



## APPLICATION FOR CONDITIONAL RELEASE

Preferred Language: English \_\_ Spanish \_\_ Other Language \_\_\_\_\_

1. PLEASE USE BLACK INK OR DARK LEAD PENCIL.
2. Please write clearly.
3. Please provide as much information as possible.

### AM I ELEGIBLE TO APPLY?

1. Am I a city sentenced individual? ☐ Yes ☐ No
2. Is my jail sentence between 120 days to 365 days? ☐ Yes ☐ No
3. Have I served at least 60 days of my sentence? ☐ Yes ☐ No

If you answer yes to all three questions, you are eligible to apply for conditional release.

#### I. APPLICANT PERSONAL HISTORY:

Applicant Name: \_\_\_\_\_  
Last Name First Name M

Date of Birth: \_\_\_\_\_ Personal Email \_\_\_\_\_

Book & Case #: \_\_\_\_\_ NYSID #: \_\_\_\_\_

DOC Housing Facility: \_\_\_\_\_ Current Conviction: \_\_\_\_\_

#### II. DOC PROGRAMMING AND INFRACTION HISTORY:

Have you participated in any DOC programs? Yes \_\_ No \_\_ What programs? \_\_\_\_\_

Have you requested any discharge planning services? Yes \_\_ No \_\_

Have you received any infractions while incarcerated at NYC DOC? Yes \_\_ No \_\_

What infractions? \_\_\_\_\_

#### III. PROPOSED RESIDENCE IF RELEASED ON CONDITIONAL RELEASE:

##### Primary Residence

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

Leaseholder / Owner \_\_\_\_\_

How are you related? \_\_\_\_\_

Leaseholder / Owner Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

Other Persons Living at the Residence:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name



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### Alternate Residence

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

Leaseholder / Owner: \_\_\_\_\_

How are you related? \_\_\_\_\_

Leaseholder / Owner: Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_

Other Persons Living at the Residence:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last Name First Name

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### IV. EDUCATION:

Name and location of last school attended: \_\_\_\_\_

Any Certificate Received: GED \_\_\_ Diploma \_\_\_ Degree \_\_\_ Vocational Training: \_\_\_

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### V. FAMILY / COMMUNITY TIES:

Name: \_\_\_\_\_  
Last Name First Name

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

Cell No: \_\_\_\_\_ Home No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How are you related? \_\_\_\_\_ Occupation/Job: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name

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

Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

How are you related? \_\_\_\_\_ Occupation/Job: \_\_\_\_\_

Name: \_\_\_\_\_  
Last Name First Name

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

Cell No: \_\_\_\_\_ Home No: \_\_\_\_\_ Email: \_\_\_\_\_

How are you related? \_\_\_\_\_ Occupation/Job: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Work No: \_\_\_\_\_ Website: \_\_\_\_\_

How do you plan to support yourself if released?

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Why should the CRC Commission approve your application for conditional release?

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**ACKNOWLEDGEMENT**

I acknowledge that in connection with my application for conditional release, the CRC will verify all information and contact all individuals that I have provided in this application.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name

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**CERTIFICATION**

I certify that the information contained in my application is truthful, accurate and complete. If conditional release is granted, I agree to be supervised by the NYC Department of Probation for one year and comply with the terms of conditional release set by the Conditional Release Commission.

I understand that if the Conditional Release Commission revokes my conditional release, I will be returned to custody of the Department of Correction to serve the time remaining on my original sentence.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name

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**AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION**

I hereby authorize all the providers that I have disclosed to the NYC Department of Probation (DOP), to release my protected health information, including my complete medical record, to the DOP. I understand that I have the right to revoke this authorization at any time by providing written notice to such provider. I acknowledge that information disclosed under this authorization may no longer be protected by HIPAA regulations once released to the recipient.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name

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**AUTHORIZATON FOR RELEASE OF EMPLOYMENT INFORMATION**

I hereby authorize all the employers that I have disclosed to the NYC Department of Probation (DOP), to release my employment records to the DOP. This authorization includes, but is not limited to, my job title, dates of employment, salary history, and performance evaluations. I understand that this authorization is voluntary and may be revoked at any time in writing by providing written notice to such employer. I acknowledge that information disclosed under this authorization may no longer be protected by employment privacy regulations once released to the DOP.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name