

XI. CASEWORKER EVALUATION

HAS THE INMATE SERVED IN ANY BRANCH OF THE US MILITARY? ☐ YES ☐ NO

LIST WORK SKILLS, GANG AND ENEMY INFORMATION, AND KNOWN FAMILY PROBLEMS:

☐ VOCATIONAL PROGRAM: ☐ PIA: ☐ JOINT VENTURE PROGRAM:

GRADE POINT LEVEL

	NOTED	CLEAR
812	☐	☐
812A	☐	☐
812B	☐	☐
812C	☐	☐

XII. SERIOUS DISCIPLINARIES

LIST CURRENT TERM RULES VIOLATION REPORTS FOR BATTERY ON STAFF OR INMATE, DISTRIBUTION OF DRUGS, POSS. OF A WEAPON, INCITING A DISTURBANCE, ARSON, ETC.

XIII. MEDICAL/PSYCHIATRIC

PHYSICAL DISABILITY		DEVELOPMENTAL DISABILITY (DD)	TUBERCULOSIS (TB) SCREENING
☐ NO DISABILITY	☐ DPP _____	☐ DD _____	TB CODE _____ DATED _____

Mental Health :

Per (Source document): _____ DATED: _____

☐ Is not in the Mental Health Services Delivery System ☐ CCCMS ☐ EOP ☐ MHCB ☐ DEPT. OF STATE HOSPITALS ☐ INVOLUNTARY MEDICATION

LIST SPECIFIC MEDICAL/MENTAL HEALTH, OUTPATIENT CLINIC NEEDS, AND MEDICAL CONCERNS/DISABILITIES:

GUIDELINES FOR PAROLE

DELETED ON 05/25/2014

1. **BEHAVIOR**
Behavior is important. You control your behavior. Your return home from State prison will give you a lot of freedom. How well you do on parole will be your responsibility. You have choices to make about how you live your life. It is very important for you to find a good, steady job and a stable residence. Your willingness to find assistance in the community will help you to be successful while on parole.

2. **SPECIAL CONDITIONS OF PAROLE**
Special Conditions of Parole may be imposed on you by the Board of Parole Hearings (BPH) or the California Department of Corrections and Rehabilitation (CDCR). Special conditions of parole may be imposed to require you to participate in psychiatric treatment, to abstain from alcoholic beverages, to participate in anti-narcotic testing or to comply with any other restriction or instruction if warranted by the circumstances of your case.

3. **SUBSTANCE ABUSE TESTING**
You may be required by your parole agent to participate in narcotic or alcohol testing, and be required to participate in drug or alcohol treatment programs.

4. **PAROLE AGENT INSTRUCTIONS**
While on parole, your parole agent may issue instructions to you. These instructions may be made a special condition of parole. You shall comply with all instructions from your parole agent. You shall not travel more than 50 miles from your residence without your parole agent's approval. You shall not be absent from your county of residence for a period of more than 48 hours without written approval of your parole agent. You shall not leave the State of California without prior written approval of your parole agent.

5. **RESIDENCE AND EMPLOYMENT**
You shall not change your residence without first getting approval from your parole agent. You will inform your parole agent within 72 hours of any change of employment location, employer, or termination of employment.

6. **CRIMINAL CONDUCT**
You shall not engage in conduct prohibited by law (state, federal, county, or municipal). You shall immediately inform your parole agent if you are arrested for a felony or misdemeanor crime. Conduct prohibited by law may result in your parole being revoked even though no criminal conviction occurs.

7. **REPORTING**
You shall report to your parole agent on the first working day following your release from confinement in state prison.

8. **ASSISTANCE**
There are services available to active parolees. These services include: employment assistance, counseling, substance abuse treatment, temporary housing, and occasionally, limited financial aid. These services may be obtained from the local parole office. The degree of service will depend on the availability of funds or services in your area.

9. **AMERICANS WITH DISABILITIES ACT**
It is the policy of the CDCR to ensure equal access to programs and services to inmates and parolees with disabilities, with or without reasonable accommodation, in accordance with and as defined in Title 42 of the United States Code, Section 12102. Therefore, if you think you have a disability and are having a problem with a Division of Adult Parole Operations (DAPO) program/activity or getting to a DAPO program/activity, ask for help by using a yellow CDC 1824, Reasonable Modification or Accommodation Request. This form is available in all parole units.

GUIDELINES FOR PAROLE

10. REGISTRATION

Prior to parole, you should be notified of your requirement to register if you have been convicted of a specified sex, drug, arson offense, or gang abatement offense. You will sign a Notice of Registration Requirement form, which contains time frames you must follow. You are required by law to register with the law enforcement agency having jurisdiction over your residence. You must provide fingerprints, photo, home address, and sign a registration form and provide other information if requested by the police or sheriff. If you have questions, speak to your parole agent.

11. CONTACT WITH PRISONERS

You shall not visit or correspond to any inmate confined in any correctional facility without the prior written approval of your parole agent and the institution warden.

12. CIVIL RIGHTS

Section 500 of the Elections Code specifies that any person in prison or on parole for a felony conviction is not eligible to vote. This right is restored upon proof of discharge from the felony commitment.

13. MEDICATION

Report all prescribed medication to your parole agent for your protection and to avoid suspicion of illegal drug use.

14. FIREARMS

You shall not own, have access to, or have under your control any type of firearm instrument, or device, which a reasonable person would believe to be capable of being used as a firearm. You shall not own, use, have access to, or have under your control any ammunition, which could be used in a firearm. You shall not own, use, have access to, or have under your control any knives with a blade longer than two inches, except kitchen knives, which must be kept in your kitchen and not hidden, for example, in your bedroom. Knives used for work can be permitted, but can only be in your possession while you are at work or enroute to and from the work site. You shall not own, use, have access to, or have under your control a crossbow of any kind. You shall not own, use, have access to, or have under your control a weapon listed in California Penal Code (PC) Section 12020. If you live or work where firearms, simulated firearms, bullets, weapons, crossbows, or unauthorized knives are kept, you may be returned to custody for up to one year without good or work time credits.

15. SEARCH

Your person, property, and any residence under your control is subject to search with or without a warrant by any parole agent employed by the CDCR or any other law enforcement officer. Further, you may not refuse such a search simply because you share the residence with others who are not on parole.

16. REVIEW OF FILE

You have a right to review your central file. In your absence, your attorney or designee must have your written permission to see your central file.

17. BOARD REPORTS

You will receive a copy of all reports submitted to the BPH concerning your parole.

18. VIOLATION HEARINGS

If the BPH wishes to review any violation(s) submitted by the DAPO, you have a right to a hearing and to be present at the hearing. The hearing will usually be held near where the alleged violation occurred. If a hearing is scheduled, you will receive written notice of all your rights relevant to the hearing. An attorney will be appointed to represent you, or you may hire an attorney at your own expense.

DELETED ON 07/25/2014

GUIDELINES FOR PAROLE

19. EARLY DISCHARGE

The length of your parole is determined by the kind of offense for which you were convicted and the date the offense was committed. You may be considered for an early discharge from parole. The consideration will take into account your parole adjustment and prior criminal history. You will receive written notification regarding the early discharge consideration.

20. APPEALS TO THE DEPARTMENT

You may appeal any decision of the CDCR, which affects your parole by filing an Inmate/Parolee Appeal Form, CDC 602. Before filing an appeal you should attempt to resolve the problem with the parole agent and/or the agent's immediate supervisor.

No reprisals may be taken for the use of the appeal procedure.

You are entitled to an interview at the first and second level of review.

The first level of review (District Administrator) will respond to you concerning your appeal within ten working days of receiving the appeal.

The second level of review (Regional Parole Administrator) will respond within 15 working days, and the third within 20 working days. If you do not receive a timely response, contact the Regional Appeals Coordinator.

21. CERTIFICATE OF REHABILITATION

Any person convicted of a felony who has been released from confinement, whether to parole or discharge, and has not been sent back to a California prison since release from confinement, may petition for a Certificate of Rehabilitation after a specified time period. See PC Sections 4852.01 – 4854.

(1) The period begins upon discharge or release on parole, whichever is earlier.
   (a) You must have seven years of legal residence in California prior to filing the petition, plus:
   (b) Behavior. During the period outlined above, you must conform to and obey all laws, conduct yourself with sobriety and good moral character, and exhibit a life free from criminality.

If you are eligible to submit a petition, you must:

(1) File a petition with the Superior Court in the county of your legal residence. You cannot file it until completion of the time frame stated above. Forms for filing a Certificate of Rehabilitation petition are available from the clerk of the Superior Court in the county in which you reside.
(2) At least 30 days before the hearing, you must notify the following persons of the petition and the date and time of the hearing:
   (a) The District Attorney of the county in which the petition was filed.
   (b) The District Attorney of each county in which you were convicted of a felony or crimes, the pleading of which were dismissed under Section 1203.4 of the Penal Code.
   (c) The Governor.

You shall be entitled to receive counsel and assistance from all rehabilitation agencies, including the Adult Probation Officer of the county and all parole agents.

At the court hearing concerning your petition, you may be represented by an attorney. If you cannot afford an attorney, the Public Defender will represent you if there is one in the county. If there is no Public Defender, the Adult Probation Officer will represent you unless the court decides you need an attorney and appoints one for you.

DELETED ON 05/28/2014

GUIDELINES FOR PAROLE

21. CERTIFICATE OF REHABILITATION (Continued)

If the court finds you have demonstrated rehabilitation and fitness to exercise all civil and political rights of citizenship, the court will make an order that you have been rehabilitated and will recommend the Governor issue a full pardon.

The Governor may issue a pardon or may request further investigation. If you have suffered two or more felony convictions, the Governor may not issue a full pardon unless that is the recommendation of a majority of the Justices of the California Supreme Court.

If you receive a pardon, it entitles you to exercise all civil and political rights of citizenship except the right to own, possess, and keep firearms if you were convicted of any felony involving the use of a firearm or dangerous weapon.

If you reside outside the state of California or were released or discharged before May 13, 1943, you may apply directly to the Governor for a pardon. You must notify the District Attorney of the county in which you were prosecuted of your intention to apply for a pardon ten days before the Governor acts upon your application.

22. REGIONAL PAROLE OFFICES

The following are the addresses of the Regional Parole Offices:

Region I
9825 Goethe Road, Suite 200
Sacramento, CA 95827
(916) 255-2785

Region II
1515 Clay Street, 10th Floor
Oakland, CA 94612
(510) 622-4701

Region III
320 W. 4th Street, Suite 1000
Los Angeles, CA 90013
(213) 576-6500

Region IV
21015 Pathfinder Road, Suite 200
Diamond Bar, CA 91765
(909) 468-2300

DELETED ON 05/23/2014