

ATTACHMENT 1
 PVDTS#: _____

CDC #	PAROLEE NAME (LAST, FIRST, MI)			PAROLE UNIT	REGION	AGENT OF RECORD	
AGE	DOB	SEX <input type="checkbox"/> M <input type="checkbox"/> 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 <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> N/A	SENSITIVE WITNESS <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> FEARFUL <input type="checkbox"/> MINOR/JUVENILE
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WITNESS/VICTIM STATEMENT: _____

COURT STATUS: _____

EVALUATION: _____

ATTACHMENT 1
PVDTS#:

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

SAMPLE

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): _____

For Warrant Unit Internal Use Only

AFTER-HOURS WARRANT TRACKING FORM			
COUNTY OF:		CALL DATA	
ADMINISTRATIVE OFFICER OF THE DAY'S NAME:		DATE: _____	
REQUESTING PAROLE AGENT'S NAME:	PAROLE UNIT:	TIME: _____	
PAROLE UNIT SUPERVISOR'S NAME:		Authorized by the County: <input type="checkbox"/> YES <input type="checkbox"/> 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.

<input type="checkbox"/> COMPLETE REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/> CONTINUATION OF REPORT		REPORT NUMBER	ARRESTING UNIT <input type="checkbox"/> DAPO <input type="checkbox"/> OCS <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 ST CHARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> MISDEMEANOR	CRIME DEFINITION	
2 ND CHARGE		<input type="checkbox"/> FELONY <input type="checkbox"/> 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 <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	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 <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
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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 <input type="checkbox"/> YES <input type="checkbox"/> NO	TEST TYPE	SIGHT TEST <input type="checkbox"/> YES <input type="checkbox"/> 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				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				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

PVDTS Case: _____		Subject to 3000.1 <input type="radio"/> Y <input type="radio"/> N	
A CDC Number	Offender Name (LAST, FIRST, MI)		Parole Unit
Age	DOB	Sex <input type="radio"/> M <input type="radio"/> F	Region
	Race	Height	Weight
		Eyes	Hair
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 B Law Enforcement Agency Alone AB DAPO Assisted by Law Enforcement Agency D Law Enforcement Agency With Information From DAPO		<input type="checkbox"/> Imminent Discharge
Reason For Retaining Parole Hold: Parolee Danger To:		Parolee/Releasee Copy Provided (Date)	Mailed or Delivered By
<input type="checkbox"/> Abscond <input type="checkbox"/> Property-Others <input type="checkbox"/> Safety-Others			
Commitment Offense(s):			
Offense Code	Offense Description		Controlling Offense
DEC System Checked <input type="radio"/> Yes <input type="radio"/> No			
Disability/Effective Communication Information:			
B CSRA Risk Level:	<input type="radio"/> Low (1) <input type="radio"/> Moderate (2) <input type="radio"/> High - Drug (3) <input type="radio"/> High - Property (4) <input type="radio"/> High - Violent (5)		
Is the Parolee a Sex Offender (as defined by PC 290)? <input type="radio"/> Yes <input type="radio"/> No If yes, indicate STATIC-99 Risk Category: <input type="radio"/> Low (Score of 3 or less) <input type="radio"/> High (Score of 4 or more)			
Supervised Using GPS	<input type="radio"/> Yes <input type="radio"/> No	Classification	GPS used to affect arrest <input type="radio"/> Yes <input type="radio"/> No GPS used to investigate violation <input type="radio"/> Yes <input type="radio"/> No
C Violation(s):			
D Circumstances of Charge(s):			
D1 Parolee/Witness Statement			
D2 Court Status			

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

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

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

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

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery
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Response Level 3: Most Intensive - <i>Select Desired Sanction(s)</i> Most Intensive - A <input type="checkbox"/> Placement into Mental Health Services (3a) <input type="checkbox"/> Placement into Intensive Licensed/Certified Residential or Outpatient Drug Treatment Program (3b)	Response Level 4: Most Intensive C <input type="checkbox"/> Recommend for Revocation (4a)
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Most Intensive - B <input type="checkbox"/> Recommend for Revocation (3e)	Recommended Revocation Days _____
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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 # <input type="text"/>	Name <input type="text"/>	Date <input type="text"/>
User ID <input type="text"/>	Password <input type="text"/>	Lock <input type="text"/>

SAMPLE

CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery
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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 Reinstatement on Parole as of Date:

Time Loss: Yes No Refer for Revocation Investigate and Submit Appropriate Report by (Date):

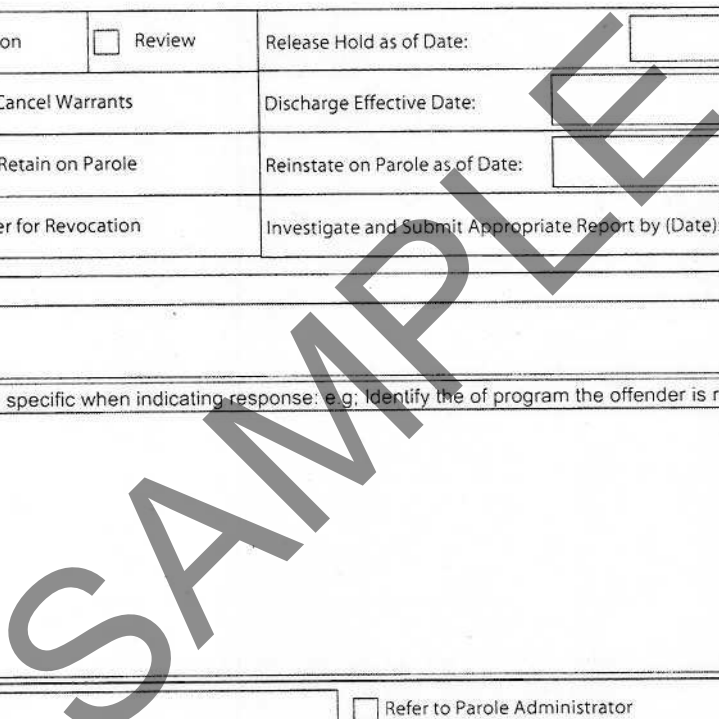
Special Conditions of Parole: Add SCP Delete SCP

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: Refer to Parole Administrator

Badge # Name Date

User ID Password Lock



CDC Number	Offender Name (LAST, FIRST, MI)	Parole Unit	Date of Discovery			
J	Parole Administrator's Determination					
<input type="radio"/> Agree	<input type="radio"/> DOP	<input type="radio"/> Least Intensive	<input type="radio"/> Moderately Intensive	<input type="radio"/> Most Intensive A	<input type="radio"/> Most Intensive B	<input type="radio"/> Most Intensive C
Parole Administrator's Response:						
<input type="checkbox"/> Refer for Revocation	Discharge Effective Date: <input type="text"/>					
Badge #	<input type="text"/>	Name	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>
User ID	<input type="text"/>	Password	<input type="text"/>	Lock	<input type="text"/>	<input type="text"/>

SAMPLE

ATTACHMENT 4

PVDTs #: _____

RED TEXT DOES NOT PRINT

CDC NUMBER	PAROLEE NAME (LAST, FIRST, MI)			PAROLE UNIT	REGION	AGENT OF RECORD	
AGE	DOB	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	HEIGHT	WEIGHT	EYES	HAIR
LAST KNOWN ADDRESS			RESIDENTIAL PATTERN DROP DOWN LIST - PICK ONE: STABLE / UNSTABLE / TRANSIENT	CONTROLLING DISCHARGE DATE		LIFE-TERM PAROLEE PC 3000.1 <input type="checkbox"/> YES <input type="checkbox"/> 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
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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
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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:

SIGNATURE OF UNIT SUPERVISOR

DATE SIGNED

Inmate / Parolee Initials: _____

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

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 <i>(circle all that apply)</i> : 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 <i>(circle all that apply)</i> : 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 <i>(circle all that apply)</i> : M / T / W / TH / F / S / SU .		
81. If you are transient, you shall report to the following destination _____ on <i>(circle all that apply)</i> : 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

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 <input type="checkbox"/> PAROLE <input type="checkbox"/> 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

- 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: _____

For court use only

SUPERVISING AGENCY (Name and address):		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		CDCR NUMBER, IF ANY:
STREET ADDRESS:		
CITY AND ZIP CODE:		
BRANCH NAME:		COURT/CASE NUMBER:
IN THE MATTER OF (name of supervised person):		
Date of birth:		
PETITION FOR REVOCATION		
<input type="checkbox"/> PAROLE (Pen. Code, § 3000.08) <input type="checkbox"/> PRCS (Pen. Code, § 3455)		
INSTRUCTIONS		
<ul style="list-style-type: none"> • 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:

NAME AND TITLE OF PETITIONER

By

SIGNATURE OF PETITIONER

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 <input type="checkbox"/> PAROLE <input type="checkbox"/> 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

- 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.

For court use only

Date: Time: Location:

 JUDICIAL OFFICER