

**State of California  
Office of Administrative Law**

**In re:**  
**Department of Corrections and  
Rehabilitation**

**Regulatory Action:**

**Title 15, California Code of Regulations**

**Adopt sections: 3767**

**Amend sections: 3075.2, 3620, 3761.1, 3763,  
3764, 3768.3**

**Repeal sections:**

**NOTICE OF APPROVAL OF REGULATORY  
ACTION**

**Government Code Section 11349.3**

**OAL Matter Number: 2019-0225-02**

**OAL Matter Type: Regular (S)**

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This action adopts and amends regulations interpreting and implementing flash incarcerations of parolees pursuant to Penal Code section 3000.08.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2019.

**Date: April 9, 2019**



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**Mark Storm  
Senior Attorney**

**Original: Ralph Diaz, Secretary  
Copy: Josh Jugum**

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2018-0918-10	REGULATORY ACTION NUMBER 2019-0225-025	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

NOTICE	REGULATIONS
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**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

APR 09 2019

1:39 PM

## AGENCY WITH RULEMAKING AUTHORITY

California Department of Corrections and Rehabilitation

AGENCY FILE NUMBER (if any)

18-0086

**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 <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2018, 39-2	PUBLICATION DATE 9/28/18

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Flash Incarceration of Parolees	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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## 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 3767
	AMEND 3763, 3075.2, 3620, 3761.1, 3764, 3768.3
	REPEAL
TITLE(S) 15	

per agency request

## 3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> 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.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify)	

## 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)

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

<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Changes Without Regulatory Effect	<input type="checkbox"/> Effective other (Specify)
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## 6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

7. CONTACT PERSON Joshua Jugum	TELEPHONE NUMBER 916 445-2266	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) joshua.jugum@cdcr.ca.gov
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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 <i>K. Allison</i>	DATE 2/20/19
TYPED NAME AND TITLE OF SIGNATORY KATHLEEN ALLISON, Undersecretary (A), Operations	

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ENDORSED APPROVED

APR 09 2019

Office of Administrative Law

## TEXT OF ADOPTED REGULATIONS

In the following text, ~~strikethrough~~ indicates deleted text; underline indicates added text.

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

The title of Subchapter 6, Article 19 is amended.

#### Subchapter 6, Article 19. Parole Violations, Flash Incarcerations, and Reports

##### 3763. Petition for Revocation.

##### Section 3763(a) is amended:

Judicial Council of California Form CR 300 (Rev. 01/15), 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 (Rev. 04/13), Parole Violation Report
- (2) CDCR Form 1502-B (Rev. 05/15), 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. 04/14), Notice and Conditions of Parole
- (6) A printed copy of the completed automated CDCR 1515-Addendum (~~Rev. 11/15~~) (Rev. 04/19), Special Conditions of Parole, ~~which is incorporated by reference.~~

##### Section 3763 (b) is amended:

(b) When appropriate, the parole agent shall file a petition for prosecution with the local district attorney's office, utilizing the CDCR Form 2278 (Rev. 04/14 06/18), 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), 3000.08(f), 3052, 3053, 3063, 5054 and 5076.2, Penal Code.

New Section 3767 is adopted.

##### 3767. Flash Incarcerations.

(a) The California Department of Corrections and Rehabilitation (CDCR) has the authority to impose a period of flash incarceration, as defined in Penal Code Section 3000.08(e), in a city or county jail as a remedial sanction upon parolees who violate conditions of parole. Flash incarceration periods imposed by the Department shall not exceed 10 consecutive days. During

a period of flash incarceration, the parolee is not revoked and their parole period shall continue to run untolled (i.e., the period of parole will continue to be reduced on a day-to-day basis).

(b) Upon placement of a parole hold, and subsequent investigation, the parole agent may recommend to the unit supervisor a parolee serve a period of flash incarceration as a remedial sanction in lieu of revocation. The parole agent shall complete an automated CDCR Form 1500, Parole Violation Decision Making Instrument, in the Parole Violation Disposition Tracking System to make the recommendation. Upon such recommendation, the parole agent shall also utilize the CDCR Form 1500 to recommend at least one additional remedial sanction to address the parolee's criminogenic need(s) as defined in Section 3000.

(c) Upon review and approval of a recommendation for flash incarceration on a CDCR Form 1500 by a unit supervisor or higher, the parolee shall serve a period of flash incarceration not to exceed 10 consecutive days from the day of arrest.

(1) Notification of the reasons for the detention shall be made to the parolee by the Department in accordance with Section 3754.

(2) For purposes of calculating a flash incarceration period, the day of booking into a city or county jail shall count as day one.

(d) The Department shall not impose more than three flash incarcerations as a sanction upon a parolee during his or her term of parole. An exception to this limit shall be made upon a petition for parole revocation being filed with the court. Upon every petition for parole revocation filed with the court regarding the parolee, the three options for flash incarceration shall reset and be made available for use by the Department.

(e) Once released from custody, the parolee shall report to the parole office to meet with a parole agent on the first business day following release. Upon reporting, the parole agent shall implement the remedial sanction(s) imposed in conjunction with the flash incarceration.

Note: Authority cited: Section 5054, Penal Code. Reference: Section 3000.08, Penal Code.

**Section 3075.2. Releases.**

**Subsections 3075.2(a) through 3075.2(b)(2) are unchanged.**

**Subsection 3075.2(b)(2)(A) is amended.**

(A) The CDCR Form 611 (Rev. 8/12), Release Program Study, which is incorporated by reference; the CDCR Form 1515 (Rev. 04/14), Notice and Conditions of Parole, which is incorporated by reference, the CDCR Form 1515-Addendum (Rev. ~~11/15~~ 04/19), Special Conditions of 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) through 3075.2(b)(3) are unchanged.**

**Subsection 3075.2(b)(3)(A) is amended.**

(A) The CDCR Form 1515 and, if applicable, the CDCR Form 1515-Addendum (Rev. ~~11/15~~ 04/19), Special Conditions of Parole, shall be interpreted or otherwise effectively communicated to all parolees.

**Section 3620. Urinalysis Testing Program Policy.**

**Subsection 3620 introductory paragraph is unchanged.**

**Subsection 3620(a) is amended.**

(a) Parolees with a narcotic-related conviction within five years of incarceration for their current offense, or who have a history of alcohol or substance abuse, may have a special condition of parole imposed requiring UA testing at the direction of the Parole Agent (PA). Upon approval by the field Parole Unit Supervisor (US), the special condition of parole to participate in UA testing shall be imposed and documented on the CDCR Form 1515-Addendum (Rev. ~~11/15~~ 04/19), Special Conditions of Parole. If reasonable suspicion exists that a prohibited substance was recently used, the CDCR Form 1515-Addendum is not required for the PA to instruct the parolee to provide a UA specimen for testing.

**Subsections 3620(a)(1) through 3620(d)(4) are unchanged.**

NOTE: Authority Cited: Sections 5058 and 5058.3, Penal Code. Reference: Sections 3060.9, 3063.1, 3063.2, 3068 and 5054, Penal Code.

**Section 3761.1. Investigation of Supplemental Parole Violations.**

Non-substantive amendments to update form revision dates.

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 (Rev. 05/15) 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: Sections 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; and Sections 11561 and 11563, Health and Safety Code.

#### **Section 3764. Recommendations.**

##### **Section 3764 initial paragraph is amended.**

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(Rev. 05/15):

**Subsections 3764(a) through (d) are unchanged.**

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.

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

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

(b) Prior to the initiation of the CDCR Form 1676 (Rev. 04/13) 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(c) 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.

PAROLEE NAME: \_\_\_\_\_ ID 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	INITIALS
<input type="checkbox"/> 1. You shall abide by any court imposed Special Conditions of Parole.		

**SUBSTANCE ABUSE**

<input type="checkbox"/> 2. You shall submit to urinalysis testing when instructed to do so by a parole agent.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 4. You shall not enter a business whose primary purpose is to sell or serve alcoholic beverages.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 6. You shall enroll in and successfully complete a substance abuse treatment program as directed by your parole agent or appropriate parole authority.		

**TREATMENT**

<input type="checkbox"/> 7. You shall attend Parole Outpatient Clinic for an initial evaluation and remain in the mental health treatment program as deemed necessary by a Parole Outpatient Clinic clinician.		
<input type="checkbox"/> 8. You shall participate in a mental health treatment program as directed by your parole agent.		
<input type="checkbox"/> 9. You shall submit to psychological or physiological assessments to assist in treatment planning and/or parole supervision.		
<input type="checkbox"/> 10. You shall report to, enroll in, and actively participate in a Division of Adult Parole Operations approved treatment program specific to sex offenders.		
<input type="checkbox"/> 11. You hereby agree to polygraph examinations while on parole supervision, with the questioning limited to questions about the success of the sex offender treatment program, the crime(s) for which you were convicted, and related criminal behavior, whether past or future.		
<input type="checkbox"/> 12. You agree to and will sign any necessary documents including a waiver of the psychotherapist-patient privilege to allow full communication between your sex offender management professional and your parole agent as required by Penal Code (PC) Section 3008 (d)(4) and PC Section 290.09.		
<input type="checkbox"/> 13. Upon reporting to sex offender treatment, you shall sign the forms presented by the treatment provider, including an information release form and a "Consent to Polygraph" form.		

**CONTACT WITH MINORS**

<input type="checkbox"/> 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, in writing, electronic media, computer, or through another person, etc., excluding biological or adopted children.		
<input type="checkbox"/> 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, in writing, electronic media, computer, or through another person, etc., excluding biological or adopted children.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 17. You shall immediately inform your parole agent regarding any contact with a minor. This includes "accidental" or "incidental" contact.		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 19. You shall not enter any school building or school grounds (kindergarten and grades 1 to 12, inclusive) unless for lawful business and written permission, indicating the date and time, has been granted from the chief administrative official of the school.		
<input type="checkbox"/> 20. 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.		

PAROLEE NAME: \_\_\_\_\_ CDC NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

#### RELATIONSHIPS

		REASON	INITIALS
<input type="checkbox"/>	21. You shall not date, socialize, or form a romantic interest or sexual relationship with any person who has physical custody of a minor.		
<input type="checkbox"/>	22. You shall inform all persons with whom you have a significant relationship; e.g., employer, dating, or roommate, about your criminal history, and you will inform your parole agent about the relationship.		
<input type="checkbox"/>	23. 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 the victim(s) full name(s). If unable to produce victim(s) name(s), supply the law enforcement agency case number(s) or DA case number and the conviction date(s). *Name(s) of Victim(s):* \_\_\_\_\_

<input type="checkbox"/>	24. You shall not enter the premises, unnecessarily travel past, or loiter near where your victim frequents, resides, is employed, or attends classes.		
<input type="checkbox"/>	25. 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, in writing, electronic media, computer, or through another person, etc.		
<input type="checkbox"/>	26. You shall not threaten, stalk, abuse, harass, or commit further violent acts against the victim(s).		
<input type="checkbox"/>	27. You shall not have in your possession any of your victim's personal effects; e.g., pictures, letters, etc.		

#### ASSOCIATION

<input type="checkbox"/>	28. You shall not associate with any known sex offenders except as previously approved or instructed by your parole agent.		
<input type="checkbox"/>	29. 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, in writing, electronic media, computer, or through another person, etc.		

#### TRAVEL

<input type="checkbox"/>	30. You shall not travel more than _____ miles from your residence of record.		
<input type="checkbox"/>	31. You shall maintain and have in your possession a travel log, which shall include date and time of departure, destination, time of arrival, mileage, route taken, with whom, and include daily starting and ending mileage.		
<input type="checkbox"/>	32. You shall not hitchhike or pick up hitchhikers.		
<input type="checkbox"/>	33. 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.		
<input type="checkbox"/>	34. You shall notify your parole agent in advance of operating any motor vehicle, providing the make, model, year, color, and license number.		

#### EMPLOYMENT

<input type="checkbox"/>	35. Employment shall be pre-approved by your parole agent.		
<input type="checkbox"/>	36. You shall not obtain employment that allows you to enter a residence where a stranger resides.		
<input type="checkbox"/>	37. Volunteer work shall be pre-approved by your parole agent.		

#### RESIDENCE

<input type="checkbox"/>	38. 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.		
<input type="checkbox"/>	39. You shall not reside within one-half mile of any public or private school (kindergarten and grades 1 to 12, inclusive) pursuant to PC Section 3003(g).		
<input type="checkbox"/>	40. You shall not reside within _____ feet of any public or private school (kindergarten and grades 1 to 12, inclusive).		
<input type="checkbox"/>	41. You shall not reside within _____ feet of any parks where children regularly congregate.		
<input type="checkbox"/>	42. You shall not reside in the county of _____.		
<input type="checkbox"/>	43. You shall be in your approved residence from _____ p.m. to _____ a.m.		
<input type="checkbox"/>	44. You shall not establish a residence that has not been pre-approved by your parole agent.		
<input type="checkbox"/>	45. You shall not reside within 35 miles of your victim.		

PAROLEE NAME: \_\_\_\_\_ CDC NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**POSSESSIONS**

		REASON	INITIALS
<input type="checkbox"/>	46. You shall not possess, or have access to any sexually oriented or sexually stimulating objects and/or devices.		
<input type="checkbox"/>	47. You shall not view, possess, or have access to any pornographic material; e.g., movies, photographs, drawings, literature, etc.		
<input type="checkbox"/>	48. 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.		
<input type="checkbox"/>	49. 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.		
<input type="checkbox"/>	50. You shall not possess or have access to children's clothing, toys, games, or other similar material related to children's interests.		
<input type="checkbox"/>	51. You shall not possess any household pets or animals including animals not traditionally considered household pets, e.g., snakes, lizards, gerbils, farm animals, etc.		
<input type="checkbox"/>	52. You shall not use or possess law enforcement identification, insignia, badges, uniforms, or other items identified with law enforcement.		
<input type="checkbox"/>	53. You shall not use, possess, or have access to surveillance equipment.		
<input type="checkbox"/>	54. You shall not use, possess, or have access to police radio scanners, or other telecommunications device(s) which monitor police radio transmission.		
<input type="checkbox"/>	55. You shall not wear, possess, purchase, or have access to costumes, masks, or other identity-concealing items.		
<input type="checkbox"/>	56. You shall not use or have access to a post office box, safe deposit box, storage facility, or locker.		
<input type="checkbox"/>	57. You shall not possess or have access to checks, money orders, or credit cards.		
<input type="checkbox"/>	58. You shall not possess or have access to latex, surgical, or any other type of gloves.		

**GANG**

<input type="checkbox"/>	59. 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.		
<input type="checkbox"/>	60. You shall not violate any gang abatement injunction, ordinance, or court order.		
<input type="checkbox"/>	61. 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.		
<input type="checkbox"/>	62. You shall not possess items such as photographs, written material, publications, jewelry, or any other items depicting or describing activity you know or reasonably should know are associated with gang activity.		
<input type="checkbox"/>	63. You shall not be within 100 yards of: _____ a known place of gang activity, loitering (delaying, lingering, or idling about), or congregating.		

**FAMILY VIOLENCE**

<input type="checkbox"/>	64. You shall enroll in and successfully complete a certified Batterer's Program. Enrollment shall occur within 30 days from the date of release.		
<input type="checkbox"/>	65. You shall enroll in and successfully complete a certified Parenting Program. Enrollment shall occur within 30 days from the date of release.		
<input type="checkbox"/>	66. 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.		
<input type="checkbox"/>	67. You shall not come within 100 yards of the victim, the victim's residence, or the victim's workplace.		

**GLOBAL POSITIONING SYSTEM (GPS)**

<input type="checkbox"/>	68. You shall participate in continuous electronic monitoring; e.g., GPS technology. I understand and acknowledge the GPS device continuously records my location and provides data to the Division of Adult Parole Operations. I understand and acknowledge the data is retained indefinitely and may be shared with other law enforcement agencies.		
<input type="checkbox"/>	69. 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.		
<input type="checkbox"/>	70. 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.		
<input type="checkbox"/>	71. You shall observe a _____ a.m./p.m. to _____ a.m./p.m. curfew and remain within your approved residence.		
<input type="checkbox"/>	72. 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.		

PAROLEE NAME: \_\_\_\_\_ CDC NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**GLOBAL POSITIONING SYSTEM (GPS) (CONTINUED)**

		REASON	INITIALS
<input type="checkbox"/>	73. 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.		
<input type="checkbox"/>	74. 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.		
<input type="checkbox"/>	75. You shall contact your parole agent immediately if and when the device vibrates and/or makes an audible tone or beep.		
<input type="checkbox"/>	76. 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**

<input type="checkbox"/>	77. If you are transient, you shall register as a transient and comply with all transient registration requirements pursuant to PC Section 290.011.		
<input type="checkbox"/>	78. 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.		
<input type="checkbox"/>	79. 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**

<input type="checkbox"/>	80. You shall not have access to or use a personal computer and peripheral devices; e.g., printer, scanner, camera, storage devices, etc.		
<input type="checkbox"/>	81. You shall not use or possess cameras, cell phones that include a camera, video cameras, or photography equipment of any kind.		
<input type="checkbox"/>	82. You shall not use or possess a cell phone of any kind.		
<input type="checkbox"/>	83. You shall agree to install, or allow to be installed at your own expense, equipment and/or software to monitor or limit computer use.		
<input type="checkbox"/>	84. You shall not use or access social media sites, social networking sites, peer-to-peer networks, or computer or cellular instant messaging systems; e.g., Facebook, Instagram, Twitter, Snapchat, Lync, Gmail, Yahoo, Kik Messenger, Tumblr, etc. This would include any site which allows the user to have the ability to navigate the internet undetected.		
<input type="checkbox"/>	85. 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.		
<input type="checkbox"/>	86. 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).		
<input type="checkbox"/>	87. 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., stories written about, or for individuals similar to your victim); or materials focused on the culture of your victim, (e.g., children's shows or web sites).		
<input type="checkbox"/>	88. You shall not use any method to hide or prevent unauthorized users from viewing specific data or files, (e.g., encryption, cryptography, steganography, compression, or password protected files). Login and password information shall be provided to your parole agent upon request.		
<input type="checkbox"/>	89. 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 computer memory, alter or "wipe" computer media, defeat forensic software, block monitoring software, restore a computer to a previous state, or reinstall operating systems, etc.		
<input type="checkbox"/>	90. 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 parole conditions or by court order; e.g., hard disks, DVDs, CDs, zip disks, floppy disks, thumb drives, and/or any other storage media whether installed within a device or removable and separate from the actual computer device.		
<input type="checkbox"/>	91. You shall not view, possess, or have access to sexually explicit programming through televisions or any type of monitor.		
<input type="checkbox"/>	92. You shall not view, possess, or have access to electronic media that depicts sexually explicit content.		

PAROLEE NAME: \_\_\_\_\_ CDC NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

**OTHER**

	REASON	INITIAL
<input type="checkbox"/> 93. You shall not place or answer any type of personal advertisement seeking or soliciting a relationship with a stranger.		
<input type="checkbox"/> 94. You shall not use or access any telephone numbers designed for sexual arousal or stimulation.		
<input type="checkbox"/> 95. You shall not use any fictitious names or change your name in an attempt to conceal your true identity or establish another identity.		
<input type="checkbox"/> 96. 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.		
<input type="checkbox"/> 97. You shall not loiter (delay, linger, or idle about) or be in the vicinity of: _____		
<input type="checkbox"/> 98. 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 Section 653c).		
<input type="checkbox"/> 99. You shall not use any public shower facility; join any health club, physical fitness training facility, or sports club.		
<input type="checkbox"/> 100. You shall wear clothing so as not to expose your genitals, breasts, or buttocks.		
<input type="checkbox"/> 101. 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.		
<input type="checkbox"/> 102. You shall have your updated PC Section 290 registration verification with you at all times. You must present it during any contact or interaction with any law enforcement officer.		
<input type="checkbox"/> 103. You shall observe a _____ a.m./p.m. to _____ a.m./p.m. curfew on Halloween, and remain within your approved residence.		
<input type="checkbox"/> 104. You shall/shall not		
<input type="checkbox"/> 105. You shall/shall not		
<input type="checkbox"/> 106. Other information:		
<input type="checkbox"/> 107. Other information:		
<input type="checkbox"/> 108. Other information:		

PAROLEE NAME: \_\_\_\_\_ CDC NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

### REASONS FOR SPECIAL CONDITIONS OF PAROLE

Special conditions can be imposed if there is a nexus or the conditions reasonably related to the subject's commitment offense, criminal conduct, and/or future criminality. A special condition 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 Section 3002 and/or Division of Adult Parole Operations policy.
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:

PAROLEE NAME: \_\_\_\_\_ CDC NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON CODES	DESCRIPTION (cont.)
11	Based on your lawful requirement to register as a sex offender pursuant to PC Section 290, you are subject to sex offender treatment programs pursuant to PC Section 3008(b).
12	GPS/Electronic Monitoring is authorized for use on subject by PC Sections 3010, 3010.1, 3010.5, 3010.7.
13	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.
14	Subject is a validated gang member.
15	Subject has a documented history of gang involvement/activity/association.
16	Subject has a current or prior conviction of PC Sections 182.5 and 186.22.
17	Parole authority imposed special conditions:
18	Parolee volunteered to participate in the 150-day aftercare program. This special condition is to be placed on all Treatment Incentive Program participants.
19	Based on prior history of victimizing biological or adopted children and/or evidence of risk to family members.

PAROLEE'S NAME (LAST, FIRST, M.I.)	PAROLEE'S SIGNATURE	CDC NUMBER	DATE SIGNED

PAROLE AGENT'S NAME	PAROLE AGENT'S SIGNATURE	BADGE NO.	DATE SIGNED

UNIT SUPERVISOR'S NAME	UNIT SUPERVISOR'S SIGNATURE	BADGE NO.	DATE SIGNED

Name:

EXAMPLE OF AUTOMATED FORM

CDC #: PID #

JTCS025D

Thursday May 17, 2018 11:39:15 AM

per agency  
request

## ADDENDUM Special Conditions

(REV. 04/19) Placed By\*: Multiple  
Choices

Special Conditions

Reasons

## COURT IMPOSED

001. You shall abide by any court imposed Special Conditions of Parole.

Click icon to enter Reason Comment

## SUBSTANCE ABUSE

002. You shall submit to urinalysis testing when instructed to do so by a parole agent.

Click icon to enter Reason Comment

003. 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.

Click icon to enter Reason Comment

004. You shall not enter a business whose primary purpose is to sell or serve alcoholic beverages.

Click icon to enter Reason Comment

005. 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.

Click icon to enter Reason Comment

006. You shall enroll in and successfully complete a substance abuse treatment program as directed by your parole agent or appropriate parole authority.

Click icon to enter Reason Comment

## TREATMENT

007. You shall attend Parole Outpatient Clinic (POC) for an initial evaluation and remain in that treatment program as deemed necessary by a Parole Outpatient Clinic clinician.

Click icon to enter Reason Comment

008. You shall participate in a mental health treatment program as directed by your parole agent.

Click icon to enter Reason Comment

009. You shall submit to psychological or physiological assessments to assist in treatment planning and/or parole supervision.

Click icon to enter Reason Comment

010. You shall report to, and actively participate in a Division of Adult Parole Operations approved treatment program specific to sex offenders.

Click icon to enter Reason Comment

011. You hereby agree to polygraph examinations while on parole supervision, with the questioning limited to questions about the success of the sex offender treatment program, the crimes(s) for which you were convicted, and related criminal behavior, whether past or future.

Click icon to enter Reason Comment

012. You agree to and will sign any necessary documents including a waiver of psychotherapist-patient privilege to allow full communication between your sex offender management professional and your parole agent as required by Penal Code (PC) Section 3008 (d)(4) and PC Section 290.09.

Click icon to enter Reason Comment

013. Upon reporting to sex offender treatment, you shall sign the forms presented by the treatment provider, including an information release form and a "Consent to Polygraph" form.

Click icon to enter Reason Comment



## CONTACT WITH MINORS

014. 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 or adopted children.

Click icon to enter Reason Comment



015. 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 or adopted children.

Click icon to enter Reason Comment

016. 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, email, computer, or through another person, etc.

Click icon to enter Reason Comment

017. You shall immediately inform your parole agent regarding any contact with a minor. This includes "Accidental" or "Incidental" contact.

Click icon to enter Reason Comment

018. 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.

Click icon to enter Reason Comment

019. You shall not enter any school building or school grounds (kindergarten and grades 1 to 12, inclusive) unless for lawful business and written permission, indicating the dates and time, has been granted from the chief administrative official of the school.

Click icon to enter Reason Comment

020. 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.

Click icon to enter Reason Comment

## RELATIONSHIPS

021. You shall not date, socialize or form a romantic interest or sexual relationship with any person who has physical custody of a minor.

Click icon to enter Reason Comment

022. You shall inform all persons with whom you have a significant relationship; e.g., employer, dating, or roommate, about your criminal history, and you will inform your parole agent about the relationship.

Click icon to enter Reason Comment

023. You shall inform all persons with whom you have a sexual or romantic relationship, that you have been diagnosed as having a communicable disease.

Click icon to enter Reason Comment


## VICTIM(S)

024. You shall not enter the premises, unnecessarily travel past, or loiter near where your victim(s) \_\_\_\_\_ frequents, resides, is employed, or attends classes.

Click icon to enter Reason Comment

025. You shall not contact or attempt to contact



<input type="checkbox"/>	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.	Click icon to enter Reason Comment
<input type="checkbox"/>	026. You shall not threaten, stalk, abuse, harass, or commit further violent acts against the victim(s) — _____.	Click icon to enter Reason Comment
<input type="checkbox"/>	027. You shall not have in your possession any of your victim(s) _____ personal effects; e.g., pictures, letters, etc. 	Click icon to enter Reason Comment

## ASSOCIATION

<input type="checkbox"/>	028. You shall not associate with any known sex offenders except as previously approved or instructed by your parole agent.	Click icon to enter Reason Comment
<input type="checkbox"/>	029. 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.	Click icon to enter Reason Comment

## TRAVEL

<input type="checkbox"/>	030. You shall not travel more than _____ miles from your residence of record.	Click icon to enter Reason Comment
<input type="checkbox"/>	031. You shall maintain and have in your possession a travel log, which shall include date and time of departure, destination, time of arrival, mileage, route taken, with whom, and include daily starting and ending mileage.	Click icon to enter Reason Comment
<input type="checkbox"/>	032. You shall not hitchhike or pick up hitchhikers.	Click icon to enter Reason Comment
<input type="checkbox"/>	033. 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.	Click icon to enter Reason Comment
<input type="checkbox"/>	034. You shall notify your parole agent in advance of operating any motor vehicle, giving the make, model, year, color, and license number.	Click icon to enter Reason Comment





## EMPLOYMENT

<input type="checkbox"/>	035. Employment shall be pre-approved by your parole agent.	Click icon to enter Reason Comment
<input type="checkbox"/>	036. You shall not obtain employment that allows you to enter a residence where a stranger resides.	Click icon to enter Reason Comment
<input type="checkbox"/>	037. Volunteer work shall be preapproved by your parole agent.	Click icon to enter Reason Comment

## RESIDENCE

<input type="checkbox"/>	038. 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.	Click icon to enter Reason Comment
<input type="checkbox"/>	039. You shall not reside within one-half mile of any	



<input type="checkbox"/>	public or private school (kindergarten and grades 1 through 12, inclusive) pursuant to PC Section 3003(g).	Click icon to enter Reason Comment
<input type="checkbox"/>	040. You shall not reside within _____ feet of any public or private school (kindergarten and grades 1 through 12, inclusive). 	Click icon to enter Reason Comment
<input type="checkbox"/>	041. You shall not reside within _____ feet of any parks where children regularly congregate.	Click icon to enter Reason Comment
<input type="checkbox"/>	042. You shall not reside in the county of _____ 	Click icon to enter Reason Comment
<input type="checkbox"/>	043. You shall be in your approved residence from _____ p.m. to _____ a.m. 	Click icon to enter Reason Comment
<input type="checkbox"/>	044. You shall not establish a residence that has not been preapproved by your parole agent.	Click icon to enter Reason Comment
<input type="checkbox"/>	045. You shall not reside within 35 miles of your victim.	Click icon to enter Reason Comment 

## POSSESSIONS

<input type="checkbox"/>	046. You shall not possess, or have access to any sexually oriented or sexually stimulating objects and/or devices.	Click icon to enter Reason Comment
<input type="checkbox"/>	047. You shall not view, possess, or have access to any pornographic material; e.g., movies, photographs, drawings, literature, etc.	Click icon to enter Reason Comment
<input type="checkbox"/>	048. You shall not view, possess, or have access to any material; e.g., periodicals, newspapers, magazines, catalogs, that depict adults or children in undergarments, nude, partially nude, etc.	Click icon to enter Reason Comment
<input type="checkbox"/>	049. 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.	Click icon to enter Reason Comment
<input type="checkbox"/>	50. You shall not possess or have access to children's clothing, toys, games, or other similar material related to children's interests.	Click icon to enter Reason Comment
<input type="checkbox"/>	051. You shall not possess any household pets or animals including animals not traditionally considered household pets; e.g., snakes, lizards, gerbils, farm animals, etc.	Click icon to enter Reason Comment
<input type="checkbox"/>	052. You shall not use or possess law enforcement identification, insignia, badges, uniforms, or other items identified with law enforcement.	Click icon to enter Reason Comment
<input type="checkbox"/>	053. You shall not use, possess, or have access to surveillance equipment.	Click icon to enter Reason Comment
<input type="checkbox"/>	054. You shall not use, possess, or have access to police radio scanners, or other telecommunications device(s) which monitor police radio transmission.	Click icon to enter Reason Comment
<input type="checkbox"/>	055. You shall not wear, possess, purchase, or have access to costumes, masks, or other identity-concealing items.	Click icon to enter Reason Comment
<input type="checkbox"/>	056. You shall not use or have access to a post office box, safe deposit box, storage facility, or locker.	Click icon to enter Reason Comment



057. You shall not possess or have access to checks, money orders, or credit cards.

Click icon to enter Reason Comment

058. You shall not possess or have access to latex, surgical, or any other type of gloves.

Click icon to enter Reason Comment

## GANG

059. 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.

Click icon to enter Reason Comment

060. You shall not violate any gang abatement injunction, ordinance, or court order.

Click icon to enter Reason Comment

061. 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.

Click icon to enter Reason Comment

062. You shall not possess items such as photographs, written material, publications, jewelry, or any other items depicting or describing activity you know or reasonably should know are associated with gang activity.

Click icon to enter Reason Comment

063. You shall not be within 100 yards of:

\_\_\_\_\_, a known place of gang activity, loitering (delaying, lingering, or idling about), or congregating.

Click icon to enter Reason Comment

## FAMILY VIOLENCE

064. You shall enroll in and successfully complete a certified Batterer's Program. Enrollment shall occur within 30 days from the date of release.

Click icon to enter Reason Comment

065. You shall enroll in and successfully complete a certified Parenting Program. Enrollment shall occur within 30 days from the date of release.

Click icon to enter Reason Comment

066. 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.

Click icon to enter Reason Comment

067. You shall not come within 100 yards of the victim, the victim's residence, or the victim's workplace.

Click icon to enter Reason Comment

## GLOBAL POSITIONING SYSTEM (GPS)

068. You shall participate in continuous electronic monitoring; e.g., global positioning system (GPS) technology. I understand and acknowledge the GPS device continuously records my location and provides data to the Division of Adult Parole Operations. I understand and acknowledge the data is retained indefinitely and may be shared with other law enforcement agencies.

Click icon to enter Reason Comment

069. 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.

Click icon to enter Reason Comment

070. 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,

<input type="checkbox"/>	except when showering or sleeping. When showering or sleeping, you must keep the device within reach of your person.	Click icon to enter Reason Comment
<input type="checkbox"/>	071. You shall observe a _____ a.m. / p.m. to _____ a.m. / p.m. curfew and remain within your approved residence.	Click icon to enter Reason Comment
<input type="checkbox"/>	072. 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.	Click icon to enter Reason Comment
<input type="checkbox"/>	073. 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.	Click icon to enter Reason Comment
<input type="checkbox"/>	074. 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.	Click icon to enter Reason Comment
<input type="checkbox"/>	075. You shall contact your parole agent immediately if and when the device vibrates and/or makes an audible tone (beep).	Click icon to enter Reason Comment
<input type="checkbox"/>	076. You shall not expose the device to extreme temperatures or place it under water; e.g., pool, hot tub, bath, etc.	Click icon to enter Reason Comment

### PC SECTION 290 TRANSIENT

<input type="checkbox"/>	077. If you are transient, you shall register as a transient and comply with all transient registration requirements pursuant to PC Section 290.011.	Click icon to enter Reason Comment
<input type="checkbox"/>	078. If you are transient, you shall contact your parole agent by telephone between the hours of _____ a.m. and _____ p.m. on day (s) _____.	Click icon to enter Reason Comment
<input type="checkbox"/>	079. If you are transient, you shall report to the following destination: _____ on day(s) _____.	Click icon to enter Reason Comment

### COMPUTER USE AND ELECTRONIC MEDIA

<input type="checkbox"/>	080. You shall not have access to or use a personal computer and peripheral devices; e.g., printer, scanner, camera, storage devices, etc.	Click icon to enter Reason Comment
<input type="checkbox"/>	081. You shall not use or possess cameras, cell phones that include a camera, video cameras, or photography equipment of any kind.	Click icon to enter Reason Comment
<input type="checkbox"/>	082. You shall not use or possess a cell phone of any kind.	Click icon to enter Reason Comment
<input type="checkbox"/>	083. You shall agree to install, or allow to be installed at your own expense, equipment and/or software to monitor or limit computer use.	Click icon to enter Reason Comment
<input type="checkbox"/>	084. You shall not use or access social media sites, social networking sites, peer-to-peer networks, or computer or cellular instant message systems; e.g., Facebook, Instagram, Twitter, Snapchat, Lync, Gmail, Yahoo, KIK Messenger, Tumblr, etc. This would include any site which allows the user to have the ability to navigate the internet undetected.	Click icon to enter Reason Comment
<input type="checkbox"/>	085. 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.	Click icon to enter Reason Comment
	086. 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).	Click icon to enter Reason Comment
	087. 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); or materials focused on the culture of your victim, (e.g., children's shows or web sites).	Click icon to enter Reason Comment
	088. You shall not use any method to hide or prevent unauthorized users from viewing specific data or files, (e.g., encryption, cryptography, steganography, compression, or password protected files). Log in and password information shall be provided to your parole agent upon request.	Click icon to enter Reason Comment
	089. 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 computer memory, alter or "wipe" computer media, defeat forensic software, block monitoring software, restore a computer to a previous state, or reinstall operating systems. etc.	Click icon to enter Reason Comment
	090. 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, DVDs, CDs, zip disks, floppy disks, thumb drives, and/or any other storage media whether installed within a device or removable and separate from the actual computer device.	Click icon to enter Reason Comment
	091. You shall not view, possess, or have access to programming for the purpose of viewing sexually explicit programming through televisions or any type of monitor.	Click icon to enter Reason Comment
	092. You shall not view, possess, or have access to electronic media that depicts sexually explicit content.	Click icon to enter Reason Comment
<b>OTHER</b>		
	093. You shall not place or answer any type of classified personal advertisement seeking or soliciting a relationship with a stranger.	Click icon to enter Reason Comment
	094. You shall not use or access any telephone	Click icon to enter Reason Comment

	numbers designed for sexual arousal or stimulation.	Click icon to enter Reason Comment
095.	You shall not use any fictitious names or change your name in an attempt to conceal your true identity or establish another identity.	Click icon to enter Reason Comment
096.	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.	Click icon to enter Reason Comment
097.	You shall not loiter (to delay, to linger, or to idle about) or be in the vicinity of: _____	Click icon to enter Reason Comment
098.	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 Section 653c).	Click icon to enter Reason Comment
099.	You shall not use any public shower facility, join any health club, physical fitness training facility, or sports club.	Click icon to enter Reason Comment
100.	You shall wear clothing so as not to expose your genitals, breasts, or buttocks.	Click icon to enter Reason Comment
101.	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.	Click icon to enter Reason Comment
102.	You shall have your updated PC Section 290 registration verification with you at all times. You must present it during any contact or interaction with any law enforcement officer.	Click icon to enter Reason Comment
103.	You shall observe a _____ a.m./p.m. to _____ a.m./p.m. curfew on Halloween and remain within your approved residence.	Click icon to enter Reason Comment
104.	You shall/shall not: _____	Click icon to enter Reason Comment
105.	You shall/shall not: _____	Click icon to enter Reason Comment
106.	Other information: _____	Click icon to enter Reason Comment
107.	Other information: _____	Click icon to enter Reason Comment
108.	Other information: _____	Click icon to enter Reason Comment

Add

Prior Page

Reason comment	Description
01	01. Subject has a history, supported by an arrest, conviction, or documented admission or pattern of illegal or illicit drug use.
02	02. 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.
03	03. Based on factors and circumstances directly related to the subjects 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: _____
04	04. 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 committed offense is described as: _____
05	05. 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: _____
06	06. Based on previous offense(s) as noted in the subject's probation or parole violation 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, or additional violation of his or her conditional release. Previous violations include: _____
07	07. Subject has a documented history of psychiatric/psychological illness and/or related symptoms.
08	08. Parole Outpatient Clinic Referral as required per PC Section 3002 and/or Division of Adult Parole Operations policy.
09	09. 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	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	11. Based on your lawful requirement to register as a sex offender pursuant to PC Section 290, you are subject to sex offender treatment programs pursuant to PC Section 3008(b).
12	12. GPS/electronic monitor use is authorized for use on subject by PC 3010, 3010.1, 3010.5, 3010.7.
13	13. 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.
14	14. Subject is a validated gang member.
15	15. Subject has a documented history of gang involvement/activity/association.
16	16. Subject has a current or prior conviction of PC 182.5 and PC 186.22.
17	17. Parole authority imposed special conditions: bph.
18	18. Parolee volunteered to participate in the 150-day aftercare program. This special condition is to be placed on all treatment incentive program participants.
19	19. Based on prior history of victimizing biological or adopted children and/or evidence of risk to family members.

ADOPT

<input type="radio"/> COMPLETE REPORT <input type="radio"/> SUPPLEMENTAL REPORT <input type="radio"/> CONTINUATION OF REPORT		REPORT NUMBER	ARRESTING UNIT <input type="radio"/> DAPO <input type="radio"/> OTHER		NAME OF ARRESTING AGENT/OFFICER			
DATE/TIME OF REPORT		DATE/TIME OF ARREST / INCIDENT		LOCATION OF ARREST/INCIDENT		BOOKING NUMBER		
1st CHARGE		<input type="radio"/> FELONY <input type="radio"/> MISDEMEANOR		CRIME DEFINITION				
2nd CHARGE		<input type="radio"/> FELONY <input type="radio"/> 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 <input type="radio"/> YES <input type="radio"/> NO		PAROLE REGION/UNIT		POST RELEASE COMMUNITY SUPERVISION <input type="radio"/> YES <input type="radio"/> NO			
RESIDENCE ADDRESS (NO. AND STREET/APARTMENT/FLOOR/ROOM)				CITY	STATE	ZIP CODE		
MAILING ADDRESS		<input type="checkbox"/> SAME	HOME PHONE NUMBER		ALTERNATE PHONE NUMBER			
SEX <input type="radio"/> MALE <input type="radio"/> 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		CH 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 <input type="checkbox"/> SAME AS SUBJECT			
NAME OF LEGAL OWNER <input type="checkbox"/> SAME AS SUBJECT					VEHICLE DISPOSITION <input type="radio"/> STORED <input type="radio"/> 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 <input type="checkbox"/> SAME AS SUBJECT			
NAME OF LEGAL OWNER <input type="checkbox"/> SAME AS SUBJECT					VEHICLE DISPOSITION <input type="radio"/> STORED <input type="radio"/> 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 <input type="radio"/> YES <input type="radio"/> NO	TEST TYPE	SIGHT TEST <input type="radio"/> YES <input type="radio"/> 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 <input type="radio"/> YES <input type="radio"/> NO	TEST TYPE	SIGHT TEST <input type="radio"/> YES <input type="radio"/> 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 <input type="checkbox"/> SAME AS RESIDENCE		HOME PHONE NUMBER	ALTERNATE PHONE NUMBER	
SEX <input type="radio"/> MALE <input type="radio"/> 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 <input type="checkbox"/> SAME AS RESIDENCE		HOME PHONE NUMBER	ALTERNATE PHONE NUMBER	
SEX <input type="radio"/> MALE <input type="radio"/> FEMALE	AGE	RACE	DATE OF BIRTH	OCCUPATION/EMPLOYER/EMPLOYER'S ADDRESS

**SYNOPSIS**

REPORT NO \_\_\_\_\_

SYNOPSIS (continued)

REPORTING AGENT/ OFFICER (PRINT NAME)

SIGNATURE

BADGE NO

DATE

SUPERVISOR (PRINT NAME)

SIGNATURE

BADGE NO

DATE

DELETE

<input type="checkbox"/> COMPLETE REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CONTINUATION OF REPORT		REPORT NUMBER	ARRESTING UNIT <input type="checkbox"/> DAPD <input type="checkbox"/> OTHER		NAME OF ARRESTING AGENT/OFFICER		
DATE/TIME OF REPORT		DATE/TIME OF ARREST / INCIDENT		LOCATION OF ARREST/INCIDENT		BOOKING NUMBER	
1 <sup>ST</sup> CHARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR		CRIME DEFINITION			
2 <sup>ND</sup> CHARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO		PAROLE REGION/UNIT		POST RELEASE COMMUNITY SUPERVISION <input type="checkbox"/> YES <input type="checkbox"/> NO		
RESIDENCE ADDRESS (NO. AND STREET / APARTMENT/FLOOR/ROOM)				CITY	STATE	ZIP CODE	
MAILING ADDRESS		<input type="checkbox"/> SAME		HOME PHONE NUMBER		ALTERNATE PHONE NUMBER	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	RACE	DATE OF BIRTH	PLACE OF BIRTH	HAIR	EYES HEIGHT WEIGHT	
DRIVERS LICENSE/I.D. NUMBER		STA TE	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 <input type="checkbox"/> SAME AS SUBJECT			
NAME OF LEGAL OWNER <input type="checkbox"/> SAME AS SUBJECT				VEHICLE DISPOSITION <input type="checkbox"/> STORED <input type="checkbox"/> 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 <input type="checkbox"/> SAME AS SUBJECT			
NAME OF LEGAL OWNER <input type="checkbox"/> SAME AS SUBJECT				VEHICLE DISPOSITION <input type="checkbox"/> STORED <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST TYPE	SIGHT TEST <input type="checkbox"/> YES <input type="checkbox"/> 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	GALIBER	FINISH	GRIP	GUN STOCK
CONDITION	GUN TEST	TEST TYPE	SIGHT TEST	SIGHT TEST
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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 <input type="checkbox"/> SAME AS RESIDENCE		HOME PHONE NUMBER	ALTERNATE PHONE NUMBER	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> 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 <input type="checkbox"/> SAME AS RESIDENCE		HOME PHONE NUMBER	ALTERNATE PHONE NUMBER	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> 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