



NEW YORK CITY DEPARTMENT OF CORRECTION

Joseph Ponte, Commissioner

Susana Chávez Hersh, Deputy Agency Chief Contracting Officer

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East Elmhurst, NY 11370

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August 19, 2014

**ADDENDUM #2 to PIN 072201501MIS**

Jail Management System (JMS) Implementation  
Project

Dear Prospective Proposer:

Pursuant to 3-03 (f)(2) of the Procurement Policy Board (PPB) Rules, the Department of Correction (Department) is issuing **Addendum #2** to the Request for Proposal for the design, development, testing and implementation of a new Jail Management System (JMS).

**BID DUE DATE**

Please be advised that the Bid Opening Date for the above referenced procurement remains **Thursday, September 4, 2014 at 3:00PM**

**DEADLINE FOR CLARIFICATIONS**

The deadline for questions is **Wednesday, August 27, 2014 at close of business**. The Department will endeavor to answer any questions received after this date, but there may not be sufficient time for replies to be received before the bid due date.

**DOCUMENTS PROVIDED BY DOC**

Kindly see attached a document with sample artifacts for paper processing of inmates for your reference in preparing your proposal.

**ADDITIONAL QUESTIONS AND RESPONSES**

**Question No. 1:**

What interfaces are exposed by current web based application?

**Response No. 1:**

The database which feeds web-based applications receives a 2-minute feed/interface from the legacy source system. Data is extracted from the database tables behind the web applications to feed the reporting repository.

**Question No. 2:**

Can you please specify total number of concurrent users?

**Response No. 2:**

There are currently 2500 IIS users; it is anticipated that the future application will support double that number, but many will be query/read-only access. Currently there is a maximum level of 380 IIS users logged in at any one time. Obviously, these are not concurrent users. Estimate a future state of 500 concurrent users.

**Question No. 3:**

How is data captured from NYPD, NYS DOCCS?

**Response No. 3:**

Data is currently received via FTP transfer.

**Question No. 4:**

How many NYC DOCS staff will be available during the project duration and their percentage of allocation?

**Response No. 4:**

This will be decided during project planning. DOC will make subject matter experts available as needed.

**Question No. 5:**

Are you suggesting to implement project using waterfall methodology? Can vendor suggest alternate methodology? If alternate methodology is accepted by NYS DOCS, is NYS DOCS will be flexible in terms of payment plan?

**Response No. 5:**

DOC is open to alternative methodologies and payment plans.

**Question No. 6:**

Does NYC DOCS have document repository e.g. FileNet, Documentum etc.?

**Response No. 6:**

DOC does not currently have a document management system.

**Question No. 7:**

Are you expecting vendor to validate requirements by going through existing IIS source code?

**Response No. 7:**

No, we do not want to replicate the IIS – all requirements related to its current functionality have been documented, and JMS requirements include changes and additions.

**Additional responses to questions received to date will be addressed in subsequent Addenda and posted on the Department's website.**

Please sign below in acknowledgment of this addendum. **\*Submit this addendum with your proposal.**

  
Deputy Agency Chief Contracting Officer

**I acknowledge receipt of this addendum.**



\_\_\_\_\_  
Proposer/Company Name (Print)

\_\_\_\_\_  
Authorized Representative (Print Name)

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

## Artifacts for New Admissions

CRIMINAL COURT OF THE CITY OF NEW YORK									
SECURING ORDER					COUNTY OF BRONX				
Name of Defendant (Print) (Last) (First) (Initial)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	Criminal Court Number				
					2	0		BX	
A/K/A (Print) (Last) (First) (Initial)			NYSID NUMBER						
Major Arraignment Charge (Indicate Section and Law)					Major Reduced/Changed Charge (Indicate Section and Law)				
To the Commissioner of Correction of the City of New York									
By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.									
									
SUPREME COURT OF THE STATE OF NEW YORK									
SECURING ORDER					COUNTY OF BRONX				
Major Pre-Indictment Charge (F) (M)		Major Charge After Conviction (F) (M) (V)		Supreme Court Number			Year		
							2	0	
Major Indictment Charge (F) (M)									
To the Commissioner of Correction of the City of New York									
By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.									
									
CRC 3050 (6/99)									

Attachment 1: Securing Order for the Bronx





**CRIMINAL COURT OF THE CITY OF NEW YORK**

**SECURING ORDER**

**COUNTY OF KINGS**

Name of Defendant (Print) (Last) (First) (Initial)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age 2 0	Criminal Court Number KN				
-------------------------------------------------------	--	--	--------------------------------------------------------------	------------	-----------------------------	--	--	--	--

A/K/A (Print) (Last) (First) (Initial)			NYSID NUMBER				
-------------------------------------------	--	--	--------------	--	--	--	--

Major Arraignment Charge (Indicate Section and Law) (F) (M) (V)	Major Reduced/Changed Charge (Indicate Section and Law) (F) (M) (V)
--------------------------------------------------------------------	------------------------------------------------------------------------

To the Commissioner of Correction of the City of New York

By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.



**SUPREME COURT OF THE STATE OF NEW YORK**

**SECURING ORDER**

**COUNTY OF KINGS**

Major Pre-Indictment Charge (F) (M)	Major Charge After Conviction (F) (M) (V)	Supreme Court Number					Year	
Major Indictment Charge (F) (M)							2	0

To the Commissioner of Correction of the City of New York

By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.



**Attachment 2: Securing Order for Brooklyn**

[illegible]

**CRIMINAL COURT OF THE CITY OF NEW YORK**

**SECURING ORDER**

**COUNTY OF QUEENS**

Name of Defendant (Print) (Last) (First) (Initial)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age 2 0	Criminal Court Number QN				
A/K/A (Print) (Last) (First) (Initial)			NYSID NUMBER						
Major Arraignment Charge (Indicate Section and Law) (F) (M) (V)				Major Reduced/Changed Charge (Indicate Section and Law)					

To the Commissioner of Correction of the City of New York

By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.



**SUPREME COURT OF THE STATE OF NEW YORK**

**SECURING ORDER**

**COUNTY OF QUEENS**

Major Pre-Indictment Charge (F) (M)	Major Charge After Conviction (F) (M) (V)	Supreme Court Number				Year	
Major Indictment Charge (F) (M)		2 0					

To the Commissioner of Correction of the City of New York

By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.



**Attachment 3: Securing Order for Queens**



[illegible]



**CRIMINAL COURT OF THE CITY OF NEW YORK**

**SECURING ORDER**

**COUNTY OF NEW YORK**

Name of Defendant (Print) (Last) (First) (Initial)			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age 2 0	Criminal Court Number NY			
A/K/A (Print) (Last) (First) (Initial)			NYSID NUMBER					
Major Arraignment Charge (Indicate Section and Law)					Major Reduced/Changed Charge (Indicate Section and Law)			

To the Commissioner of Correction of the City of New York

By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.



**SUPREME COURT OF THE STATE OF NEW YORK**

**SECURING ORDER**

**COUNTY OF NEW YORK**

Major Pre-Indictment Charge (F) (M)	Major Charge After Conviction (F) (M) (V)	Supreme Court Number				Year	
Major Indictment Charge (F) (M)						2	0

To the Commissioner of Correction of the City of New York

By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver the defendant to the adjournment Part, unless the defendant is released on bail or otherwise in accordance with the law.



**Attachment 4: Securing Order for New York County (Manhattan)**



CRIMINAL COURT OF THE CITY OF NEW YORK									
SECURING ORDER					COUNTY OF RICHMOND				
Name of Defendant (Last) (First) (Print) (Initial)				Sex <input type="checkbox"/> M <input type="checkbox"/> F		Age		Criminal Court Number	
A/K/A (Last) (First) (Print) (Initial)				NYSID NUMBER					
Major Arraignment Charge (Indicate Section and Law)					Major Reduced/Changed Charge (Indicate Section and Law)				
(F) (M) (V)					(F) (M) (V)				
To The Commissioner of Correction of the City of New York:									
By ORDER of the Judge presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver him to the adjourned Part, unless he be released on bail or otherwise in accordance with the law.									
SUPREME COURT OF THE STATE OF NEW YORK									
SECURING ORDER					COUNTY OF RICHMOND				
Major Pre-Indictment Charge			Major Charge After Conviction			Supreme Court Number		Year	
(F) (M)									
Major Indictment Charge									
(F) (M)			(F) (M) (V)						
To the Commissioner of Correction of the City of New York:									
By ORDER of the Justice Presiding in the Calendar Part, the defendant named above be and hereby is committed to your custody until 9:30 A.M. of the adjourned date, at which time you shall deliver him to the Adjourned Part, unless he be released on bail or otherwise in accordance with the law.									
CRC 3052 (SC/CRC 299K-R) (REV. 11/93)									

Attachment 5: Securing Order for Richmond County (Staten Island)

[illegible]



CRIMINAL COURT OF THE CITY OF NEW YORK									
SECURING ORDER		JUVENILE OFFENDER			COUNTY OF _____				
Name of Juvenile Defendant (Last) (First)		(Print) (Initial)	Sex <input type="checkbox"/> M <input type="checkbox"/> F		Age at Commission of Crime		Criminal Court Number		
A/K/A (Last) (First)		(Print) (Initial)	NYSID NUMBER						
Major Arraignment Charge (Indicate Section and Law)					Major Reduced/Changed Charge (Indicate Sec. and Law)				
(F) (M) (V)					(F) (M) (V)				
<p>To the Commissioner of Correction of the City of New York and the Commissioner of the Department of Juvenile Justice of the City of New York:</p> <p>By ORDER of the Judge Presiding, the Juvenile Defendant named above is committed to the custody of the Commissioner of Correction of the City of New York. The Commissioner of Correction is directed to deliver said Juvenile Defendant to the Department of Juvenile Justice for lodging in a place certified by the State Division for Youth as a juvenile detention facility until 9:30 a.m. of the adjourned date. Then the Department of Juvenile Justice shall deliver the Juvenile Defendant to the Department of Correction for delivery to the Adjourned Part, unless the Juvenile Defendant is released on bail or otherwise released in accordance with the law.</p>									
SUPREME COURT OF THE STATE OF NEW YORK									
SECURING ORDER		COUNTY OF _____							
Major Pre-Indictment Charge		Major Charge After Conviction				Supreme Court Number Year			
(F) (M)		(F) (M) (V)							
Major Indictment Charge									
(F) (M)		(F) (M) (V)							
<p>To the Commissioner of Correction of the City of New York and the Commissioner of the Department of Juvenile Justice of the City of New York:</p> <p>By ORDER of the Justice Presiding in the Calendar Part, the Juvenile Defendant named above is committed to the custody of the Commissioner of Correction of the City of New York. The Commissioner of Correction is directed to deliver said Juvenile Defendant to the Department of Juvenile Justice for lodging in a place certified by the State Division for Youth as a juvenile detention facility until 9:30 a.m. of the adjourned date. Then the Department of Juvenile Justice shall deliver the Juvenile Defendant to the Department of Correction for delivery to the Adjourned Part, unless the Juvenile Defendant is released on bail or otherwise released in accordance with the law.</p>									

SC/ CRC 299 - 4/76

Attachment 6: Securing Order for Juvenile Defendants



<b>JUVENILE OFFENDER</b>												
Name of Juvenile Defendant (Last) (First)			(Print) (Initial)	Criminal Court Number				Supreme Court Number				Year
COURT ACTION												
CALENDAR			ADJOURNED TO		BAIL CONDITION				COURT OFFICIAL			
DATE	PART	JUDGE/JUSTICE	DATE	PART					SIGNATURE		TITLE	
					SAMPLE							
REMARKS												

Name of Juvenile Defendant  
(Last) (First)

(Print)  
(Initial)

Criminal Court Number

Supreme Court Number

Year

## COURT ACTION

[illegible]

REMARKS

**MEDICAL TREATMENT OF PRISONER**

PD 244-150 (Rev. 12-99)-Pent-RMU

Date

**SECTION I - TO BE COMPLETED BY N.Y.P.D.**

Prisoner's Name (Last, First, M.I.) (Print)

Age

Sex

Address

Street

Zip Code

Apt.

Telephone No.

**Arresting  
Officer:**

Rank (Print)

Name (Last, First, M.I.)

Signature

Shield No.

Tax Reg. No.

Command

Arrest No.

Cmd. Of Arrest

Charge

**Escort  
Officer:**

Rank (Print)

Name (Last, First, M.I.)

Signature

Shield No.

Tax Reg. No.

Command

Prisoner Requests/Requires Medical Aid

☐ Yes ☐ No

Prisoner Refused Medical Aid

☐ Yes ☐ No

Date

Time

Prisoner's Signature

Transported To Hospital (Name)

Date

Time

Via Patrol

Wagon #

RMP #

ACR #

PCR #

Operator Rank (Print) Name (Last, First, M.I.)

Returned From Hospital

Date

Time

Attempted Suicide

☐ Yes ☐ No

Nature Of Illness/Injury

If Injury

☐ Old ☐ New

Restraining Devices Used

☐ Yes ☐ No

Type

☐ No

E. S. U. Responded

☐ Yes ☐ No

If Yes, Respondent's Rank (Print) Name (Last, First, M.I.)

Prescription Medication

☐ Yes ☐ No

Prescription Number And Name Of Physician

Pharmacy / Phone No.

Property Clerk Invoice No./Cmd.

Possessed At Arrest

☐ Yes ☐ No

Remarks:

Prisoner Refused Medical Aid In The Field ☐ Yes ☐ NoPrisoner Refused Medical Aid At The Command ☐ Yes ☐ NoPrisoner Refused Medical Aid Within The Court Section ☐ Yes ☐ NoRecommend Prisoner Be Separated From General Population ☐ Yes ☐ No

E.M.S. Field Personnel

Print Name (Last, First, M.I.)

Shield #

Date

Time

Refer To Hospital Emergency Room ☐ Yes ☐ No

E.M.S. Court Section

Print Name (Last, First, M.I.)

Shield #

Date

Time

Refer To Hospital Emergency Room ☐ Yes ☐ No

NYPD Supervisor/Desk Officer

Rank (Print) Name (Last, First, M.I.)

Signature

Cmd. Of Arrest/Court Section

Date

Time

**SECTION II - TO BE COMPLETED BY HOSPITAL MEDICAL STAFF**

Admitted To Hospital

☐ Yes ☐ No

Suicide Watch Recommended By Hospital Staff

☐ Yes ☐ No

Transfer to Psychiatric Hospital Recommended By Hospital Medical Staff

☐ Yes ☐ No

Medication Prescribed

☐ Yes ☐ No

Medication To Be Taken As Prescribed

☐ Yes ☐ No

Medication To Travel With Prisoner

☐ Yes ☐ No

Refer To Psychiatric Hospital

☐ Yes ☐ No

Print Name (Last, First, M.I.)

Signature

Title

Date

Time

NYPD Court Section Supervisor:

Rank (Print) Name (Last, First, M.I.)

Signature

Court Section

Date

Time

Received By Department Of Correction:

Rank (Print) Name (Last, First, M.I.)

Signature

Shield / I. D. #

Date

Time

**DISTRIBUTION:** 1. WHITE, 2. BLUE, 3. PINK - DEPT. OF CORRECTION, 4. BUFF - CMD. OF ARREST, 5. GREEN - ARRAIGNING JUDGE.  
(Receipt will be obtained by Escorting Officer on PINK COPY and returned to COURT SECTION facility. Upon receipt of PINK COPY, COURT SECTION Supervisor will remove BUFF COPY from FILE and forward it to COMMAND OF ARREST FOR FILE.)

**NOTE: A PHOTO COPY OF THIS FORM MAY BE PROVIDED UPON REQUEST TO HEALTH AND HOSPITALS CORPORATION (HHC) PERSONNEL.**

**Attachment 7: Medical Treatment of Prisoner Form (Form PD244-150)**

**NEW YORK STATE RECORD OF JUVENILE DETENTION IN NYCDOC  
(PERSON UNDER THE AGE OF 16)**

**The following information must be submitted to the State Commission of Correction  
whenever a juvenile has been detained in any NYCDOC Facility.**

Name of Juvenile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Race and Ethnicity:

- ☐ White (non-Hispanic)
- ☐ Asian (non-Hispanic)
- ☐ American Indian or Alaska Native (non-Hispanic)
- ☐ Hispanic or Latino
- ☐ Black or African American (non-Hispanic)
- ☐ Native Hawaiian or other Pacific Islander (non-Hispanic)

Crime Charged/Reason for Detention:

\_\_\_\_\_  
\_\_\_\_\_

Was juvenile separated from adult (age 16 or over) detainees? ☐ Yes ☐ No

If NOT please note where the juvenile was when they were not separated (e.g. Booking Area,  
Cell Block):

\_\_\_\_\_  
\_\_\_\_\_

Date & time juvenile was removed from facility: \_\_\_\_\_

Was juvenile transferred from another location or agency (e.g. Police Dept/Jail)? ☐ Yes ☐ No

If yes, which location or agency? \_\_\_\_\_

Was juvenile transferred to another location or agency (e.g. NYPD/NYCDOC Facility/  
Department of Juvenile Justice)? ☐ Yes ☐ No

If yes, to which location or agency? \_\_\_\_\_

Form submitted by: Name: \_\_\_\_\_ Title: \_\_\_\_\_

Area code and phone number: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

Mail form to:

OR

Fax the form to:

NYS Commission of Correction  
80 Wolf Road, 4<sup>th</sup> Floor  
Albany, NY 12205

(518) 485-2467



If you have any questions, please call (518) 485-2485

1/08

<b>CORRECTION DEPARTMENT CITY OF NEW YORK</b>		<b>ATTACHMENT - A</b>		Page 1 of 2 Pages	Form: ARC 239M Rev.: 12/14/07 Ref.: Dir. 4100R-B		
<b>ARRAIGNMENT AND CLASSIFICATION RISK SCREENING FORM</b>							
<b>A</b>	Inmate's Last Name:		First Name:		M.I.:	Book & Case #:	
	N.Y.S.I.D. #:		I.N.S. #:		Green Card (If yes, indicate #): Yes <input type="checkbox"/> No <input type="checkbox"/>	CMC: Yes <input type="checkbox"/> No <input type="checkbox"/> CMC #:	
	Commitment Received From Court: HRS		NYCDOC physical custody date/time: HRS		Destination Facility:		
	<b>ALIASES:</b>	Last Name		First Name		Separation: Yes <input type="checkbox"/> No <input type="checkbox"/>	
						OSIU #:	
				Red ID: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have immediate medical needs? (If yes, specify) Yes <input type="checkbox"/> No <input type="checkbox"/>				Does Securing Order/Commitment Papers indicate medical/mental health attention requested? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Physical condition as stated by inmate:				Officer's observation, include any obvious indication of immediate medical needs or any display of extreme nervousness or depression, etc.:			
Look for signs of the following (Check when applicable):							
<input type="checkbox"/> Dilated Pupils		<input type="checkbox"/> Tattoos		<input type="checkbox"/> Signs of trauma (severe bruises or blood on clothing)			
<input type="checkbox"/> Needle Tracks		<input type="checkbox"/> Puncture Marks		<input type="checkbox"/> Body Deformities (Missing Limbs)			
<input type="checkbox"/> Staggering		<input type="checkbox"/> Scars (from attempted suicides)		<input type="checkbox"/> Other (Specify) _____			
<b>B</b>	Are you disabled? (If Yes, specify) Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you requesting a reasonable accommodation? (If Yes, specify) Yes <input type="checkbox"/> No <input type="checkbox"/>				
	<b>DESCRIPTION OF CLOTHING (INCLUDING MULTIPLE ITEMS)</b>						
ITEMS		YES	NO	COLOR	REMARKS	FINGERPRINTS - LEFT INDEX FINGER  DISCHARGE  ADMISSION	
PANTS							
SHIRT/BOUSE							
DRESS/SKIRT							
BELT							
SHOES							
SNEAKERS							
ITEMS		YES	NO	COLOR	REMARKS		
COAT/JACKET							
SHOESTRINGS							
HAT							
SCARF							
GLOVES							
FACIAL JEWELRY							
Inmate's signature upon admission:			Surrendering Officer's signature:			Date:	
Inmate's street address:			Apt. #:			Date of Birth:	
City:			State:			Zip Code:	
Race: American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>				
Complexion: Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Nativity:			U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> Height: Weight:				
Religion: Marital Status: Drug Abuser? (If Yes, specify): Yes <input type="checkbox"/> No <input type="checkbox"/>			Alcohol Abuser: Detox: Eye color: Hair color: Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
Arrest date:			Arrest Number:			Arraignment Date:	
<b>CLOSEST PERSON TO CONTACT IN CASE OF EMERGENCY</b>							
Last Name:		First Name:		Phone number:		Relationship:	
Street Address:		Apt. #:		City:		State: Zip code:	
English speaking: (If No, what language) Yes <input type="checkbox"/> No <input type="checkbox"/>			Level of Education:		Social Security #:		
<b>D</b>	Occupational skills: (If Yes, specify) Yes <input type="checkbox"/> No <input type="checkbox"/>			Served in the military: (If Yes, indicate branch, unit and special skills) Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Is this the first time you have been held in jail or custody? Yes <input type="checkbox"/> No <input type="checkbox"/> Conflict <input type="checkbox"/>			Do you know of any reason why you may be at risk or need special security or protection from the General Inmate Population? Such as:			
<b>E</b>	Are you now or have you ever been a law enforcement agent, police informant, political or public figure or member of a criminal or terrorist organization? (If Yes, specify) Yes <input type="checkbox"/> No <input type="checkbox"/> Conflict <input type="checkbox"/>			<ul style="list-style-type: none"> <li>- Having been assaulted, harassed, or coerced, sexually or otherwise, while in custody or during prior jail time?</li> <li>- Having been perceived as being gay, or transgender, a cross dresser, or visibly feminine (if housed in male population)?</li> <li>- Or any other reason?</li> </ul>			
				Yes <input type="checkbox"/> No <input type="checkbox"/> Conflict <input type="checkbox"/>			
I have been advised to answer all the questions in Section "E" accurately for my own well being and have responded as stated above.							
Inmate's Signature: _____			Date: _____				

Attachment 9: Arraignment and Classification Risk Screening Form (Form ARC239M)



	<b>CORRECTION DEPARTMENT CITY OF NEW YORK</b>	Page 2 of 2 Pages	Form: ARC 239M Rev.: 12/14/07 Ref.: Dir. 4100R-B				
<b>ARRAIGNMENT AND CLASSIFICATION RISK SCREENING FORM</b>							
<b>F</b>	1. Do any documents indicate Suicide Watch and/or Protective Custody? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, authorization _____						
	2. Do you know of any other reason this inmate should be considered for special housing? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, specify _____						
	3. Complete for all State inmates, from N.Y.S. Custodial Transfer Form: Maximum - A <input type="checkbox"/> Maximum - B <input type="checkbox"/> Medium - A <input type="checkbox"/> Medium - B <input type="checkbox"/> Minimum <input type="checkbox"/> If there is a "Yes," "Conflict," or "Maximum - A" response checked in Sections "E" or "F," print the name, rank and shield number of the supervisor notified: _____						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Rank</td> <td style="width: 34%;">Shield #</td> </tr> </table>					Name	Rank	Shield #
Name	Rank	Shield #					
<b>G</b>	<b>SECURITY RISK GROUP SCREENING SECTION</b>						
	To be completed by the screening officer. An individual shall be considered a "Street Gang Member" when they meet any of the following gang member identification criteria: * Admits membership* * Law enforcement or informant identifies individual as a gang member* * Individual is wearing gang clothing and/or symbols identifying with a specific gang* * Inmate has revealing tattoo(s) or marking(s) which may identify him/her as a member of a street gang (Describe in remarks section)* * Nature of arrest is indicated as street gang related activity or related incident*						
	1. Are you a member of or have you ever been a member of any street gang, cult, tribe, family group, or organization? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	2. Have you ever been affiliated with any street gang, cult, tribe, family group, or organization? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	3. Do you have any members of your family affiliated with any street gang, cult, tribe, family group, or organization? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	4. Do you know of anyone who is a member of any street gang, cult, tribe, family group, or organization who is incarcerated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	5. Do you have any knowledge of any street gang, or jail gang activity? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	6. Do you have any other names (alias(es)) and/or nicknames that you are known by? (If Yes, list) Yes <input type="checkbox"/> No <input type="checkbox"/>						
	* Use remarks section below to answer any "Yes" responses to questions listed above. Remarks: _____ _____ _____						
	Interviewing Officer's Signature: _____		Date: _____				
<b>H</b>	Check off any of the charges listed below if indicated by the accompanying commitment papers as a current or prior charge (including attempts). In all cases where the charge against the inmate is 125.27 a mental health referral (clearly indicating the capital offense) will be filled out and submitted by the Intake Supervisor to the New Admission Intake Physician.		Number of Warrant(s)	Is Surety exam noted on the inmate's Securing Order?			
	<input type="checkbox"/> 105.17 - Conspiracy 1ST <input type="checkbox"/> 200.45 - Bribe Public Official <input type="checkbox"/> 240.06 - Riot 1ST						
	<input type="checkbox"/> 125.27 - Murder 1ST <input type="checkbox"/> 205.05 - Escape 3RD <input type="checkbox"/> 263.10 - Promote Obscene Sex Performance W/Child						
	<input type="checkbox"/> 130.35 - Rape 1ST <input type="checkbox"/> 205.10 - Escape 2ND <input type="checkbox"/> 263.15 - Promoting Sex Performance W/Child						
	<input type="checkbox"/> 200.04 - Bribery 1ST <input type="checkbox"/> 205.15 - Escape 1ST <input type="checkbox"/> 120.11 - Aggravated Assault/Police/Peace Officer						
Name of Supervisor Notified if Any Charge Box(es) Above is Checked:		Rank:	Shield #:				
<b>I</b>	Preparing Officer's Signature: _____	Print Name Legibly: _____	Rank: _____	Shield #: _____			
	<b>RECEIVING FACILITY SUPERVISOR</b>						
<b>J</b>	1. Does this inmate meet any one of the gang affiliation identification criteria?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	2. Has a Security Risk Group (SRG) card been initiated?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	3. Is Protective Custody, Suicide Watch or a psychiatric examination (730) indicated on the commitment papers?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	4. Does the inmate have any obvious physical injuries or exhibit signs of mental instability?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	5. Has medical staff cleared this inmate for housing?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	6. Does the inmate require special housing? (If Yes, specify type)			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	7. Is the housing designation assigned against the inmate's will?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	8. Has the inmate been issued a notice report of right to due process form. (Whether the housing placement is voluntary or involuntary, the inmate must be issued a Notice of Right to Due Process Form.)			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	9. If inmate is disabled (as indicated in Section B of this form) was Counseling Unit notified? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	If notified, specify date/time of notification and name of Counselor: Date: _____ Time: _____ Name: _____ If not notified, information identifying disabled inmate must be forwarded to Counseling Unit on Form 3802D.						
Receiving Facility Supervisor's Initials: _____							
<b>K</b>	1. Has the inmate been permitted the opportunity to make a free phone call? (If Yes, indicate)			Refused <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
	Date: _____	Time: _____	Number Dialed: _____				
<b>L</b>	1. The inmate's classification is: Low <input type="checkbox"/> Low/Medium <input type="checkbox"/> High/Medium <input type="checkbox"/> High <input type="checkbox"/> Incomplete <input type="checkbox"/>						
	2. Is special housing required? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, specify _____						
<b>M</b>	Inmate's signature: _____			Date: _____ Time: _____			
	Receiving facility supervisor's signature: _____						
<b>O</b>	Inmate's signature upon discharge from court facility: _____						
<b>P</b>	Court facility supervisor's signature upon discharge: _____						



## 929 FLAGGING NOTICE FORM



Inmate's Name \_\_\_\_\_

B&C # \_\_\_\_\_ NYSID# \_\_\_\_\_

*Based on the responses provided  
on the ARC 239M FORM,  
This inmate may require  
placement in a special  
housing area.*

Name of Officer completing ARC  
239M Form

PRINT NAME

SHIELD #

Signature of Supervisor who has  
reviewed the ARC 239M Form and is  
recommending placement.

SHIELD #

**Attachment 10: Department Flag Form (Form 929)**

**SUICIDE PREVENTION SCREENING GUIDELINES**

INMATE'S NAME	SEX	DATE OF BIRTH	MOST SERIOUS CHARGE(S)	DATE	TIME
NAME OF FACILITY		NAME OF SCREENING OFFICER		Inmate showed serious psychiatric problems during prior incarceration YES _____ NO _____	
Check appropriate column for each question					

NYSID & B&C #	Column A YES	Column B NO	General Comments/Observations All "YES" Responses Require Note to Document
<b>OBSERVATIONS OF POLICE/TRANSPORTING OFFICER</b>			
1. Police or transporting officer believes that inmate may be a suicide risk. If YES, notify supervisor.			
<b>PERSONAL DATA</b>			
2. Inmate lacks support of family or friends in the community.	No Family Friends		
3. Inmate has experienced a significant loss within the last six months (e.g., loss of job, loss of relationship, death of close family member).			
4. Inmate is very worried about major problems other than legal situation (e.g., serious financial or family problems, a medical condition or fear of losing job).			
5. Inmate's family member or significant other (spouse, parent, close friend, lover) has attempted or committed suicide.			
6. Inmate has history of drug or alcohol abuse. (Note drug and when last used).			
7. Inmate has history of counseling or mental health evaluation/treatment. (Note current psychotropic medications and name of most recent treatment agency).			
8. Inmate expresses extreme embarrassment, shame, or feelings of humiliation as result of charge/incarceration (consider inmate's position in community and shocking nature of crime.)			
9. Inmate is thinking about killing himself. If YES, notify supervisor.			
10a. Inmate has previous suicide attempt. (Explore method and check for scars).			
b. Attempt occurred within last month.			
11. Inmate is expressing feelings of hopelessness (nothing to look forward to).			
12. This is inmate's first incarceration in lockup/jail.			
<b>BEHAVIOR/APPEARANCE</b>			
13. Inmate shows signs of depression (e.g., crying, emotional flatness).			
14. Inmate appears overly anxious, panicked, afraid or angry.			
15. Inmate is acting and / or talking in a strange manner (e.g., cannot focus attention; hearing or seeing things which are not there).			
16a. Inmate is apparently under the influence of alcohol or drugs.			
b. If YES, is inmate incoherent, or showing signs of withdrawal or mental illness? If YES to both a & b, notify supervisor.			
<b>TOTAL Column A</b> _____			
Officer's Comments / Impressions			
<b>ACTION</b> If total checks in Column A are 8 or more, or any shaded box is checked, or if you feel it is necessary, notify supervisor and institute constant watch.			
Supervisor Notified: YES _____ NO _____			
Constant Supervision Instituted: YES _____ NO _____ Supervisor's Signature _____			
<b>EMERGENCY</b> <b>NON-EMERGENCY</b>			
Inmate Referred to Medical / Mental Health: YES _____ NO _____		If YES:	
		medical _____	medical _____
		mental health _____	mental health _____
Signature and Shield Number of Screening Officer: _____			
Medical/Mental Health Personnel Actions: (To be completed by medical/MH staff)			

Over

**NEW YORK CITY DEPARTMENT OF CORRECTION  
DISCHARGE PLANNING QUESTIONNAIRE – FORM 983**

Revised 10/20/04

INMATE'S LAST NAME: _____		FIRST NAME: _____	
NYSID #: _____	BOOK & CASE #: _____	DATE OF ADMISSION: ____/____/____	
<b>EMPLOYMENT RELATED</b>			
INMATE'S PHONE NUMBER: (____) ____-____		SOCIAL SECURITY #: ____-____-____	
HOW LONG AGO WERE YOU LAST EMPLOYED?    1 <input type="checkbox"/> AT ARREST    ____ (#) MONTHS AGO    ____ (#) YEARS AGO    2 <input type="checkbox"/> NEVER			
WAS THIS WORK: 1 <input type="checkbox"/> FULL TIME    2 <input type="checkbox"/> PART TIME    3 <input type="checkbox"/> ODD JOBS    0 <input type="checkbox"/> N/A		ARE YOU: 1 <input type="checkbox"/> STUDENT    2 <input type="checkbox"/> DISABLED    3 <input type="checkbox"/> RETIRED    0 <input type="checkbox"/> N/A	
WILL YOU HAVE A JOB WHEN YOU LEAVE JAIL?    1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    9 <input type="checkbox"/> NOT SURE    0 <input type="checkbox"/> D/A (DIDN'T ANSWER)			
DO YOU WANT ASSISTANCE WITH:    1 <input type="checkbox"/> JOB TRAINING    2 <input type="checkbox"/> FINDING A JOB    3 <input type="checkbox"/> CONTINUING YOUR EDUCATION    0 <input type="checkbox"/> N/A			
NUMBER OF CHILDREN UNDER 18: ____    NUMBER YOU HAVE CUSTODY OF: ____    NUMBER IN FOSTER CARE: ____    0 <input type="checkbox"/> D/A			
DO YOU WANT ASSISTANCE WITH:    1 <input type="checkbox"/> CHILD CUSTODY    2 <input type="checkbox"/> FAMILY COUNSELING    0 <input type="checkbox"/> N/A			
OF THE BENEFITS LISTED BELOW:	WHICH ARE YOU NOW RECEIVING?	WHICH DO YOU WANT TO RECEIVE?	DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING HEALTH INSURANCE? (PLEASE CHECK ALL THAT APPLY)
CASH ASSISTANCE (WELFARE, P.A.)	1 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	1 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	PRIVATE INSURANCE    1 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO
FOOD STAMPS	2 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	2 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	MEDICAID    2 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO
S.S.I. (DISABILITY)	3 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	3 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	OTHER    3 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO
UNEMPLOYMENT	4 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	4 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	NONE    4 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO
VETERANS' BENEFITS	5 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	5 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	
NONE OF THE ABOVE	0 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	0 <input type="checkbox"/> YES    0 <input type="checkbox"/> NO	
<b>HOUSING RELATED</b>			
JUST BEFORE YOUR ARREST, WHERE OR WITH WHOM WERE YOU LIVING?		1 <input type="checkbox"/> ALONE    2 <input type="checkbox"/> FAMILY    3 <input type="checkbox"/> FRIEND(S)    4 <input type="checkbox"/> GROUP HOME    5 <input type="checkbox"/> HOSPITAL    6 <input type="checkbox"/> JAIL/PRISON 7 <input type="checkbox"/> SHELTER    8 <input type="checkbox"/> HOMELESS, <u>NOT</u> IN SHELTER    0 <input type="checkbox"/> OTHER: _____    0 <input type="checkbox"/> D/A	
ARE YOU RECEIVING HOUSING BENEFITS, SUCH AS PUBLIC HOUSING, "NYCHA", OR SECTION 8?    1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    0 <input type="checkbox"/> D/A			
AFTER YOU LEAVE JAIL, WHERE OR WITH WHOM WILL YOU LIVE?		1 <input type="checkbox"/> ALONE    2 <input type="checkbox"/> FAMILY    3 <input type="checkbox"/> FRIEND(S)    4 <input type="checkbox"/> GROUP HOME    5 <input type="checkbox"/> HOSPITAL    6 <input type="checkbox"/> JAIL/PRISON 7 <input type="checkbox"/> SHELTER    8 <input type="checkbox"/> HOMELESS, <u>NOT</u> IN SHELTER    9 <input type="checkbox"/> NOT SURE    0 <input type="checkbox"/> OTHER: _____    0 <input type="checkbox"/> D/A	
HAVE YOU EVER BEEN HOMELESS? 1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    0 <input type="checkbox"/> D/A		IF YES, DO YOU HAVE AN "H. A. NUMBER" (HOMELESS ASSISTANCE #) FROM A NEW YORK CITY SHELTER?    1 <input type="checkbox"/> YES: _____    3 <input type="checkbox"/> YES, BUT DON'T KNOW IT    2 <input type="checkbox"/> NO    0 <input type="checkbox"/> N/A	
DO YOU WANT ASSISTANCE WITH YOUR HOUSING SITUATION?    1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    0 <input type="checkbox"/> D/A			
<b>TREATMENT RELATED</b>			
DO YOU HAVE A REGULAR HEALTH CARE PROVIDER OR DOCTOR?    1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    9 <input type="checkbox"/> NOT SURE    0 <input type="checkbox"/> D/A			
IF YES, HOW LONG AGO WERE YOU LAST SEEN?    1 <input type="checkbox"/> IN THE LAST 12 MONTHS    4 <input type="checkbox"/> MORE THAN A YEAR AGO    9 <input type="checkbox"/> NOT SURE    0 <input type="checkbox"/> N/A			
OFFICE NAME: _____		DOCTOR: _____    PHONE NUMBER: (____) ____-____	
IN THE LAST 12 MONTHS, HOW OFTEN DID YOU USE ALCOHOL? 0 <input type="checkbox"/> NEVER    1 <input type="checkbox"/> ONLY A FEW TIMES    2 <input type="checkbox"/> 1-3 TIMES A MONTH 3 <input type="checkbox"/> 1-5 TIMES A WEEK    4 <input type="checkbox"/> ABOUT EVERY DAY    0 <input type="checkbox"/> D/A		IN THE LAST 12 MONTHS, HOW OFTEN DID YOU USE DRUGS? 0 <input type="checkbox"/> NEVER    1 <input type="checkbox"/> ONLY A FEW TIMES    2 <input type="checkbox"/> 1-3 TIMES A MONTH 3 <input type="checkbox"/> 1-5 TIMES A WEEK    4 <input type="checkbox"/> ABOUT EVERY DAY    0 <input type="checkbox"/> D/A	
HAVE YOU EVER BEEN IN A PROGRAM FOR ALCOHOL OR DRUG ABUSE?    1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    0 <input type="checkbox"/> D/A			
IF YES, HOW LONG AGO? 1 <input type="checkbox"/> AT TIME OF ARREST    2 <input type="checkbox"/> LAST 6 MONTHS    3 <input type="checkbox"/> 6 MONTHS TO A YEAR    4 <input type="checkbox"/> MORE THAN A YEAR AGO    0 <input type="checkbox"/> N/A			
PROGRAM NAME: _____		COUNSELOR: _____    PHONE NUMBER: (____) ____-____	
DO YOU WANT HELP FOR ALCOHOL ABUSE? 1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    0 <input type="checkbox"/> D/A    DO YOU WANT HELP FOR DRUG ABUSE? 1 <input type="checkbox"/> YES    2 <input type="checkbox"/> NO    0 <input type="checkbox"/> D/A			
INMATE'S SIGNATURE: _____		DATE: ____/____/____	
OFFICER'S NAME (PLEASE PRINT): _____		OFFICER'S SHIELD NUMBER: _____	
OFFICER'S SIGNATURE: _____		DATE: ____/____/____	

D/A= DIDN'T ANSWER

**Attachment 12: Discharge Planning Questionnaire (Form 983)**











<b>(6) Department Action</b>			<b>(7) First Admission — Detention Facility</b>			<b>(13) FINGER PRINTS — LEFT INDEX</b>	<b>(8) First Admission — Sentence Facility</b>		
Date	Facility	Reason	X _____ Inmate's Specimen Signature				Sentence Facility Discharge From		
			Name of Facility				First Admission Sentence Facility		
			Date Received _____ Time _____				Discharge or Transfer to Sentence Facility		
			Valuables Number _____						
			X _____ Inmate's Signature						
<b>(10) Attorney of Record</b>			<b>(9) Discharge From Custody</b>				First Admission Detention		
Name _____		Business Telephone Number _____	Expiration Date _____						
Date Released _____		Time Released _____		X _____ Inmate's Signature					
<b>(11) Jail Time Certifications</b>			Employee's Name _____ Title _____ Shield Number _____						
Docket or Indictment Number	Dates		Name of Facility	Total Days	Employee's				
	From	To			Initials		Shield No. I.D. Number		
Certified By _____									
<b>(12) Remarks</b>			<b>INMATE RULE BOOK RECEIPT</b>			<b>AIDS ORIENTATION</b>			
			Date Received _____		Inmate's Signature _____		Date	Init. / Shield #	
			Witness: Employees Signature _____		Title _____		<b>AIDS DISCHARGE KIT</b>		
							Date	Init. / Shield #	











	CHARGE	DATE OF DISCHARGE AND TRANSFER		
	INSTITUTION	TRANSFERRED TO		

LIST OF RECORDS	CHK	RECORD TRANSFER LIST				
<i>Commitment Papers</i>		Date	Record Removed	Removed By (Signature)	Date Removed	Received By (Signature)
<i>Detention Record</i>						
<i>Accompanying Card</i>						
<i>Cell Location Card</i>						
<i>Medical Record Card</i>						
<i>Visiting Card</i>						
<i>Property Envelope</i>						
<i>Lawyer and Agency Visiting Card</i>						
<i>Inmate Consent</i>						
<i>Infraction Report</i>						
<i>Unusual Occurrence or Investigation Reports</i>						
<i>Court Orders (List)</i>						
<i>Others (List)</i>						

Envelopes Prepared and Records Checked \_\_\_\_\_

Name Title

111B                      Department of Correction - Inmate Record Envelope - Detention Institution

**Attachment 17: Inmate Record Envelope (Form 111b)**





SAMPLE

Date	Floor	Cell	Authorized By	Transfer Slip No.

REMARKS:	CLASSIFICATION

Department of Correction  
 71A

Cell Location Card  
 RECEIVING ROOM COPY

**Attachment 19: Cell Location Card (Form 71A)**





# Artifacts for Warrants and Detainers

<b>WARRANT INVESTIGATION REPORT</b> <small>PD 374-152 (Rev. 3/80)</small>		<b>Criminal Court of the City of New York</b>		7701041-100M (87)
<input type="radio"/> <b>ARREST WARRANT</b> <input type="checkbox"/> <b>BENCH WARRANT</b>		Part: _____ County: _____		Docket No./Year _____
In the name of the People of the State of New York: To any Police Officer of the City of New York.				
In appropriate accusatory instrument having been filed with this Court against _____ LAST NAME FIRST NAME the defendant in the criminal action herein; charging him with _____, and				
<input type="radio"/> the defendant not having been arraigned upon the accusatory instrument by which this criminal action against him was commenced and this Court requiring his appearance before it for the purpose of arraignment upon the accusatory instrument specified above.				
<input type="checkbox"/> the defendant having been arraigned upon the accusatory instrument by which this criminal action against him was commenced and this Court requiring his appearance before it in this pending criminal action.				
<input type="checkbox"/> the defendant having been convicted of _____ and having been sentenced to _____ and this court requiring his appearance before it.				
You are therefore commanded forthwith to arrest the defendant named above and bring him before this Court without unnecessary delay. However, when a different procedure after arrest is mandated by law, you shall proceed in compliance with that mandate.				
Dated _____ City of New York		By Order of the Court _____ Judge (Arrest Warrant) _____ Court Clerk (Bench Warrant)		
		<input type="checkbox"/> NYSID No. Not Available <input type="checkbox"/> NYSID No. Enter in Box 10 Below		
<b>BAIL CONDITION VIOLATED:</b> <b>PRINT or TYPE ALL INFORMATION CAPTIONS</b>				
1. DEFENDANT'S LAST NAME, FIRST, M.I.		2. SEX	3. RACE	4. DATE OF BIRTH MO.   DAY   YR
10. NYSID NUMBER (NYIS)		11. SOCIAL SECURITY NO.	12. DRIVER'S LICENSE NUMBER	13. COURT DOCKET NUMBER
14. DATE OF WARRANT MO.   DAY   YR	15. NYCPD WARRANT DIVISION SERIAL NO.	16. COURT DOCKET NUMBER	17. DEFENDANT'S VEH. REG. NO.	18. PCT. COMPLAINT NO.
19. MISC. INFORMATION (scars, marks, a.k.a.)		19. VICTIM INFORMATION AGE   HANDICAPPED <input type="checkbox"/> YES <input type="checkbox"/> NO		
20. DEFENDANT'S RESIDENCE ADDRESS		20A. APT. NO.	21. BORO, TOWN, CITY, STATE, ZIP CODE	22. DEF. RES. PCT. MO.   DAY   YR
25. ARREST NO.	26. CHARGE: PENAL LAW, TRAFFIC, V.A.C., ETC.	27. CRIME CLASS F   M   V	28. NAME & ADDRESS, NEXT OF KIN	29. ARRESTING OFFICER'S NAME
30. TAX REG. NO.		31. SHIELD NO.	32. DEPT./AGENCY	33. COM'D CODE
34. DEFENDANT'S EMPLOYER'S NAME		ADDRESS   TEL. NO.		
<b>FOR OFFICE USE ONLY</b>				
FWD. DATE MO.   DAY   YR	PAGE NO.	COMMANDS	APPEAL ON WARRANT <input type="checkbox"/>	COMPUTER HIT <input type="checkbox"/>
LOGGED DATE MO.   DAY   YR	<input type="checkbox"/> O <input type="checkbox"/> D	FACILITY CODE NO.	ARREST OFF. LAST NAME	FIRST
DC. CHECK DATE MO.   DAY   YR	<input type="checkbox"/> NO <input type="checkbox"/> RESULT	D.C.N.Y. NO.	SHIELD NO.	COMMAND
ADDITIONAL DATA		DATE	TIME	
INTER-COUNTY ARRAIGNMENT VERIFIED BY		REC'D BY	C.W.U.	
BOROUGH NO.		FAX NO.		
INSTRUCTIONS: 1. Arresting Officers shall complete all information captions which are not shaded. 2. Court Clerks shall enter the "Bail Condition Violated" and enter the NYSID Number if missing from caption No. 10. 3. In all warrant cases without an arresting officer, Summons Part Court Clerks shall complete captions 1-2-3-4-5-6-7-8-14-16-19-19A-20-20A-21 based upon the information supplied by the complainant. The name and address of the complainant is to be entered in caption 19A.				
ORIGINAL/DUPLICATE TO WARRANT DIVISION - TRIPLICATE TO COURT				

446

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**Attachment 21: NYC Criminal Court Arrest Warrant or NYC Criminal Court Bench Warrant**

A court official selects the circular box at the top for a Criminal Court Arrest Warrant or the square box for a Criminal Court Bench Warrant.



<input type="checkbox"/> WARRANT OF ARREST <input type="checkbox"/> BENCH WARRANT <input type="checkbox"/> WARRANT	<b>SUPREME COURT OF THE STATE OF NEW YORK</b> Part _____ County _____	Supreme Court Number/Year _____
--------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------	---------------------------------

In the Name of the People of the State of New York: To any Police Officer of the City of New York,  
 Accusatory instrument having been filed with this Court  
 giving \_\_\_\_\_, the defendant in the criminal action herein,  
 with the commission of the Felony of \_\_\_\_\_, and  
☐ the defendant not having been arraigned upon the accusatory instrument by which this criminal action against him was  
 commenced and this Court requiring his appearance before it for the purpose of arraignment,  
☐ the defendant having been arraigned upon the accusatory instrument by which this criminal action against him was commenced  
 and this criminal action being pending in this Court and this Court requiring his appearance before it,  
☐ the defendant having been convicted of \_\_\_\_\_  
 and having been sentenced to \_\_\_\_\_  
 and this Court requiring his appearance before it,  
 You are, therefore, commanded forthwith to arrest the defendant named above and bring him before this Court without unnecessary delay.

Dated: City of New York \_\_\_\_\_ By Order of the Court \_\_\_\_\_  
 Justice of the Supreme Court  
 Court Clerk  
 Bail Condition Violated \_\_\_\_\_

PRINT or TYPE ALL INFORMATION CAPTIONS

ENTERED NCIC NO.		ENTERED DCJS NO.		ENTERED LOCAL NO.		CANCELLED DATE		MO DAY YR	
WPR NO.									

1. DEFENDANT'S LAST NAME, FIRST, M.I. \_\_\_\_\_

2. SEX \_\_\_\_\_ 3. RACE \_\_\_\_\_ 4. DATE OF BIRTH \_\_\_\_\_ 5. HGT. \_\_\_\_\_ 6. WGT. \_\_\_\_\_ 7. EYE COLOR \_\_\_\_\_ 8. HAIR COLOR \_\_\_\_\_ 9. SKIN TONE \_\_\_\_\_

10. NYSD NUMBER (NY115) \_\_\_\_\_ 11. SOCIAL SECURITY NO. \_\_\_\_\_ 12. DRIVER'S LICENSE NUMBER \_\_\_\_\_ ( ) OPER. ( ) CHAUF.

13. OFFENSE CODE \_\_\_\_\_ 14. DATE OF WARRANT \_\_\_\_\_ 15. NYCPD WARRANT DIVISION SERIAL NO. \_\_\_\_\_ 16. COURT INDICTMENT NUMBER \_\_\_\_\_

17. DEFENDANT'S VEH. REG. NO. \_\_\_\_\_ 18. CRIM. COURT DOCKET NO. \_\_\_\_\_ 19. MISC. INFORMATION VIOLATION OF PROBATION WARRANTS, INSERT NAME AND TELEPHONE NO. OF PROBATION OFFICER (ALSO - MARKS, SCARS, BR, FBI#) \_\_\_\_\_

20A. DEFENDANT'S RESIDENCE ADDRESS \_\_\_\_\_ 20B. APT. NO. \_\_\_\_\_ 21. BORO, TOWN, CITY, STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ 22. DEF. RES. PCT. \_\_\_\_\_ 23. DATE OF ARREST \_\_\_\_\_ 24. PCT. OF ARR. \_\_\_\_\_

25. ARREST NO. \_\_\_\_\_ 26. CHANGE: PENAL LAW \_\_\_\_\_ 27. CRIME CLASS \_\_\_\_\_ 28. NAME & ADDRESS, NEXT OF KIN \_\_\_\_\_

29. ARRESTING OFFICER'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ F M V \_\_\_\_\_ 30. TAX. REG. NO. \_\_\_\_\_ 31. SHIELD NO. \_\_\_\_\_ 32. DEPT./AGENCY \_\_\_\_\_ 33. COM'D CODE \_\_\_\_\_

34. DEFENDANT'S EMPLOYER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TEL. NO. \_\_\_\_\_

AKA'S \_\_\_\_\_

FOR CENTRAL WARRANT UNIT USE ONLY

VERIFIED ACTIVE, NAME _____		SHIELD NO. _____		WARRANT EXECUTED		DATE _____		ATTACH POLAROID PHOTO USE SCOTCH TAPE  NOTE: If the Polaroid Photo was not attached to this form, indicate by signing your name in the appropriate space.
A.O.N., NAME _____		COM'D _____		TAX. REG. NO. _____		DATE OF ARREST _____		
F.W.D. DATE _____		PAGE NO. _____		COMMANDS _____		CODE _____		
USED DATE _____		LOCATION _____		ID. NUMBER _____		INITIALS _____		

DATE _____		FAX NO. _____		ARR. OFF. COM'D. _____		A.C. TAX. REG. NO. _____		DATE _____		SIGNATURE _____  DATE _____
DATE _____		FAX NO. _____		ARR. OFF. COM'D. _____		A.C. TAX. REG. NO. _____		DATE _____		

INSTRUCTIONS TO CLERKS: District Attorney's Office / Supreme Court Probation Office  
 1. Attach the Criminal Court Warrant Form (PD374-152) located in the Supreme Court Case Jacket.  
 2. The Police Department will complete all information captions which are shaded.

WARRANT INVESTIGATION REPORT PD 374-150-REV. 1-81

### Attachment 22: Supreme Court Arrest Warrant or Supreme Court Bench Warrant

A court official selects the Warrant of Arrest option at the top for an Arrest Warrant or the Bench Warrant option for a Bench Warrant.



SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK: PART 32

THE PEOPLE OF THE STATE OF NEW YORK

-against-

Defendant.

ORDER TO PRODUCE AND  
TAKE OUT

Indictment No.

TO: The Commissioner, New York City Department of Correction

WHEREAS is currently incarcerated at BBKC with Inmate number  
, NYSID number and his attendance is required in the above-captioned  
matter; it is hereby

ORDERED (i) that the Commissioner, New York City Department of Correction, or  
whosoever shall have supervision or control of shall produce him on December  
15, 2005, at 9:00AM, at the 12th floor bridge, 100 Centre Street, New York, New York; (ii) that  
the Commissioner, New York City Department of Correction, or whosoever shall have  
supervision or control of shall release him into the custody of a police officer  
from the New York City Police Department or any authorized agent of the District Attorney's  
Office on December 15, 2005 at 9:00AM; (iii) and that shall be returned to the  
custody of the Department of Correction at the conclusion of the proceeding.

Justice of the Supreme Court

Dated: New York, New York

PART 32 DEC 13 2005

STATE OF NEW YORK  
DIVISION OF PAROLE



**WARRANT FOR RETAKING AND DETAINING A PAROLED OR  
CONDITIONALLY RELEASED PERSON OR A PERSON RELEASED TO  
OUT-RELEASE SUPERVISION**

TO ANY PAROLE OFFICER, PEACE OFFICER OR ANY OFFICER authorized to serve criminal process and to the superintendent or warden or warden of any jail, penitentiary, lockup or other place of detention in this State

Having reasonable cause to believe that \_\_\_\_\_  
a person under the supervision of the New York State  
NYSID # \_\_\_\_\_ DIN # \_\_\_\_\_

Division of Parole has violated his/her release agreement, or has lapsed, or is probably about to lapse, into criminal ways or company, now, therefore, pursuant to the provisions of Article 12B of the Executive Law and the Rules and Regulations of the Board of Parole, I hereby order that said person be retaken and placed in detention to await the action of the Board of Parole and for so doing, this shall be your sufficient warrant.

NEW YORK STATE BOARD OF PAROLE

Per: \_\_\_\_\_

Dated at: \_\_\_\_\_

FORM 4054 (Rev. 3/00)

Attachment 24: NYS Parole Warrant (Example 1)

STATE OF NEW YORK

EXECUTIVE DEPARTMENT

DIVISION OF PAROLE

WARRANT #



## WARRANT FOR RETAKING AND DETAINING A PAROLED OR CONDITIONALLY RELEASED PRISONER

TO ANY PAROLE OFFICER, PEACE OFFICER OR ANY OFFICER, authorized to serve criminal process and to the superintendent or other person in charge of any jail, penitentiary, lockup or other place of detention in this State:

Having reasonable cause to believe that .....  
(Name)

....., a parolee or conditionally released person under the supervision of the New York  
(Number)

State Board of Parole has violated his parole or Conditional release agreement, or has lapsed, or is probably about to lapse, into criminal ways or company, now, therefore, pursuant to the provisions of the Executive Law and the Rules and Regulations of the Board of Parole, I hereby order that said parolee or conditional release be retaken and placed in detention to await the action of the Board of Parole and for so doing, this shall be your sufficient warrant.

NEW YORK STATE BOARD OF PAROLE

Per.....

Dated at.....

THIS IS A CERTIFIED COPY OF WARRANT ORIGINALLY ISSUED FOR.....

COUNTY OF..... }  
STATE OF NEW YORK } S.S.:

On this..... day of..... 20..... before me came.....  
to me known to be..... of the New York State  
Division of Parole and attest that the above instrument is a certified copy of the warrant originally issued.

Notary Public

Attachment 25: NYS Parole Warrant (Example 2)

**FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF KINGS**

**PRESENT:** Hon. Stewart H. Weinstein

In the Matter of

File #:

Docket #:

A Person Alleged to be a  
Juvenile Delinquent,

**ORDER TO PRODUCE**

Book & Case #:

Respondent.

Upon a proceeding pending in this Court requiring the presence of  
29, 1990, who is currently incarcerated at NYC Department of Corrections.

, DOB: January

NOW THEREFORE, it is hereby

ORDERED that the NYC Department of Corrections produce in civilian clothes  
before the Hon. Stewart H. Weinstein at 320 Jay Street, Brooklyn, NY 11201 on October 16, 2007 at 9:00  
AM in Part 5; and it is further

ORDERED, that the NYC Department of Corrections, upon completion of the proceedings herein,  
transport and return to the NYC Department of Corrections.

ORDERED that IN THE EVENT THAT THE RESPONDENT IS RELEASED FROM THE NYC  
DEPARTMENT OF CORRECTION, THE RESPONDENT MUST BE REMANDED TO THE  
COMMISSIONER OF JUVENILE JUSTICE FOR SECURE DETENTION.

Dated: August 21, 2007

ENTER

Hon. Stewart H. Weinstein

**Check applicable box:**

☐ Order mailed on [specify date(s) and to whom mailed]: \_\_\_\_\_

☐ Order received in court on [specify date(s) and to whom given]: \_\_\_\_\_



At a term of the Family Court of the  
State of New York, held in and for  
the County of Queens, at Queens  
County, 151-20 Jamaica Avenue,  
Jamaica, NY 11432, on September  
21, 2007

**PRESENT:** Hon. John M. Hunt

In the Matter of a PINS Proceeding

File #:

Docket #:

Petitioner,

**ORDER**

- against -

Respondent.

PURSUANT TO SECTION 1113 OF THE FAMILY COURT ACT, AN APPEAL FROM THIS ORDER MUST BE TAKEN WITHIN 30 DAYS OF RECEIPT OF THE ORDER BY APPELLANT IN COURT, 35 DAYS FROM THE DATE OF MAILING OF THE ORDER TO APPELLANT BY THE CLERK OF COURT, OR 30 DAYS AFTER SERVICE BY A PARTY OR THE LAW GUARDIAN UPON THE APPELLANT, WHICHEVER IS EARLIEST.

IT IS ORDERED that the Family Court warrant for respondent is vacated. If the Respondent is released from NYC DOC custody he shall be returned to his placement with the Commissioner of Social Services for Abbot House.

Dated: September 21, 2007

ENTER

Hon. John M. Hunt

(Check applicable box:

☐ Order mailed on [specify date(s) and to whom mailed]: \_\_\_\_\_

☐ Order received in court on [specify date(s) and to whom given]: \_\_\_\_\_

At a term of the Family Court of the  
State of New York, held in and for  
the County of Kings, at 330 Jay  
Street, Brooklyn, NY 11201, on  
August 21, 2007

**PRESENT:** Hon. Stewart H. Weinstein

In the Matter of

File #:

Docket #:

A Person Alleged to be a  
Juvenile Delinquent,

**ORDER DIRECTING  
DETENTION**

Book & Case #1

Respondent.

..., a child under the age of 16, having been taken into custody by a police  
officer, peace officer, or private person; and

A petition under section 311.1 of the Family Court Act having been filed in this Court with  
respect to Respondent, including a charge for VIOLATION OF PROBATION; and

Respondent having been brought before this Court and a hearing having been held, this Court  
finds that:

**I. Criteria for Detention**

Detention of the Respondent is necessary pursuant to Family Court Act §320.5 because:

- there is a substantial probability that Respondent will not appear in court on the return date, based upon the following facts and for the following reasons: ;
- there is a serious risk that Respondent may before the return date commit an act which if committed by an adult would constitute a crime based upon the following facts and for the following reasons: REFER TO REMAND ORDER DATED 05/14/2007;

**II. Required "Best Interests" and "Reasonable Efforts" Findings**

Continued placement in the Respondent's home would be contrary to the Respondent's best interests, based upon the following facts and for the following specific reasons: REFER TO REMAND ORDER DATED 05/14/2007.

This determination is based upon the following specific documents and evidence:

- SEE ABOVE; AND

Reasonable efforts, where appropriate and consistent with the need for protection of the community, to prevent or eliminate the need for removal of the Respondent from the home or, if the

Respondent was removed prior to the date of the hearing, to return the Respondent safely to his or her home, were made as follows: REFER TO REMAND ORDER DATED 05/14/2007.

This determination is based upon the following specific documents and evidence:

- SEE ABOVE

NOW, therefore, it is hereby

ORDERED that the Respondent is remanded to Commissioner of Juvenile Justice, for secure detention, to be detained pending further proceedings herein on October 16, 2007 at 9:00 AM in Part 5; and it is further

ORDERED that the custodial authority produce the Respondent on that date subject to further order of this Court; and it is further

ORDERED that in the event the Respondent absconds from the above-named facility, written notice of that fact shall be given within 48 hours by an authorized representative of the facility to the Clerk of Court, stating the name of the Respondent, the docket number of this proceeding, the date on which the Respondent absconded and the efforts made to locate and secure the return of the Respondent. See 22 NYCRR 205.26; and it is further

ORDERED that IN THE EVENT THAT RESPONDENT IS RELEASED FROM THE NYC DEPT. OF CORRECTIONS, THE RESPONDENT MUST BE REMANDED TO THE COMMISSIONER OF JUVENILE JUSTICE FOR SECURE DETENTION.

Dated: August 21, 2007

ENTER

  
Hon. Stewart H. Weinstein

Check applicable box:

- ☐ Order mailed on [specify date(s) and to whom mailed]: \_\_\_\_\_
- ☐ Order received in court on [specify date(s) and to whom given]: \_\_\_\_\_



State of New York  
Office of Children & Family Services

**WARRANT**  
FOR RETURN OF A RUNAWAY  
OR  
ALLEGED RELEASE VIOLATOR

ATTACH PHOTOGRAPH HERE (if available)  
A, B, C, FELONY FINDINGS  
ONLY  
(AGE 13 and OVER FOR C FELONIES)

WARRANT # 06-03108

Know all men by these presents:

FACILITY HAVING CUSTODY: CHILDRENS VILLAGE	NAME:  DATE OF BIRTH: 11/9/1990	DATE OF RUNAWAY OR VIOLATION OF RELEASE  11/26/2006
-----------------------------------------------	---------------------------------------	--------------------------------------------------------------

DESCRIPTION

Gender: M Ethnicity: Hispanic Height: 5'7" Weight: 170 lbs. Eye Color: Brown Hair: Black

Scars: Distinguishing Marks: UNKNOWN

Home Address:

DATE OF PLACEMENT: 8/11/2006	NAME OF COURT MAKING PLACEMENT: QUEENS COUNTY FAMILY COURT
---------------------------------	---------------------------------------------------------------

The undersigned states as follows:

- A. ☒ The person named above was placed in the custody of the Office of Children and Family Services as a Juvenile Delinquent.
- B. ☒ He/She has run away from: **CHILDRENS VILLAGE** OR  
☐ He/She has violated terms of release.
- C. I now deem it necessary for his/her welfare and protection that he/she be returned to the custody of the Office of Children and Family Services.

THIS REPORT, by virtue of the authority vested in me by Article 19-G of the Executive Law, Section 510b and 9NY CRR181, IT IS HEREBY ORDERED that he/she be forthwith apprehended and returned to:

**BRIDGES/CHILDREN'S VILLAGE**

IT IS FURTHER ORDERED THAT any Police Officer or any Peace Officer Acting pursuant to his/her special duties be, and hereby is, authorized and directed to apprehend said person and hold him/her until he/she is released in the custody of an agent of the New York State Office of Children and Family Services.

This WARRANT may be executed on Sundays, Holidays, or at night.

If apprehended, please contact: **CENTRAL WARRANT UNIT** at **1-800-382-4307**

AUTHORIZED SIGNATURE

Bob Sherlock

DATE: 4/27/06





# DEPARTMENT OF JUVENILE JUSTICE

## SURRENDER OF JUVENILE FOR COURT APPEARANCE

Section 1 JUVENILE INFORMATION (To Be Completed By Housing Facility)				
Juvenile's Last Name:	First Name:	Sex: M F	Time: hrs.	Date: / /
Juvenile A.K.A.:	Admission #:	If JO, NYSID #:		D.O.B.: / /
Court County:	Court:	Part:	Docket #:	Indictment #:

Section 2 HOLD INFORMATION (To Be Completed By Housing Facility)	
------------------------------------------------------------------	--

If the juvenile's charges are dismissed or the respondent/defendant is otherwise released on the charges pending before this court, the juvenile shall:

- ☐ **NOT BE RETURNED** to the custody of the New York City Department of Juvenile Justice as there are no other charges, holds, detainers or warrants pending.
- ☐ **BE RETURNED (HOLD)** to the custody of the New York City Department of Juvenile Justice because of the following hold:


Docket #	Indictment #	County	Charge	AJD. Date	Judge	Reason
Preparer (Print Name):		Signature:		Title:	Facility:	

Section 3 DOC (To Be Completed By Court Officer Accepting Custody)		
Name of Correction Officer (Print Name):	Signature:	Shield #:

Section 4 OCA (To Be Completed By Court Officer Accepting Custody)		
Name of OCA Court Officer (Print Name):	Signature:	Shield #:

DISTRIBUTION			
OCA With Securing Order	Correction	Court Services	Resident's Folder
Original - White Copy	Blue Copy	Pink Copy	Yellow Copy

Form #: M.C.C.U. - CT03800  
Revised: 9/15/00

 <b>Interstate Commission for Adult Offender Supervision</b> <small>(Revised 08/15/04)</small>		<b>OFFENDER'S APPLICATION FOR INTERSTATE COMPACT TRANSFER</b>	
To:	Date:	Type of supervision: <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Other:	Is this case: <input type="checkbox"/> Sex offender <input type="checkbox"/> Victim sensitive
From:	Phone #:	Fax #:	
<b>OFFENDER INFORMATION</b>			
Offender's full name (last, first, MI):		Offender number: Sending state#      Receiving state#:	
AKA:			
SS#: (if available)	FBI#: (if available)	Sex:	Race:      DOB:
<p>I, _____, am applying for transfer of my parole/probation/other supervision from _____ (sending state) to _____ (receiving state). I understand that this transfer of supervision will be subject to the rules of the Interstate Commission for Adult Offender Supervision.</p> <p>I understand that my supervision in another state may be different than the supervision I would be subject to in this state. I agree to accept any differences that may exist because I believe that transferring my supervision to _____ (receiving state) will improve my chances for making a good adjustment in the community. I ask that the authorities to whom this application is made recognize this fact and grant my request for transfer of supervision.</p> <p>In support of my application for transfer, I make the following statements:</p> <ol style="list-style-type: none"> <li>1. If I am allowed to transfer my supervision to _____ (receiving state), I plan to live with _____, at (full address/telephone #) _____ until I am allowed by the supervising authorities to change my residence.</li> <li>2. I will comply with the terms and conditions of my supervision that have been placed on me, or that will be placed on me by _____ (sending state) and _____ (receiving state).</li> <li>3. I understand that if I do not comply with all the terms and conditions that the sending state or the receiving state, or both, placed on me, that it will be considered a violation and I may be returned to the sending state.</li> <li>4. I agree to the release of any drug or alcohol treatment information from _____ (sending state) to any authorized person in _____ (receiving state) for the purpose of transferring my supervision. This consent remains in effect from this date (today's date) until I revoke this consent.</li> <li>5. I agree to return to _____ (sending state) at any time I am directed to by the sending state or the receiving state. I know that I may have a constitutional right to insist that the sending state extradite me from the receiving state or any other state where I may be found. This is commonly called the right to extradition. But I also understand and acknowledge that I have agreed to return to the sending state when ordered to do so either by the sending or receiving state. Therefore, I agree that I will not resist or fight any effort by any state to return me to the sending state and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.</li> </ol> <p>Offender's signature: _____ Date: _____</p> <p>Printed name: _____</p> <p>Witness: _____ Date: _____</p> <p>Printed name: _____</p>			

**Attachment 31: Interstate Compact Agreement**

Date:

NYC Dept. of Corrections  
Division of Criminal Justice  
17 Battery Place-4<sup>th</sup> floor  
New York City, NY 10004

RE: NAME:  
NYSID#:  
DOB:  
COMPACT STATE/ID#:

AKA:  
LOCATION:  
B & C#:

The above named subject is a parolee from the State of . His supervision was transferred to the State of New York - Division of Parole under the terms of the Interstate Compact.

The State of has issued a parole violation warrant against the subject. A copy of said warrant is attached and is to be lodged as an additional document against the subject. As an Interstate Compact case, the subject is not entitled to a fugitive from justice hearing. The New York State Executive Law 259m(3) provides that

"The duly accredited officers of a sending state may at all times enter a receiving state and there apprehend and retake any person on probation or parole. For that purpose no formalities will be required other than establishing the authority of the officer and the identity of the person to be retaken. All legal requirements to obtain extradition of fugitives from justice are hereby expressly waived on the part of the states party hereto, as to such persons."

A copy of the subject's Application for Compact Services and Agreement to Return form is also attached.

Once the subject is detained solely on this out-of-state warrant, please contact the following authority to arrange for a return to the owning state.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sincerely,

Michael A. DePietro

By: Parole Officer

ORIGINAL

CR 12 (Rev. 6/82)

## WARRANT FOR ARREST

United States District Court		DISTRICT SOUTHERN DISTRICT OF NEW YORK	
UNITED STATES OF AMERICA v		CRIME NO. <b>03CRIM. 42</b>	MAGISTRATE'S CASE NO.
WARRANT ISSUED ON THE BASIS OF: <input checked="" type="checkbox"/> Indictment <input type="checkbox"/> Information <input type="checkbox"/> Order of Court <input type="checkbox"/> Complaint		NAME AND ADDRESS OF INDIVIDUAL TO BE ARRESTED	
TO: ANY AUTHORIZED FEDERAL LAW ENFORCEMENT OFFICER		DISTRICT OF ARREST	
CITY			
YOU ARE HEREBY COMMANDED to arrest the above-named person and bring that person before the United States District Court to answer to the charge(s) listed below.			
DESCRIPTION OF CHARGES Money Laundering			
IN VIOLATION OF	UNITED STATES CODE TITLE Title 18	SECTION 1956(h)	
BAIL	OTHER CONDITIONS OF RELEASE		
ORDERED BY Douglas F.	SIGNATURE (FEDERAL JUDGE, U.S. MAGISTRATE, OR CLERK OF COURT)	DATE ORDERED 1/3/0	
CLERK OF COURT	(BY) DEPUTY CLERK	DATE ISSUED	
RETURN			
This warrant was received and executed with the arrest of the above-named person.			
DATE RECEIVED	NAME AND TITLE OF ARRESTING OFFICER	SIGNATURE OF ARRESTING OFFICER	
DATE EXECUTED			

Note: The arresting officer is directed to serve the attached copy of the charge on the defendant at the time this warrant is executed.

Attachment 33: Federal Arrest Warrant from U. S. Marshal





## DETAINER AGAINST UNSENTENCED PRISONER

United States Marshal  
Eastern District of New York

Please type or print neatly.

TO: Rikers Island - NIC  
1500 Hazen Street  
East Elmhurst, NY 11370  
Attn: Inmate Records

Bkg Cse #:   
Warrant # 0453 0916 2270 B

DATE: September 16, 2004

SUBJECT:   
AKA:   
DOB/SSN:   
USMS #: 70248-053  
CR #: 03 CR 948-01

Please accept this Detainer against the above-named subject who is an unsentenced prisoner currently in your custody. The United States District Court for the Eastern District of New York has issued an arrest warrant(s) charging the subject with the commission of the following offense(s):

Violation of pre trial release  
Original charge: Felon in possession of a weapon

Prior to the subject's release from your custody, please notify this office at once so that we may assume custody if necessary. If the subject is transferred from your custody to another detention facility, we request that you forward our Detainer to said facility at the time of transfer and advise this office as soon as possible.

The notice and speedy trial requirements of the Interstate Agreement on Detainers Act do NOT apply to this Detainer because the subject is not currently serving a sentence of imprisonment at the time the Detainer is lodged. **IF THE SUBJECT IS SENTENCED WHILE THIS DETAINER IS IN EFFECT, PLEASE NOTIFY THIS OFFICE AT ONCE.**

Please acknowledge receipt of this Detainer. In addition, please provide one copy of the Detainer to the subject and return one copy of the Detainer to this office in the enclosed self-addressed envelope.

### RECEIPT

Date:   
Signed:   
By:   
Title:

Very truly yours,

(Signature)

For: Eugene Corcoran  
U.S. Marshal

918-254-6713  
6697



## DETAINER AGAINST SENTENCED PRISONER

UNITED STATES MARSHAL

DISTRICT OF \_\_\_\_\_

Please type or print neatly:

TO:

DATE:

SUBJECT:

AKA:

DOB/SSN:

USMS #:

CR#:

Please accept this Detainer against the above-named subject who is currently in your custody. The United States District Court for the \_\_\_\_\_ District of \_\_\_\_\_ has issued an arrest warrant(s) charging the subject with the commission of the following offense(s):

Prior to the subject's release from your custody, please notify this office at once so that we may assume custody if necessary. If the subject is transferred from your custody to another detention facility, we request that you forward our Detainer to said facility at the time of transfer and advise this office as soon as possible.

The notice and speedy trial requirements for the Interstate Agreement on Detainers Act **APPLY** to this Detainer because the Detainer is based on pending Federal criminal charges which have not yet been tried. Pursuant to the provisions of the Interstate Agreement on Detainers Act (IADA), a person serving a sentence of imprisonment in any penal institution against whom a detainer is lodged (based on pending Federal criminal charges which have not yet been tried) must be advised that a Detainer has been filed and that the prisoner has the right to demand speedy trial on those charges. **Accordingly, please advise the subject that a Detainer has been filed against him/her and that under the IADA, he/she has the right to demand speedy trial on the charges.** If your office does not have an official form for such purposes, the statements contained in this Form below may be used.

### INSTRUCTIONS FOR COMPLETION OF STATEMENTS

1. Please read or show the following to the subject:

"You are hereby advised that a Detainer has been filed against you on \_\_\_\_\_, on the basis of Federal criminal charges filed against you in the U.S. District Court for the \_\_\_\_\_ District of \_\_\_\_\_. With regard to answering these charges, you are hereby advised that you have the right to demand a speedy trial under the Interstate Agreement on Detainers Act (IADA). Under the IADA, you have the right to be brought to trial within 180 days after you have caused to be delivered to the appropriate U.S. Attorney and the appropriate U.S. District Court, written notice of your request for a final disposition of the charges against you. Because the 180-day time limit may be tolled by virtue of delays attributable to you, you should periodically inquire as to whether your written notice of request for a final disposition of the charges against you has been received by the appropriate U.S. Attorney and the appropriate U.S. District Court. You are hereby advised that the 180-day time limit does not commence until your written notice of request for final disposition of the charges against you has actually been delivered to the appropriate U.S. Attorney and the appropriate U.S. District Court.



## DETAINER BASED ON FEDERAL JUDGMENT AND COMMITMENT

UNITED STATES MARSHAL  
DISTRICT OF \_\_\_\_\_

Please type or print neatly:

TO:

DATE:

SUBJECT:

AKA:

DOB/SSN:

USMS #:

CR #:

Please accept this Detainer against the above-named subject who is currently in your custody. The United States District Court for the \_\_\_\_\_ District of \_\_\_\_\_ has issued a **Judgment and Commitment Order** against the subject. The attached **Judgment and Commitment Order** commits the subject to the custody of the U.S. Attorney General to serve the following sentence of imprisonment:

Prior to the subject's release from your custody, please notify this office at once so that we may assume custody of the subject for service of his Federal sentence of imprisonment. If the subject is transferred from your custody to another detention facility, we request that you forward our Detainer to said facility at the time of transfer and advise this office as soon as possible. The notice and speedy trial requirements of the Interstate Agreement on Detainers Act do **NOT** apply to this Detainer.

Please acknowledge receipt of this Detainer. In addition, please provide one copy of the Detainer to the subject and return one copy of the Detainer to this office in the enclosed self-addressed envelope.

Very truly yours,

United States Marshal

### RECEIPT

Date:

Signed:

By:

Title:

PRIOR EDITIONS ARE OBSOLETE AND NOT TO BE USED

Form USMS-16b  
Est. 11/98





**DETAINER**  
**BASED ON FEDERAL PAROLE VIOLATION WARRANT**  
UNITED STATES MARSHAL  
DISTRICT OF \_\_\_\_\_

Please type or print neatly:

TO:

DATE:

SUBJECT:

AKA:

DOB/BSN:

USMS #:

CR#:

Please accept this Detainer against the above-named subject who is currently in your custody. The United States Parole Commission has issued a Federal parole violation warrant against the subject. Prior to the subject's release from your custody, please notify this office at once so that we may assume custody of the subject if necessary. If the subject is transferred from your custody to another detention facility, we request that you forward our Detainer to said facility at the time of transfer and advise this office as soon as possible. The notice and speedy trial requirements of the Interstate Agreement on Detainers Act do NOT apply to this Detainer, which is based on a Federal parole violation warrant. In accordance with U.S. Parole Commission regulations, please read or show the following to the subject:

**"YOU ARE HEREBY ADVISED THAT A DETAINER HAS BEEN FILED AGAINST YOU ON THE BASIS OF A WARRANT ISSUED BY THE U.S. PAROLE COMMISSION. IF YOU ARE SERVING A NEW SENTENCE OF CONFINEMENT FOR A CRIME COMMITTED WHILE ON PAROLE, YOU MAY SUBMIT TO THE U.S. PAROLE COMMISSION ANY INFORMATION YOU WOULD LIKE CONSIDERED BY THE PAROLE COMMISSION IN DISPOSING OF THE WARRANT. UPON RECEIPT OF SUCH INFORMATION, YOUR CASE WILL BE REVIEWED ON THE RECORD BY THE PAROLE COMMISSION."**

After reading or showing the above language to the subject, please execute the following:

The foregoing was read to or by the subject and a copy of the Detainer and the charges upon which it is based was delivered to him on \_\_\_\_\_ (date).

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Please acknowledge receipt of this Detainer. In addition, please provide one copy of the Detainer to the subject and return one copy of the Detainer to this office in the enclosed self-addressed envelope.

**RECEIPT**

Date:

Signed:

By:

Title:

Very truly yours,

United States Marshal





**DETAINER**  
**BASED ON VIOLATION OF PROBATION AND/OR SUPERVISED RELEASE**  
**UNITED STATES MARSHAL**  
**DISTRICT OF \_\_\_\_\_**

*Please type or print neatly:*

**TO:**

**DATE:**

**SUBJECT:**

**AKA:**

**DOB/SSN:**

**USMS #:**

**CR #:**

Please accept this Detainer against the above-named subject who is currently in your custody. The United States District Court for the \_\_\_\_\_ District of \_\_\_\_\_ has issued an **arrest warrant** charging the subject with **violation of the conditions of probation and/or supervised release**.

Prior to the subject's release from your custody, please notify this office at once so that we may assume custody if necessary. If the subject is transferred from your custody to another detention facility, we request that you forward our Detainer to said facility at the time of transfer and advise this office as soon as possible.

The notice and speedy trial requirements of the Interstate Agreement on Detainers Act do **NOT** apply to this Detainer, which is based on a **Federal probation/supervised release violation warrant**.

Please acknowledge receipt of this Detainer. In addition, please provide one copy of the Detainer to the subject and return one copy of the Detainer to this office in the enclosed self-addressed envelope.

Very truly yours,

*United States Marshal*

**RECEIPT**

*Date:*

*Signed:*

*By:*

*Title:*

**Attachment 38: Federal Detainer (Based on Violation of Probation) from U. S. Marshal**

U.S. Department of Homeland Security  
Immigration and Customs Enforcement

Immigration Detainer-Notice of Action  
By Immigration and Customs Enforcement

INMATE #

NYSID #

File No.

NCD or EPR:

Date

TO: ( Name, title and institution )

WARDEN  
Rikers Island, Queens, N.Y. 11370

FROM: ( Immigration Office Address)

I.C.E.-Service Processing Center  
201 Varick St. NYC 10008  
Tel# 212-620-3441

Name of Inmate

AKA

Month, Day and Year of Birth

Sex

Nationality

YOU ARE ADVISED THAT THE ACTION NOTED BELOW HAS BEEN TAKEN BY THIS SERVICE CONCERNING THE ABOVE NAMED INMATE OF YOUR INSTITUTION:

☒ Investigation has been initiated to determine whether this person is subject to deportation from the U.S.

☐ A Notice to Appear in removal proceedings, a copy of which was served on \_\_\_\_\_

☐ A Warrant of Arrest in removal proceedings, a copy of which is attached, was served on \_\_\_\_\_

☐ Deportation or removal from the United States has been ordered.

IT IS REQUESTED THAT YOU:

☒ Accept this notice as a detainer. This is for notification purposes only and does not limit your discretion in any decision affecting the offender's classification, work and quarters assignments, or other treatment which he would otherwise receive.

☒ Federal Regulations (8 CFR 287.7) require that you detain the alien for a period not to exceed 48 hours (excluding Saturdays, Sundays, and Federal Holidays) to provide adequate time for Immigration to assume custody of the alien. You must notify Immigration by calling (212)-620-3441 during business hours or (212) 620-3442 after hours or in event of emergency.

☒ Please complete and sign the bottom block of the duplicate of this form and return it to this office.

☐ A self addressed stamped envelope is enclosed for your convenience

☐ Please return a signed copy via facsimile to \_\_\_\_\_

Return fax to the attention of \_\_\_\_\_ at \_\_\_\_\_

☒ Notify this office of the time of release at least 30 days prior to release or as far in advance as possible.

☒ Notify this office in the event of the inmate's death or transfer to another institution.

☐ Please cancel the detainer previously placed by this Service on \_\_\_\_\_

signature

Title

Receipt acknowledge

Probable date of release

Signature

Title

Form I-247 (Rev. 4-1-97)N

GPO 897-907

Agreement on Detainers: Form II

Five copies, if only one jurisdiction within the state involved has an indictment, information, or complaint pending. Additional copies will be necessary for prosecuting officials and clerks of court if detainers have been lodged by other jurisdictions within the state involved. One copy should be retained by the prisoner. One signed copy should be retained by the warden. Signed copies must be sent to the Agreement Administrator of the state which has the prisoner incarcerated, the prosecuting official of the jurisdiction which placed the detainer, and the clerk of the court which has jurisdiction over the matter. The copies for the prosecuting officials and the court must be transmitted by certified or registered mail, return receipt requested.

**INMATE'S NOTICE OF PLACE OF IMPRISONMENT AND REQUEST FOR  
DISPOSITION OF INDICTMENTS, INFORMATIONS, OR COMPLAINTS**

To: \_\_\_\_\_ Prosecuting Officer \_\_\_\_\_  
\_\_\_\_\_ Court \_\_\_\_\_  
\_\_\_\_\_ Jurisdiction

and to all other prosecuting officers and courts of jurisdictions listed below from which indictments, informations, or complaints are pending.

You are hereby notified that the undersigned is now imprisoned in

\_\_\_\_\_ at \_\_\_\_\_  
Institution Town and State

and I hereby request that a final disposition be made of the following indictments, informations, or complaints now pending against me:

Failure to take action in accordance with the Agreement on Detainers, to which your state is committed by law, will result in the invalidation of the indictments, informations, or complaints.

I hereby agree that this request will operate as a request for final disposition of all untried indictments, informations, or complaints on the basis of which detainers have been lodged against me from your state. I also agree that this request shall be deemed to be my waiver of extradition with respect to any charge or proceeding contemplated hereby or included herein, and a waiver of extradition to your state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state. I also agree that this request shall constitute a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purposes of the Agreement on Detainers and a further consent voluntarily to be returned to the institution in which I now am confined.

If jurisdiction over this matter is properly in another agency, court, or officer, please designate the proper agency, court, or officer and return this form to the sender.

The required Certificate of Inmate Status and Offer of Temporary Custody are attached.

Dated \_\_\_\_\_ Inmate's Name and Number \_\_\_\_\_

The inmate must indicate below whether he has counsel or wishes the court in the receiving state to appoint counsel for purposes of any proceedings preliminary to trial in the receiving state which may take place before his delivery to the jurisdiction in which the indictment, information, or complaint is pending. Failure to list the name and address of counsel will be construed to indicate the inmate's consent to the appointment of counsel by the appropriate court in the receiving state.

- A. My counsel is \_\_\_\_\_  
Name of Counsel  
whose address is \_\_\_\_\_  
Street, City, and State
- B. I request the court to appoint counsel. \_\_\_\_\_  
Inmate's Signature

**Attachment 40: Interstate Agreement on Detainers Form II – "Inmate's Notice of Place of Imprisonment and Request for Disposition"**

Form II is completed only when an inmate initiates the request for IAD.

Agreement on Detainers: Form III

In the case of an inmate's request for disposition under Article III, copies of this form should be attached to all copies of Form II. In the case of a request initiated by a prosecutor under Article IV, a copy of this form should be sent to the prosecutor upon receipt by the warden of Form V. Copies also should be sent to all other prosecutors in the same state who have lodged detainers against the inmate. A copy may be given to the inmate.

CERTIFICATE OF INMATE STATUS

RE: \_\_\_\_\_  
Inmate's \_\_\_\_\_ Number \_\_\_\_\_  
Institution \_\_\_\_\_ Location \_\_\_\_\_

The (custodial authority) hereby certifies:

1. The term of commitment under which the prisoner above named is being held \_\_\_\_\_
2. The time already served \_\_\_\_\_
3. Time remaining to be served on the sentence \_\_\_\_\_
4. The amount of good time earned \_\_\_\_\_
5. The date of parole eligibility of the prisoner \_\_\_\_\_
6. The decisions of the Board of Parole relating to the prisoner (if additional space is needed use reverse side)  
\_\_\_\_\_
7. Maximum expiration date under present sentence \_\_\_\_\_
8. Detainers currently on file against this inmate from your state are as follows:


Dated \_\_\_\_\_  
Custodial Authority

BY: \_\_\_\_\_  
Warden-Superintendent-Director

Attachment 41: Interstate Agreement on Detainers Form III – “Certificate of Inmate Status”



# Agreement on Detainers: Form IV

In the case of an inmate's request for disposition under Article III, copies of this form should be attached to all copies of Form II. In the case of a request initiated by a prosecutor, this form should be completed after the Governor has indicated his approval of the request for temporary custody or after the expiration of the 30 day period. Copies of this form should then be sent to all officials who previously received copies of Form III. One copy also should be given to the prisoner and one copy should be retained by the warden. Copies mailed to the prosecutor should be sent by certified or registered mail, return receipt requested.

## OFFER TO DELIVER TEMPORARY CUSTODY

Date \_\_\_\_\_

TO: \_\_\_\_\_ Prosecuting Officer  
Insert Name and Title if Known

Jurisdiction \_\_\_\_\_

and to all other prosecuting officers and courts of jurisdictions listed below from which indictments, informations, or complaints are pending.

RE: \_\_\_\_\_ Number \_\_\_\_\_  
Inmate

DEAR SIR:

Pursuant to the provisions of Article V of the Agreement on Detainers between this state and your state, the undersigned hereby offers to deliver temporary custody of the above-named prisoner to the appropriate authority in your state in order that speedy and efficient prosecution may be had of the indictment, information, or complaint which is (described in the attached inmate's request) (described in your request for custody of \_\_\_\_\_).

Date \_\_\_\_\_

(The required Certificate of Inmate Status is enclosed.) (The required Certificate of Inmate Status was sent to you with our letter of \_\_\_\_\_).

Date \_\_\_\_\_

If proceedings under Article IV(d) of the Agreement are indicated, an explanation is attached.

Indictments, informations, or complaints charging the following offenses also are pending against the inmate in your state and you are hereby authorized to transfer the inmate to custody of appropriate authorities in these jurisdictions for the purposes of disposing of these indictments, informations, or complaints.

Offense \_\_\_\_\_

County or Other Jurisdiction \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not intend to bring the inmate to trial, will you please inform us as soon as possible?

Kindly acknowledge:

\_\_\_\_\_  
Name and Title of Custodial Authority

BY: \_\_\_\_\_  
Warden-Superintendent-Director

\_\_\_\_\_  
Institution and Address

A. My counsel is \_\_\_\_\_  
Name of Counsel

whose address is \_\_\_\_\_  
Street, City, and State

B. I request the court to appoint counsel. \_\_\_\_\_  
Inmate's Signature

Attachment 42: Interstate Agreement on Detainers Form IV – "Offer to Deliver Temporary Custody"

Agreement on Detainers: Form V

Five copies. Signed copies must be sent to the prisoner and to the official who has the prisoner in custody. A copy should be sent to the Agreement Administrator of the state which has the prisoner incarcerated. Copies should be retained by the person filing the request and the judge who signs the request.

REQUEST FOR TEMPORARY CUSTODY

TO: \_\_\_\_\_  
Warden-Superintendent-Director Institution

\_\_\_\_\_  
Address

Please be advised that \_\_\_\_\_, who is presently an inmate of your institution, is under (indictment) (information) (complaint) in the \_\_\_\_\_ Jurisdiction of which I am the \_\_\_\_\_. Said inmate is therein charged with the (offense) (offenses) enumerated below:  
Title of Prosecuting Officer

OFFENSE

I propose to bring this person to trial on this (indictment) (information) (complaint) within the time specified in Article IV(c) of the Agreement.

In order that proceedings in this matter may be properly had, I hereby request temporary custody of such person pursuant to Article IV(a) of the Agreement on Detainers.

I hereby agree that immediately after trial is completed in this jurisdiction I will return the prisoner directly to you or allow any jurisdiction you have designated to take temporary custody. I agree also to complete Form IX, the Notice of Disposition of a Detainer, immediately after trial.

Signed \_\_\_\_\_

Title \_\_\_\_\_

I hereby certify that the person whose signature appears above is an appropriate officer within the meaning of Article IV(a) and that the facts recited in this request for temporary custody are correct and that having duly recorded said request I hereby transmit it for action in accordance with its terms and the provisions of the Agreement on Detainers.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Judge

Attachment 43: Interstate Agreement on Detainers Form V – “Request for Temporary Custody”

Agreement on Detainers: Form VI

In quadruplicate. All copies, signed by the prosecutor and the agent should be sent to the administrator in the receiving state. After signing all copies, the administrator should retain one for his files, send one to the warden of the institution in which the prisoner is located, and return two copies to the prosecutor who will give one to the agent for use in establishing his authority and place one in his files.

EVIDENCE OF AGENT'S AUTHORITY TO ACT FOR RECEIVING STATE

TO: \_\_\_\_\_  
Administrator of the Agreement on Detainers

\_\_\_\_\_ is confined in \_\_\_\_\_  
(Institution)

\_\_\_\_\_, and will be taken into custody at the institution on  
(Address)

\_\_\_\_\_ for return to this jurisdiction for trial on or about \_\_\_\_\_

In accordance with Article V(b), I have designated \_\_\_\_\_ whose signature  
appears below as agent to return the prisoner.

\_\_\_\_\_  
(Prosecuting Official)

\_\_\_\_\_  
(Agent's Signature)

TO: Warden

In accordance with the above representation and the provisions of the Agreement on Detainers, \_\_\_\_\_

\_\_\_\_\_ is hereby designated as agent for this state to return  
(Agent)

\_\_\_\_\_ for trial.  
(Inmate)

\_\_\_\_\_  
Administrator

Attachment 44: Interstate Agreement on Detainers Form VI – “Evidence of Agent’s Authority to Act for Receiving States”

Agreement on Detainers: Form VII

**IMPORTANT:** This form should only be used when an offer of temporary custody has been received as the result of a prisoner's request for disposition of a detainer. If the offer has been received because another prosecutor in your state has initiated the request, use Form 8. Copies of Form 7 should be sent to the warden, the prisoner, the other jurisdiction in your state listed in the offer of temporary custody, and the Agreement Administrator of the state which has the prisoner incarcerated. Copies should be retained by the person filing the acceptance and the judge who signs it.

**PROSECUTOR'S ACCEPTANCE OF TEMPORARY CUSTODY OFFERED IN CONNECTION  
WITH A PRISONER'S REQUEST FOR DISPOSITION OF A DETAINER**

TO: \_\_\_\_\_  
(Warden-Superintendent-Director) (Institution)

\_\_\_\_\_  
(Address)

In response to your letter of \_\_\_\_\_ and offer of temporary custody regarding  
(Date)

\_\_\_\_\_ who is presently under indictment, information, complaint in the  
(Name of Prisoner)

\_\_\_\_\_ of which I am \_\_\_\_\_  
(Jurisdiction) (Title of Prosecuting Officer)

please be advised that I accept temporary custody and that I propose to bring this person to trial on the indictment, information, or complaint named in the offer within the time specified in Article III (a) of the Agreement on Detainers.

COMMENTS: (If your jurisdiction is the only one named in the offer of temporary custody, use the space below to indicate when you would like to send your agents to conduct the prisoner to your jurisdiction. If the offer of temporary custody has been sent to other jurisdictions in your state, use the space below to make inquiry as to the order in which you will receive custody, or to indicate any arrangements you have already made with other jurisdictions in your state in this regard.)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

I hereby certify that the person whose signature appears above is an appropriate officer within the meaning of Article IV (a) and that the facts recited in this request for temporary custody are correct, and that having duly recorded said request I hereby transmit it for action in accordance with its terms and the provisions of the Agreement on Detainers.

DATED: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Judge)

\_\_\_\_\_  
(Court)

**Attachment 45: Interstate Agreement on Detainers Form VII – “Prosecutor’s Acceptance of Temporary Custody”**

Form VII is used when the inmate initiates the request for IAD.



Agreement on Detainers: Form VIII

**IMPORTANT:** This form should only be used when an offer of temporary custody has been received as the result of another prosecutor's request for disposition of a detainer. If the offer has been received because a prisoner has initiated the request, use Form 7 to accept such an offer. Copies of Form 3 should be sent to the warden, the prisoner, the other jurisdictions in your state listed in the offer of temporary custody, and the Agreement Administrator of the state which has the prisoner incarcerated. A copy should be retained by the person filing the acceptance and the judge who signs it.

**PROSECUTOR'S ACCEPTANCE OF TEMPORARY CUSTODY OFFERED IN CONNECTION  
WITH ANOTHER PROSECUTOR'S REQUEST FOR DISPOSITION OF A DETAINER**

TO: \_\_\_\_\_  
(Warden-Superintendent-Director) (Institution)

\_\_\_\_\_  
(Address)

According to your letter of \_\_\_\_\_,  
(Date) (Name of Prisoner)

\_\_\_\_\_ is being returned to this state at the request of

\_\_\_\_\_  
(Title of Prosecuting Officer) of \_\_\_\_\_  
(Jurisdiction)

I hereby accept your offer of temporary custody of \_\_\_\_\_,  
(Name of Prisoner)

who also is under indictment, information, or complaint in the \_\_\_\_\_,  
(Jurisdiction)

\_\_\_\_\_ of which I am the \_\_\_\_\_  
(Title of Prosecuting Officer)

I plan to bring this person to trial on said indictment, information, or complaint within the time specified in Article IV (c) of the Agreement on Detainers.

COMMENTS: (Use the space below to make inquiry as to order in which your jurisdiction will receive custody or to inform the warden of arrangements you have already made with other jurisdictions in your state in this regard.)

Signed \_\_\_\_\_

Title \_\_\_\_\_

I hereby certify that the person whose signature appears above is an appropriate officer within the meaning of Article IV (a) and that the facts recited in this request for temporary custody are correct, and that having duly recorded said request I hereby transmit it for action in accordance with its terms and the provisions of the Agreement on Detainers.

DATED: \_\_\_\_\_ Signed \_\_\_\_\_  
(Judge)

\_\_\_\_\_  
(Court)

**Attachment 46: Interstate Agreement on Detainers Form VIII – “Prosecutor’s Acceptance of Temporary Custody”**

Form VIII is used when the prosecutor of the receiving state initiates the request for IAD.

Agreement on Detainers: Form IX

In quadruplicate. One copy to be retained by the prosecutor, one copy to be sent to the warden of the state of original imprisonment, one copy to be sent to the compact administrator of the state of original imprisonment, one copy to be sent to the warden or agency who will have jurisdiction over the prisoner when he returns to the state which placed the detainer to serve his new sentence.

PROSECUTOR'S REPORT ON DISPOSITION OF CHARGES

TO: \_\_\_\_\_  
(Superintendent) (Date)

\_\_\_\_\_  
(Name of Institution in which the Prisoner was Originally Imprisoned)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

\_\_\_\_\_  
(Name of Inmate)

\_\_\_\_\_  
(Number)

was transferred to the state of \_\_\_\_\_ pursuant to the Interstate Agreement on Detainers  
(Name of State)

for trial based on the pending charge or charges contained in the Agreement on Detainers, Form II (if transfer was at the request of inmate) or in Forms IV and V (if transfer was at request of the prosecutor).

The disposition of the pending charge or charges in this jurisdiction was as follows:

Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_

\_\_\_\_\_  
Prosecuting Officer



\_\_\_\_\_  
Jurisdiction

Attachment 47: Interstate Agreement on Detainers Form IX – “Prosecutor’s Report on Disposition of Charges”



## Artifacts for Discharges and Transfers

	<b>CORRECTION DEPARTMENT CITY OF NEW YORK</b>	
<b>DISCHARGE CHECKLIST</b>		Page 1 of 2 Pages
		Form: #4102R-B Rev.: 06/01/05 Ref.: Dir. 4102R-B
Inmate's Name: (Print Clearly)	Book & Case #:	NYSID #:
<b>PAPERWORK REVIEW</b>		
		Yes No
1. Has correct bail amount been paid and have all bail payments and fines been accepted as authorized (cash, cashiers/tellers checks, authorized money orders, \$1,000.00 limit, etc., refer to Directive #1502R)? (Reference Securing Order-last entry against bail receipt.)		<input type="checkbox"/> <input type="checkbox"/>
2. Have all of the staples been removed from all of the paper work?		<input type="checkbox"/> <input type="checkbox"/>
3. Has all of the paper work been separated according to legal status? (securing orders, warrants, Accompanying Card, etc.)		<input type="checkbox"/> <input type="checkbox"/>
4. Have all the documents been examined for the correct NYSID number?		<input type="checkbox"/> <input type="checkbox"/>
5. Are there any outstanding commitments (warrants, other cases)? (Reference Accompanying Card/Detention Record against all legal holds present in folder.)		<input type="checkbox"/> <input type="checkbox"/>
6. Have all Securing Orders been satisfied and accounted for (e.g., each case has a disposition, bail, fine, ROR, dismissed, ACD, time served, etc.)		<input type="checkbox"/> <input type="checkbox"/>
7. Has the IIS printout been compared to existing paper work? (Reference hard copy of QINQ to WD screens. If there is a "Y" in the warrant field in QINQ, do not release.)		<input type="checkbox"/> <input type="checkbox"/>
8. Have check marks been made next to all of the above items for comparison?		<input type="checkbox"/> <input type="checkbox"/>
9. Do any docket or indictment numbers not have a check mark next to them?  Has the IIS printout been checked to determine if the inmate has been identified as being in need of Mental Health Discharge Planning? If yes, he/she must be produced in the clinic before discharge, except if the inmate is being release from Court, please refer to Directive #4103R-A.)		<input type="checkbox"/> <input type="checkbox"/>    <input type="checkbox"/> <input type="checkbox"/>
10. If Fax Bail, do multiple cases have corresponding bail receipts?		<input type="checkbox"/> <input type="checkbox"/>
a. Bail Bond?		<input type="checkbox"/> <input type="checkbox"/>
b. If yes, does Bond Slip have a seal?		<input type="checkbox"/> <input type="checkbox"/>
c. Is the name and address of the Bail Bondsman on the back?		<input type="checkbox"/> <input type="checkbox"/>
11. Do the words "Surety Exam", "Sufficiency Hearing" or "Bail Hearing" appear on any of the securing orders?  If yes, do not discharge until the inmate is produced in court for the Surety Exam.  If all of the above questions have been answered appropriately, you may proceed to the pedigree process.		<input type="checkbox"/> <input type="checkbox"/>       <input type="checkbox"/> <input type="checkbox"/>
12. Do not release inmates with a dismissal of accusatory instrument due to a temporary order of observation, final order of observation or order of commitment. Inmate has been determined incompetent to stand trial. Must go to Dept. of Mental Health. DO NOT RELEASE.		<input type="checkbox"/> <input type="checkbox"/>
13. Is there an accompanying Jail Time Credit Certification included for this incarceration?		<input type="checkbox"/> <input type="checkbox"/>

Attachment 48: Discharge Checklist (Form 4102R-B)

	<b>CORRECTION DEPARTMENT CITY OF NEW YORK</b>	
<b>DISCHARGE CHECKLIST</b>		Page 2 of 2 Pages
Form: #4102R-B Rev.: 06/01/05 Ref.: Dir. 4102R-B		
Inmate's Name: (Print Clearly)	Book & Case #:	NYSID #:
PEDIGREE REVIEW		
1. Has the inmate's identity been checked by comparing the ethnicity, height, weight, hair and eye color from the available pedigree?		Yes No <input type="checkbox"/> <input type="checkbox"/>
2. Does the picture from the Police Department Prisoner Movement Slip match the inmate to be discharged?		<input type="checkbox"/> <input type="checkbox"/>
3. Does the signature in the first admission section match that of the signature in the discharge section?		<input type="checkbox"/> <input type="checkbox"/>
4. Does the fingerprint in the first admission section match that of the fingerprint in the discharge section? (circle significant identifiers of the print similarities in red.)		<input type="checkbox"/> <input type="checkbox"/>
5. Has the inmate answered the following correctly?		<input type="checkbox"/> <input type="checkbox"/>
Name		<input type="checkbox"/> <input type="checkbox"/>
DOB		<input type="checkbox"/> <input type="checkbox"/>
Height		<input type="checkbox"/> <input type="checkbox"/>
Weight		<input type="checkbox"/> <input type="checkbox"/>
Age		<input type="checkbox"/> <input type="checkbox"/>
Next of kin		<input type="checkbox"/> <input type="checkbox"/>
Religion		<input type="checkbox"/> <input type="checkbox"/>
Address		<input type="checkbox"/> <input type="checkbox"/>
Past criminal record (Rap Sheet) - First arrest, when and if he/she in state prison, other names used etc.		<input type="checkbox"/> <input type="checkbox"/>
Next court date		<input type="checkbox"/> <input type="checkbox"/>
Bail amount		<input type="checkbox"/> <input type="checkbox"/>
Who paid bail		<input type="checkbox"/> <input type="checkbox"/>
DIN number (if applicable)		<input type="checkbox"/> <input type="checkbox"/>
6. Question the inmate about prior arrests from rap sheet (if applicable).		<input type="checkbox"/> <input type="checkbox"/>
Captain Signature	Print	Shield #
Tour Commander Signature	Print	Shield #
Date	Date	Date
Time	Time	Time



	<b>CORRECTION DEPARTMENT CITY OF NEW YORK</b>	<b>OPERATIONS SECURITY UNIT</b>	
<b>TRANSFER IDENTIFICATION FORM</b>		<small>FORM OD/OSU 14 REV. 8/16/90 REF. OP. ORDER # 26/90</small>	
TRANSFER COMMAND:		RECEIVING COMMAND:	DATE: / /
INMATE NAME (Last and First):		BOOK AND CASE NUMBER:	
CHECK APPROPRIATE BOX <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> GENERAL SECURITY TRANSFER  <input type="checkbox"/> CMC / MAXIMUM SECURITY TRANSFER  <input type="checkbox"/> OSU / OPERATIONS DIVISION TRANSFER  <input type="checkbox"/> TRANSFER RE: SERIOUS INCIDENT         </div> <div style="width: 48%;"> <input type="checkbox"/> ADMINISTRATIVE / PC TRANSFER  <input type="checkbox"/> OTHER (Please specify below)            OSU NUMBER _____ (if available)            INFRACTION NUMBER _____ (if available)            INJURY REPORT NUMBER _____ (if available)         </div> </div>			
DESCRIPTION (Provide brief reason or incident information initiating this transfer): <div style="text-align: center; font-size: 4em; opacity: 0.3; transform: rotate(-15deg); pointer-events: none;">SAMPLE</div>			
TRANSFER FACILITY NOTIFICATION	NAME OF PERSON NOTIFIED IN RECEIVING FACILITY:	TITLE:	DATE: / / HRS.
VERIFICATION INFORMATION	FORM PREPARED BY (Print name, Rank, Shield Number): <hr/> PRINT NAME OF D/W FOR SECURITY (or Designee): D/W (or Designee) SIGNATURE:		
<b>SPECIAL INSTRUCTIONS:</b> This form is <u>not</u> to be used for either <u>NEW ADMISSION, OVERFLOW OR OVERLOAD</u> transfers. The only transfers to be documented on this form are the types listed above, or any other security related transfers. If this transfer is due to a <u>serious incident</u> indicate infraction and/or injury report numbers if any. If this transfer was <u>ordered by OSU / Operations Division</u> , indicate the OSU number if available.			
<b>DISTRIBUTION:</b> <u>ORIGINAL</u> - Attached to Accompanying Card of Inmate <u>COPY</u> To Deputy Warden - Security, Transferring Facility <u>COPY</u> To OSU / Operations Division (If this was an OSU / Oper. Div. Transfer only)			

Attachment 49: Transfer Identification Form (Form OD/OSU 14)



**CORRECTION DEPARTMENT  
CITY OF NEW YORK**  
**OPERATIONS DIVISION  
OPERATION SECURITY INTELLIGENCE UNIT**



**C.M.C. INFORMATION SHEET**

FORM OD/OSU5  
REV. 2/2/92

<b>DATE :</b>		<b>PREPARED BY:</b>	
<b>TO: COMMANDING OFFICER:</b>		<b>AUTHORIZED:</b> Captain #	
<b>SUBJECT:</b> <input type="checkbox"/> DESIGNATION OF C.M.C. INMATE  <input type="checkbox"/> C.M.C. INMATE UPDATE  <input type="checkbox"/> TRANSFER OF C.M.C. INMATE  <input type="checkbox"/> REMOVAL FROM C.M.C.  STATUS		CMC#  TYPE:	
INMATE LAST NAME		INMATE'S FIRST NAME	
BOOK & CASE #	NYSID#	DOCKET/INDICTMENT #	
BAIL STATUS		CHARGE(S)	
<input type="checkbox"/> SUBJECT INMATE IS DESIGNATED AS A CENTRALLY MONITORED INMATE. PLEASE REFER TO TELETYPE ORDER NO. _____ FOR OFFICIAL DESIGNATION			
INMATE SHALL BE HOUSED IN THE FOLLOWING FACILITY: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"><div><input type="checkbox"/> C.P.S.U.</div><div><input type="checkbox"/> R.M.S.C.</div><div><input type="checkbox"/> N.I.C.</div><div><input type="checkbox"/> A.M.K.C.</div><div><input type="checkbox"/> B.X.D.C.</div><div><input type="checkbox"/> G.R.V.C</div><div><input type="checkbox"/> O.B.C.C</div><div><input type="checkbox"/> A.R.D.C</div><div><input type="checkbox"/> E.M.T.C.</div><div><input type="checkbox"/> J.A.T.C.</div><div><input type="checkbox"/> Q.D.C.</div><div><input type="checkbox"/> B.H.P.W.</div><div><input type="checkbox"/> E.H.P.W.</div><div><input type="checkbox"/> K.C.H.</div><div><input type="checkbox"/> WEST</div><div><input type="checkbox"/> B.K.D.C.</div><div><input type="checkbox"/> G.M.D.C.</div><div><input type="checkbox"/> B.B.K.C</div><div><input type="checkbox"/> OTHER</div></div>			
<input checked="" type="checkbox"/> INMATE SHALL BE PLACED IN THE FOLLOWING HOUSING ASSIGNMENT: <div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px;"><div><input type="checkbox"/> GENERAL POPULATION OBSERVATION</div><div><input type="checkbox"/> PROTECTIVE CUSTODY</div><div><input type="checkbox"/> MENTAL</div><div><input type="checkbox"/> LOCK DOWN PUNITIVE SEG.</div><div><input type="checkbox"/> P.C. PUNITIVE SEG.</div><div><input type="checkbox"/> M.O.</div></div>			

**Attachment 50: C. M. C. Information Sheet**

☐ **WAIST CHAINS TO BE WORN WHEN OUTSIDE THE FACILITY**  
☐ **LEG IRONS TO BE WORN WHEN OUTSIDE THE FACILITY**  
☐ SPECIAL TRANSPORTATION IS REQUIRED WHEN MOVING THIS INMATE  
☐ TRANSPORT BY EMERGENCY RESPONSE UNIT ONLY  
☐ **TRANSPORT BY TRANSPORTATION DIVISION ONLY**  
☐ TRANSPORT BY TRANSPORTATION, UNLESS THE MOVE IS UNSCHEDULED  
 THEN E.R.U WILL  
 TRANSPORT

☐ INTER-FACILITY SECURITY RESTRAINTS

\*NOTE: DUE PROCESS SAFEGUARDS AND HEARINGS ARE REQUIRED  
 IF THIS  
 FOR PLACEMENT IS INVOLUNTARY/SECURITY REASONS.

SEE REVERSE SIDE  
INFORMATION

REASON FOR C.M.C. DESIGNATION:

EVIDENCE/DOCUMENTATION UTILIZED:

SEPARATIONS:

THE FOLLOWING TELEPHONE NOTIFICATIONS WERE MADE REGARDING THIS DOCUMENT:



DATE	TIME HOURS	PERSON NOTIFIED	TITLE	FACILITY
/ /	HOURS			
/ /	HOURS			
/ /	HOURS			
/ /	HOURS			
/ /	HOURS			
/ /	HOURS			

NOTIFICATION(S) MADE BY :	LAST NAME	FIRST NAME	RANK	SHIELD

COPIES OF THIS DOCUMENT FORWARD TO:

☒ CLASSIFICATION UNIT  
 DIVISION



☒ INVESTIGATION

 <b>NYC DEPARTMENT OF CORRECTION</b> <b>NOTICE OF AUTHORIZATION</b> <b>FOR INITIAL PLACEMENT IN RED ID STATUS</b>			
Form # 4518A Rev. 06/30/04 Ref. Dir. # 4518R-A			
Facility:		Date: Book & Case No.:	
Inmate Name (Last/First):		NYSID Number:	
Date of Event:	Location:	Time:	Infraction No. (if applicable):
Basis for Placement: <input type="checkbox"/> Current Infraction <input type="checkbox"/> Prior History Description of event: Include: Date, Time, Location and specific description of action alleged <input type="checkbox"/> Notice of Infraction, attach if available         			
<input type="checkbox"/> Incident Involved Possession of a Weapon <input type="checkbox"/> Incident Involved Use or Attempted Use of a Weapon			
<b>RIGHT TO HEARING:</b> You are entitled to a hearing for this placement within 72 hours after you are served with this notice. At your hearing you have the following rights: 1. Right to appear personally; 2. Right to make statements; 3. Right to present relevant and non-redundant evidence; and 4. Right to present relevant and non-redundant witness.			
Within seventy-two (72) hours after your hearing is concluded, you will receive a copy of the "Notice of Hearing Determination for Red/ID and/or Enhanced Restraint Status".			
Interpreter Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, specify language: _____  Counsel Substitute Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No    Witness Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Witness Name (Print)		Number	
Location			
I certify that I received a copy of this notice:		Inmate's Signature:	Date:
Served by (Print Name, Rank and Shield #):		Signature of Server:	
Distribution: ORIGINAL To: DEPUTY WARDEN OF SECURITY    COPIES To: 1 - INMATE 2 - INMATE'S LEGAL FOLDER 3 - CLINIC			

**Attachment 51: Notice of Authorization for Initial Placement in Red ID Status**



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	FORM: CPSU 96/01	Correction Department-City of New York Otis Bantum Correctional Center CENTRAL PUNITIVE SEGREGATION UNIT			
CENTRAL PUNITIVE SEGREGATION TRANSFER SHEET					
Instructions: Print all required information on each inmate legibly and in ink. Fax this sheet to the CPSU Admission Office prior to the transfer of any inmates. <u>All infractions must have already been entered into the IIS System and inmates reclassified accordingly.</u> Please note that inmates will only be accepted by the Central Punitive Segregation Unit until 1500 hours. <u>Incomplete forms are subject to termination of the transfer.</u>					
Date:		Sending Facility:		Next Court Date:	
Last Name		First	AKA:		
Book & Case #		NYSID #:	Date of Birth	Class #	
CPSU #:	Infraction Date:	Infraction #:	Charge #	Amount of Days:	
RELIGION:	Security Risk Group:	Rank:	Moniker (Call Sign)		
P.C. Gay Pred. Slasher Adolescent		C.M.C. Red ID Red Accompany Card		Separation Orders:	
BAIL STATUS:			HIGH ARREST CHARGE:		
REMARKS:					
SECURITY CAPTAIN (SIGNATURE)		SECURITY CAPTAIN (Print)		SHIELD #	



**Attachment 52: CPSU Transfer Sheet**



 <b>CORRECTION DEPARTMENT</b> <b>CITY OF NEW YORK</b>				
<b>HEARING REPORT AND NOTICE OF DISCIPLINARY DISPOSITION</b>		Page 2 of 2 Pages	Form: 6500D Eff. : 11/16/05 Ref. : Dir. # 6500R-A	
<b>DOCUMENTARY EVIDENCE (Where applicable)</b>				
Photograph of Injury:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Photocopy of Weapon:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reports - Specify Types:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Logbooks - Specify Types:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Infraction Investigation:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Evidence (List):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness Statements (List Witnesses):	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shown to Inmate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
On this date and time following disposition was reached after a hearing on the charges listed below:				
Charge #	Dismissed	Guilty	Penalty	Basis for Findings & Evidence Relied On
Five Dollar (\$5) Disciplinary Surcharge Grade I or Grade II offenses only: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you have been found guilty of multiple rule violations, these penalties will be served: <input type="checkbox"/> Consecutively <input type="checkbox"/> Concurrently				
Infraction Dismissed: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____ _____ _____				
Pre-Hearing Detention Time Credit: _____ Days.				
Adjudication Captain (Print Name, Rank, Shield #):			Signature of Adjudication Captain:	
<p>You have the right to appeal an adverse decision rendered by the Adjudication Captain within two (2) days of service of this decision. If you have been sentenced to a total of thirty (30) days or more of punitive segregation or loss of all your good time on any one (1) Notice of Disciplinary Disposition (6500D), your appeal shall be forwarded to the General Counsel in the Legal Division. Within five (5) business days of the receipt of your appeal, you will receive a written decision from the General Counsel regarding such appeal unless further documentation/information is required by the General Counsel to decide your appeal. In those cases, the five (5) business day time limit shall be extended and the reasons for the extension will be noted on the General Counsel's decision to you. If you receive an unfavorable decision from the General Counsel or you do not receive a decision from the General Counsel within ten (10) business days of receipt of your appeal, you may file a petition for a writ under Article 78 of the CPLR. If you are sentenced to less than thirty (30) days punitive segregation or loss of less than all your good time, you may appeal that decision to the Warden of the facility where the infraction occurred.</p>				
I certify that I received a copy of this notice:		Signature of Inmate:		B&C/Sentence #:
Served by (Print Name, Rank and Shield #):		Signature of Server:		Date:
Refused to Sign for Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No		Witnessed By:		

**Attachment 54: Hearing Report and Notice of Disciplinary Disposition**



	<b>CORRECTION DEPARTMENT CITY OF NEW YORK</b>	
<b>MENTAL HEALTH REVIEW FOR PUNITIVE SEGREGATION HOUSING</b>		Form: MHR-1R Eff.: 10/14/05 Ref.: Dir. #4501R-A
<b>SECTION I - TO BE COMPLETED BY HEARING OFFICER</b>		
<b>A) Inmate Information:</b> Last Name: _____ First Name: _____ Book & Case #: _____ NYSID #: _____ Facility: _____ Housing Area: _____ DOC Admission Date: ____/____/____		
<b>B) Infraction Information:</b> Hearing Date: ____/____/____ Charge(s): _____ Disposition Date: ____/____/____ Disposition: _____ <div style="text-align: center; font-size: small;">(Indicate amount of Punitive Segregation time)</div>		
<b>C) Special Instructions:</b> Check off appropriate box. <div style="text-align: center; font-size: x-small;">           Submit form to the Clinic captain if either statement #1 or #2 is checked off.            Submit form to the Deputy Warden for Security if statement #3 is checked off.         </div> <div style="display: flex; justify-content: space-between;"> <div>           1. IIS inquiry indicates that inmate is known to Mental Health ("M" follows inmate's Book and Case number). <input type="checkbox"/> </div> <div>           2. Date of infraction disposition is less than five (5) days of the inmate's date of admission into DOC. <input type="checkbox"/> </div> <div>           3. IIS inquiry DOES NOT indicate the inmate is known to Mental Health (No "M" follows inmate's Book and Case number) and the date of the infraction is five (5) days or more since the inmate has been admitted into DOC custody. <input type="checkbox"/> </div> </div>		
<b>D) Name of Hearing Officer:</b> Prepared by: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Print Name</span> <span>Signature</span> <span>Rank/Title</span> <span>Shield/ID #</span> <span>Date</span> </div>		
<b>SECTION II - TO BE COMPLETED BY MENTAL HEALTH STAFF</b>		
<b>A) Based on Mental Health staff review, the inmate:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Is known to Mental Health and may be placed in lock-down status in:  <input type="checkbox"/> A Punitive Segregation Unit <input type="checkbox"/> The Mental Health Assessment Unit for Infracted Inmates (MHAUII)         </div> <div> <input type="checkbox"/> Is known to Mental Health staff and may not be placed in lock-down status.         </div> </div>		
<b>B) Additional Comments:</b> _____ _____ _____		
<b>C) Name of Mental health staff conducting the review:</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Print Name</span> <span>Signature</span> <span>Title</span> <span>Date of Review</span> <span>Time of Review</span> </div>		
<b>SECTION III - FACILITY REVIEW</b> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>Signature of Deputy Warden for Security</span> <span>Print Name</span> <span>Date of Review</span> </div>		
<b>Distribution:</b> Original: Movement Officer (If cleared for Punitive Segregation) Copies: Inmate's Legal Folder Deputy Warden for Security Mental Health Office		

**Attachment 55: Mental Health Review for Punitive Segregation Housing**

# GRVC MHAUII ADMISSIONS/DISCHARGES

DATE:

TO: GRVC DOC MOVEMENT/INTAKE

FROM:

Subject: MHAUII ADMISSIONS/DISCHARGES

The following are pre-admitted to GRVC-MHAUII-1A:

	NAME	BOOK & CASE	COMING FROM	ADMISSION REASON	REFERRED BY/TRACK
1					
2					
3					
4					
5					

The following are for discharge from GRVC-MHAUII-1A:

	NAME	BOOK & CASE	APPROPRIATE FOR	DISCHARGE REASON	ADMITTED BY/TRACK
1				COMPLETED MHAUII TIME	UCL'S NOTIFIED
2					
3					
4					
5					





# CORRECTION DEPARTMENT CITY OF NEW YORK

FORM OD/HS 02  
EF. 10/1/83

RE: OPERATIONS  
ORDER #22/83



## MENTAL HEALTH STATUS NOTIFICATION AND MENTAL OBSERVATION TRANSFER FORM

### TO BE COMPLETED BY MENTAL HEALTH/CLINICAL STAFF

INMATE NAME		FACILITY
BOOK & CASE #	NYSID #	DATE / /

Based on a clinical interview this date the following marked (X) indications apply:

- |                                                                  |                                                      |
|------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> SUICIDAL AND / OR HIGHLY SELF-INJURIOUS | <input type="checkbox"/> HIGHLY ASSAULTIVE           |
| <input type="checkbox"/> RECEIVING PSYCHOTROPIC MEDICATION       | <input type="checkbox"/> DEVELOPMENTALLY DISABLED    |
| <input type="checkbox"/> 730 EXAMINATION PENDING                 | <input type="checkbox"/> HISTORY OF VIOLENCE TOWARDS |

#### TRANSFER TO:

- |                          |                                             |                                                |                                 |
|--------------------------|---------------------------------------------|------------------------------------------------|---------------------------------|
| PSYCHIATRIC PRISON WARD: | <input type="checkbox"/> BHPW               | <input type="checkbox"/> KCHPW                 | <input type="checkbox"/> EHPW   |
| DOC FACILITY:            | <input type="checkbox"/> C-71 MENTAL HEALTH | <input type="checkbox"/> BRONX ASSAULTIVE UNIT |                                 |
| OTHER M.O. HOUSING:      | <input type="checkbox"/> DORMITORY          | <input type="checkbox"/> CELL                  | <input type="checkbox"/> EITHER |

#### SPECIAL PRECAUTIONS REQUIRED:

- |                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> ENHANCED SUICIDE OBSERVATION (ESO)                                                                 |
| <input type="checkbox"/> SUICIDE WATCH                                                                                      |
| <input type="checkbox"/> GENERAL POPULATION - NO DANGER TO SELF OR OTHERS                                                   |
| <input type="checkbox"/> NO TRANSFER REQUIRED, BUT MOVE TO <input type="checkbox"/> DORMITORY <input type="checkbox"/> CELL |

#### ADDITIONAL INFORMATION / RECOMMENDATIONS:

INTERVIEWER SIGNATURE	TIME OF INTERVIEW _____ HRS.
INTERVIEWER NAME (PRINT)	DATE OF INTERVIEW / /

### TO BE COMPLETED BY DEPARTMENT OF CORRECTION STAFF

TIME OF NOTIFICATION TO DOC: _____ HRS.	PERSON NOTIFIED (Print Name & Rank)		
TIME OF NOTIFICATION TO NAMCU: _____ HRS.	PERSON NOTIFIED (Print Name & Rank)		
TRANSFER LOCATION	FACILITY	HOUSING AREA	BED / CELL
PERSON NOTIFIED AT RECEIVING LOCATION (As Required)	PRINT NAME	RANK/TITLE	SHIELD NO./ID



Form RI018 Rev 5/88

Attachment 57: Mental Health Status Notification and Mental Observation Transfer Form

## APPENDIX G

FAX BAIL TRANSMITTAL SHEET  
(INFORMATION SUPPLIED BY FACILITY HOUSING INMATE FOR WHOM A SURETY IS POSTING BAIL)

Indictment #		Docket #		Date This Information Supplied:	Time:
NYSD #		Book & Case #		Defendant's Name (Last, First and M.I.)	
				People v.	
				Offense(s)	
Name of Judge/Justice Who Set Bail		County	Court	Part	
Last Court Date Bail Has Set		Bail Amount (Numerical)	Bail Amount (Written)		
		\$	DOLLAR:		
Describe any outstanding warrants or detainers, including surety examination, prohibiting defendant's immediate discharge. If none, write "NONE".					

Defendant's next scheduled court appearance is at 9:30 A.M. on the date and place written below:			
Date of Next Court Appearance	County	Court	Part

Facility Recv'g Bail \$		Facility Housing Inmate	
-------------------------	--	-------------------------	--

Name (Printed Legibly), Signature & Shield # of Captain at Housing Facility Providing This Fax Bail Information:	
------------------------------------------------------------------------------------------------------------------	--

Instructions for Fax Bail Transmittal Sheet:

At all times when the Captain enters information on this form, he is to type or legibly print in blue or black ink.  
 Where the form requires his signature, he is to provide his full signature in blue or black ink and not just initials.

Attachment 58: Fax Bail Transmittal Sheet



BAIL RECEIPT & NOTICE TO PERSON POSTING BAIL					Nº 931675		
				Date Bail \$ Received (Today's Date)		Time Bail \$ Received	
Indictment #			Docket #		Defendant's Name (Last, First and M.I.)		
NYSID #			Book & Case #		Offense(s)		
Name of Judge/Justice Who Set Bail			County		Court		Part
Last Court Date Bail Was Set			Bail Amount (Numerical) \$		Bail Amount (Written) DOLLAR(S)		
Check One:    Cash <input type="checkbox"/> (if check(s) or money order(s), enter number(s) and name(s) of issuing organization(s)) Check or Money Order <input type="checkbox"/>							
Describe any outstanding warrants or detainers, including surety examination, prohibiting defendant's immediate discharge. If none, write "NONE".							
<div style="font-size: 4em; opacity: 0.3; transform: rotate(-15deg); position: absolute; top: 50%; left: 50%;">SAMPLE</div>							
Having posted the bail amount listed above, and having read the information on the back of Copy 1 concerning bail refunds, and having been notified of any outstanding warrants or detainers prohibiting the immediate discharge of the defendant, I undertake that the defendant will appear in this action whenever required & will at all times render himself/herself amenable to the orders and processes of the court, and I acknowledge that the bail will be forfeited if the defendant does not comply with any requirement or order of process to appear in this action, and that his/her next scheduled court appearance is at 9:30 A.M. on the date and place written below:							
Date of Next Court Appearance			County		Court		Part
OBTAIN SIGNATURE OF PERSON POSTING BAIL ON COPIES 2, 3, 4, & 5			Name of Person Posting Bail (Printed)		Occupation of Person Posting Bail		
			Residential Address of Person Posting Bail (including ZIP Code)				
Signature of Employee Receiving Bail \$			Title	Shield or ID #	Facility Recv'g Bail \$	Facility Housing Inmate	
<b>Distribution &amp; Routing Instructions</b>  No.1 Give to person posting bail. Bail funds are deposited not later than the next business day after their receipt. Checks for refund of bail, minus the Department of Finance three percent 3% fee will be mailed according to the notice on the back of this form from the DIRECTOR OF FINANCE OF THE CITY OF NEW YORK, Room 2200, Municipal Building, 1 Centre Street, New York, NY 10007. The three percent 3% fee will not be subtracted if the case is terminated at the trial level with a dismissal or acquittal.							
COPY 1				34 R (4/91)			

**Attachment 59: Bail Receipt and Notice to Person Paying Bail (Copy 1—Surety's Copy)**

**NOTE.** Be aware that surety does not sign Copy 1. A fax of Copy 1 is not acceptable as a bail receipt in a Faxed Bail Transmittal.)

BAIL RECEIPT & NOTICE TO PERSON POSTING BAIL					No 931675					
D.O.F. Treasury Receipt # & Date:					Date Bail \$ Received (Today's Date)		Time Bail \$ Received			
Indictment #			Docket #			Defendant's Name (Last, First and M.I.)				
NYSID #			Book & Case #			Offense(s)				
Name of Judge/Justice Who Set Bail				County		Court		Part		
Last Court Date Bail Was Set			Bail Amount (Numerical) \$			Bail Amount (Written) DOLLAR(S)				
Check One: <input type="checkbox"/> Cash (if check(s) or money order(s), enter number(s) and name(s) of issuing organization(s))										
Check or Money Order <input type="checkbox"/>										
Describe any outstanding warrants or detainers, including surety examination, prohibiting defendant's immediate discharge. If none, write "NONE".										
<p>Having posted the bail amount listed above, and having read the information on the back of Copy 1 concerning bail refunds, and having been notified of any outstanding warrants or detainers prohibiting the immediate discharge of the defendant, I undertake that the defendant will appear in this action whenever required &amp; will at all times render himself/herself amenable to the orders and processes of the court, and I acknowledge that the bail will be forfeited if the defendant does not comply with any requirement or order of process to appear in this action, and that his/her next scheduled court appearance is at 9:30 A.M. on the date and place written below:</p>										
Date of Next Court Appearance			County			Court		Part		
Signature of Person Posting Bail				Name of Person Posting Bail (Printed)			Occupation of Person Posting Bail			
Residential Address of Person Posting Bail (including ZIP Code)										
Signature of Employee Receiving Bail \$			Title		Shield or ID #		Facility Recv'g Bail \$		Facility Housing Inmate	
Signature of Clerk of Court				Name of Clerk of Court (Printed/Stamped)				Date Bail Receipt Received at Court		
<p><b>Distribution &amp; Routing Instructions</b></p> <p>No.2 Obtain Captain's signature on back of No.2 and retain in Bail Receipt Book at facility accepting bail payment.</p>										
COPY 2					34 R (4/91)					

**Attachment 60: Bail Receipt and Notice to Person Paying Bail (Copy 2—Receipt Book Copy)**



BAIL RECEIPT & NOTICE TO PERSON POSTING BAIL				Nº 931675	
Dept. of Finance Treasury Receipt Stamp			Date Bail \$ Received (Today's Date)		Time Bail \$ Received
Indictment #		Docket #		Defendant's Name (Last, First and M.I.)	
NYSID #		Book & Case #		Offense(s)	
Name of Judge/Justice Who Set Bail		County		Court	Part
Last Court Date Bail Was Set		Bail Amount (Numerical) \$		Bail Amount (Written) DOLLAR(S)	
Check One: <input type="checkbox"/> Cash <input type="checkbox"/> (if check(s) or money order(s), enter number(s) and name(s) of issuing organization(s))					
Check or Money Order <input type="checkbox"/>					
Describe any outstanding warrants or detainers, including surty, examination, prohibiting defendant's immediate discharge. If none, write "NONE".					
<p>Having posted the bail amount listed above, and having read the information on the back of Copy 1 concerning bail refunds, and having been notified of any outstanding warrants or detainers prohibiting the immediate discharge of the defendant, I undertake that the defendant will appear in this action whenever required &amp; will at all times render himself/herself amenable to the orders and processes of the court, and I acknowledge that the bail will be forfeited if the defendant does not comply with any requirement or order of process to appear in this action, and that his/her next scheduled court appearance is at 9:30 A.M. on the date and place written below:</p>					
Date of Next Court Appearance		County		Court	Part
Signature of Person Posting Bail		Name of Person Posting Bail (Printed)		Occupation of Person Posting Bail	
Residential Address of Person Posting Bail (including ZIP Code)					
Signature of Employee Receiving Bail \$		Title	Shield or ID #	Facility Recv'g Bail \$	Facility Housing Inmate
Signature of Clerk of Court		Name of Clerk of Court (Printed/Stamped)		Date Bail Receipt Received at Court	
<b>Distribution &amp; Routing Instructions</b> No.3 Transmit to NYC Department of Finance for their files. (Also, fax copy to facility housing inmate if it is not the facility receiving bail.)					

COPY 3

34 R (4/91)

**Attachment 61: Bail Receipt and Notice to Person Paying Bail (Copy 3—Faxed to Housing Facility)**

**THE CITY OF NEW YORK  
DEPARTMENT OF CORRECTION  
TRANSCRIPT OF RECORD**

\_\_\_\_\_  
(INSTITUTION) (DATE)

To a Justice or Judge of \_\_\_\_\_ Court  
County of \_\_\_\_\_:

This is to certify that the records of this institution show the following information pertaining to the herein named defendant:

Name \_\_\_\_\_

Institution \_\_\_\_\_ Docket or  
Commitment No. \_\_\_\_\_ Indictment No. \_\_\_\_\_

Date of \_\_\_\_\_ Charge \_\_\_\_\_  
Commitment \_\_\_\_\_

Judge \_\_\_\_\_ Court \_\_\_\_\_

Amount of \_\_\_\_\_ (\$ \_\_\_\_\_) Date  
Bail \_\_\_\_\_ ) Returnable \_\_\_\_\_

For \_\_\_\_\_ Court  
(Examination) (Trial) (Sentence) Returnable \_\_\_\_\_

Warrants or  
other Detainers \_\_\_\_\_

\_\_\_\_\_  
(Head of Institution)

\_\_\_\_\_  
(Title)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)





**CORRECTION DEPARTMENT  
CITY OF NEW YORK**

FORM #1502E

EFF. 07/13/01

**SURETY INFORMATION FORM**

REF. DIR. #1502R

**Surety Pedigree (To Be Completed By Surety)**

**Inmate's Photo**

Surety Name : \_\_\_\_\_

Last Name

First Name

Address : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Business Phone : \_\_\_\_\_

Relationship to Inmate : \_\_\_\_\_ Occupation : \_\_\_\_\_

Inmate's Name : \_\_\_\_\_

Last Name

First Name

Book and Case# : \_\_\_\_\_ Inmate's Home Phone : \_\_\_\_\_

Inmate's Home Address : \_\_\_\_\_

D.O.B.

Height

Weight

Race

Hair  
Color

Eye Color

Charge : \_\_\_\_\_ Docket # : \_\_\_\_\_

Judge : \_\_\_\_\_ Indictment # : \_\_\_\_\_

Amount of Bail Being Posted : \$ \_\_\_\_\_

Amount in Words

Is the photograph that has been shown to you (Copy Above) that of the inmate you wish to post bail for?

Yes ☐ No ☐

Surety Signature : \_\_\_\_\_

Facility Witness Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**Attachment 63: Surety Information Form**

**NEW YORK CITY  
DEPARTMENT OF CORRECTION  
BAIL RECEIPT ENVELOPE**

**Contents verified and placed in this envelope, and  
envelope sealed,**

**on** //

**at**  :  **hours**

**by Captain**

**Signature**

**Shield #**

**Notes:**

281659

**Attachment 64: Bail Receipt Envelope used for cash bail**



ROBERT DENNISON  
CHAIRMAN

STATE OF NEW YORK  
EXECUTIVE DEPARTMENT  
**DIVISION OF PAROLE**  
97 CENTRAL AVENUE  
ALBANY, NEW YORK 12206

ANTHONY G. ELLIS II  
EXECUTIVE DIRECTOR

**MEMORANDUM**

TO: New York City Department of Corrections/ \_\_\_\_\_ County Jail  
FROM: Parole Violation Unit, NYC/ \_\_\_\_\_ Area Office  
RE: Results of Parole Revocation Hearing

1. NAME: (Parolee) LAST FIRST M.			2. HEARING DATE:
3. NYSID #:	4. BOOK & CASE #/LOCAL ID #:	5. HEARING LOCATION:	
6. TYPE OF HEARING / OUTCOME:			
<input type="checkbox"/> <b>PRELIMINARY HEARING</b>		<input type="checkbox"/> <b>FINAL HEARING</b>	
<input type="checkbox"/> Probable Cause Found		<input type="checkbox"/> Violation Sustained; Hearing Completed.	
<input type="checkbox"/> Probable Cause Not Found; Warrant Lifted.		<input type="checkbox"/> Case Adjourned to _____	
<input type="checkbox"/> Case Adjourned to _____		<input type="checkbox"/> Violation Not Sustained; Charges Dismissed. Warrant Lifted.	
NOTICE TO ATTORNEY OF ADJOURNMENT DATE		<input type="checkbox"/> Hand Delivered on _____ <input type="checkbox"/> Mailed on _____	
NOTICE TO PAROLEE OF ADJOURNMENT DATE		<input type="checkbox"/> Hand Delivered on _____ <input type="checkbox"/> Mailed on _____	
7. SIGNATURE:	8. TITLE:	9. DATE:	

**DISTRIBUTION:**

**White Original:** NYC Dept. of Corrections (W/PV) / \_\_\_\_\_ County Jail  
**Green Copy:** Bluebacker  
**Canary Copy:** Attorney  
**Pink Copy:** Parolee  
**Gold Copy:** NYC DOC - Operations Division/Sheriff's Office

FORM 9015 (REV. 7/05)

**Attachment 65: Results of Parole Revocation Hearing Memo**



BRION D. TRAVIS  
CHAIRMAN

STATE OF NEW YORK  
EXECUTIVE DEPARTMENT  
DIVISION OF PAROLE

AREA OFFICE  
314 WEST 40TH STREET  
NEW YORK, NEW YORK 10018

MEMORANDUM

DATE: \_\_\_\_\_

RE: \_\_\_\_\_  
NYSID # \_\_\_\_\_  
DIN # \_\_\_\_\_  
WARRANT # \_\_\_\_\_  
B & C # \_\_\_\_\_

ATTENTION: \_\_\_\_\_

Dear Superintendents:

Please consider this as an authorization to withdraw the  
above-mentioned Parole Violation Warrant lodged against \_\_\_\_\_.

Thank you for your cooperation in this matter.

Very truly yours,

AREA SUPERVISOR

By: \_\_\_\_\_  
SENIOR PAROLE OFFICER

Attachment 66: Warrant Lift delivered by Senior Parole Officer





BRION D. TRAVIS  
CHAIRMAN

EXECUTIVE DEPARTMENT  
DIVISION OF PAROLE

PAROLE OFFICE  
RIKERS ISLAND PENITENTIARY  
10-10 HAZEN STREET  
EAST ELMHURST, NEW YORK 1137  
(718) 546-5591

DATE: \_\_\_\_\_

TO: Captain Vasaturo - Operations  
Court/Probation/Parole Unit

FROM: Jarvis Jenkins - Bureau Chief - Rikers Island  
Deborah A. Watkins - Senior Parole Officer

SUBJECT: \_\_\_\_\_ NYSID #: \_\_\_\_\_

AKA: \_\_\_\_\_ B&C #: \_\_\_\_\_

Warrant #: \_\_\_\_\_

Location: \_\_\_\_\_

THE ABOVE INMATE IS DISCHARGED FROM PAROLE SUPERVISION. THE BOARD OF PAROLE HAS AUTHORIZED THE RELEASE OF THE ABOVE-NAMED INMATE ON \_\_\_\_\_

PLEASE HAVE THE GENERAL OFFICE RETURN THE WARRANT TO RIKERS ISLAND PAROLE OFFICE LOCATED AT EMTIC IN ACCORDANCE WITH EXISTING PROCEDURES AS OUTLINED IN NYCDOP OPERATIONS ORDER NO. 8/91. HOUSING PAROLE VIOLATORS PARAGRAPH (IV-G AUTHORIZATION TO VACATE PAROLE WARRANTS), DATED FEBRUARY 18, 1991.

IF THE GENERAL OFFICE IS NOT ABLE TO LIFT THE WARRANT FOR ANY REASON THEY MUST NOTIFY THIS OFFICE: (718) 546-5591, FAX # (718) 932-4746.



DEPARTMENT OF CORRECTION  
CUSTODY MANAGEMENT

AUTHORIZATION TO LIFT PAROLE WARRANT

Supervisor (Print Name) \_\_\_\_\_

Rank \_\_\_\_\_

Shield Number \_\_\_\_\_

Signature \_\_\_\_\_

Jarvis Jenkins - Bureau Chief  
Deborah A. Watkins - Senior Parole Officer

NOTE: UPON RECEIPT OF THIS WARRANT LIFT, YOU ARE DIRECTED TO NOTIFY CUSTODY MANAGEMENT AT: (718) 546-1326 WITH A DISPOSITION.



ROBERT DENNISON  
CHAIRMAN

STATE OF NEW YORK  
EXECUTIVE DEPARTMENT  
DIVISION OF PAROLE

PAROLE OFFICE  
RIKERS ISLAND PENITENTIARY  
10-10 HAZEN STREET  
EAST ELMHURST, NEW YORK 11370  
(718) 548-5891

NEW YORK CITY DEPARTMENT OF  
CORRECTION  
CRIMINAL JUSTICE BUREAU  
PAROLE RESTORATION WARRANT LIFT  
APPROVED 10/16/06  
CO. [Signature] H.S.A. P/A/06  
C.J.B., DATE

TO: \_\_\_\_\_, NYD, CJB  
FROM: \_\_\_\_\_, Bureau Chief ( \_\_\_\_\_ Senior Parole Officer)  
RE: PAROLE RESTORATION WARRANT LIFTS

The Board of Parole (Commissioners Office) has granted approval for release for the Parole Restoration Program (PRP). These inmates are to be discharged. They have been given reporting instructions to return to parole supervision upon their release. Therefore, would you please remove the Parole Warrant as a detainer on 10/17/06. The subject(s) will be picked up by employees of PRP and transported to their programs.

SAMPLE

\_\_\_\_\_  
Bureau Chief  
Senior Parole Officer

NAME \_\_\_\_\_  
NYSID \_\_\_\_\_ I&C \_\_\_\_\_  
WARRANT \_\_\_\_\_ LOCATION \_\_\_\_\_  
\_\_\_\_\_

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

PRINTED ON RECYCLED PAPER



STATE OF NEW YORK  
EXECUTIVE DEPARTMENT  
DIVISION OF PAROLEROBERT DENNISON  
CHAIRMANParole Office EMTC  
10-10 Hazen St.  
E. Elmhurst, NY 11370  
Phone: (718) 546-5891  
Fax #: (718) 932-4746WARRANT LIFT AUTHORIZATION

DATE: \_\_\_\_\_

AUTHORIZATION NO. 003897

TO: CHIEF CLERK \_\_\_\_\_

FROM: SENIOR PAROLE OFFICER, EMTC PAROLE OFFICE

AKA: \_\_\_\_\_

PAROLE NAME: \_\_\_\_\_ NYSID #: \_\_\_\_\_

B&amp;C #: \_\_\_\_\_ WARRANT #: \_\_\_\_\_

The Board of Parole has cancelled delinquency on the above inmate.  
This is your authorization to remove the Parole warrant from your  
records.

\_\_\_\_\_  
(Authorizing Signature)  
Senior Parole OfficerTHIS FORM IS INVALID IF THE AUTHORIZATION NUMBER IS NOT PRINTED IN  
RED.Distribution: White/General Office, Yellow/Rikers Island Office  
Pink/Area Office

FORM 4168 (REV. 12/04)