

ILLINOIS DEPARTMENT OF CORRECTIONS
Parole Violation Report

Offender's Name

ID#

Section B: Notice of Charges of Alleged Parole or Mandatory Supervised Release Violations

You are hereby notified that, as detailed on this form, you are charged with having committed the following violations of your conditions of Parole or Mandatory Supervised Release Agreement:

- 1. Violation of any criminal statute.
- 2. Possession of a firearm or other dangerous weapon.
- 3. Failure to report to your agent (AWOL).
- 4. Failure to permit the agent to visit your host site, employment or elsewhere as determined necessary.
- 5. Failure to attend a program or reside in a facility established for the instruction or residence of persons on parole or mandatory supervised release.
- 6. Failure to get permission before visiting or writing an inmate in an IDOC facility.
- 7. Failure to report all your arrests to an agent as soon as possible but in no event later than 24 hours after release from custody.
- 8. Failure to get your agent's permission before leaving the State of Illinois.
- 9. Failure to get your agent's permission before changing your residence or employment.
- 10. Failure to consent to a search of you, your property or areas of your residence that are under your control.
- 11. Use or possession of narcotics or other controlled substances in any form, or any paraphernalia related to those substances, or failure to submit to a urinalysis test as instructed.
- 12. Being in places where controlled substances are illegally sold, used, distributed or administered.
- 13. Knowingly associating with other persons on parole or mandatory supervised release without prior written permission of your agent or knowingly associating with persons who are members of an organized street gang.
- 14. Failure to provide true and accurate information to your agent about how you are adjusting to the community while on parole/mandatory supervised release, or to your conduct while you were incarcerated.
- 15. Failure to follow any specific instructions from your agent, specifically: _____
- 16. Failure to comply with the following additional conditions of release (PRB orders and/or Rules 17-37, be specific): _____

You are entitled to a Preliminary Parole/Mandatory Supervised Release Violation Hearing before a neutral Hearing Officer to determine whether or not probable cause exists that you committed one or more of the violations checked above. You may appear and speak on your own behalf at this hearing and you may retain an attorney to represent you at the hearing. You may present evidence and you may make a written request in advance of the hearing to present witnesses who can provide relevant information.

Outside of Cook County, if probable cause on any new criminal charge is determined by the court prior to the hearing date, you are not entitled to a preliminary hearing.

A. Not eligible: Probable cause has been found in court in _____ County on _____, 20__.

Your preliminary hearing is scheduled to be held on: 2-25, 2015 at 9 a.m. p.m. at: CCJ

Note: If probable cause is found at the preliminary parole revocation hearing, you may request that the hearing officer recommend to the Prisoner Review Board that the parole violation warrant be withdrawn pending a final parole revocation hearing.

You have the right to postpone or waive the hearing by initialing the appropriate box below:

- B. Postpone: I request that my preliminary hearing be postponed for up to 30 days from today's date to permit me to obtain an attorney, witnesses or documents. I understand that it is my responsibility to present these individuals or materials at my hearing on: _____, 20__ at _____ a.m. p.m.
- C. Waive (Illinois Offenders Only): I elect to waive my preliminary hearing with the understanding that I will be given a full revocation hearing before the Prisoner Review Board. This waiver does not mean that I admit I am guilty of any of the above violations.
- D. Waive (Adult Interstate Compact Only): I admit guilt and waive my preliminary hearing.

I have received a copy of this Notice of Charges:

Offender's Signature on _____ Date

A copy of this notice was delivered to the alleged violator by:

Print Name

Signature on 2/16/15
Date

Distribution: Offender; Releasing Authority; Offender's Case File; Parent Field Services Representative; AMS; Hearing Officer; if FOS; Interstate Compact

ILLINOIS DEPARTMENT OF CORRECTIONS
Parole Violation Report

Section A: Violation Details

Offender: [REDACTED] Alias: [REDACTED] ID#: [REDACTED]
Parent Facility: Western Illinois County of Violation: Cook Date of Birth: [REDACTED]
Gender: Male Female Race: Caucasian African American Asian Hispanic Native American Other _____
FBI#: [REDACTED] I.R.#: [REDACTED] CCJ#: N/A
Release Date: 12/07/2014 Discharge Date: 12/07/2017 Violation Date: 02/14/2015
Custody Facility: CPD 11th District Custody Date: 02/14/2015
Offense(s): MSR #1 and 11
IDOC Warrant #: [REDACTED] Date Warrant Issued: 02/14/2015

List all arrests and/or alleged Parole/Mandatory Supervised Release violations that have occurred since the most recent release from IDOC custody. Include those that have had sanctions issued. NOTE: All boxes checked in the Notice of Charges section must be explained in detail in the narrative below (include date, time, place and description of the violation; description and method of any weapons used; identity and injury to any victim(s); arrest date and arresting agency; criminal charges; and custody/court/bond information): Offender arrested by CPD for DELIVERY OF SCHEDULED SUBSTANCE, XANAX CLASS X FELONY, DELIVERY OF THREE PILLS.

Answer the following questions only if the offender was AWOL (absent without permission of the agent):

Was this offender AWOL at the time of the violation? No Yes Offender has been AWOL since (support in your narrative):

Did the offender make any contacts to AMS while AWOL? No Yes If yes, dates of contacts:

Is this current arrest or alleged violation a sex-related or domestic-related offense? No Yes Relationship to victim:

If yes, can the offender return to the current host site? No Yes

Attachments: Sanction Form Police Report Other (specify):

I hereby declare that the facts of the alleged violations in this report are truthful to the best of my knowledge and belief.

[REDACTED] No. [REDACTED] Signature [REDACTED] Date 2/15/15
Print Parole Agent's Name No. Parole Agent's Signature Date
[REDACTED] No. [REDACTED] Signature [REDACTED] Date 2/15/15
Print Parole Supervisor's Name No. Supervisor's Signature Date

Notice of Charges (section B) must be completed at the same time this section is completed.

[REDACTED] 3/3/15 3/26/15 3/13/15

Chicago Police Department - ARREST Report

CB #: [REDACTED]

VICTIM AND COMPLAINANT		ARREST REPORTING	
NON-OFFENDER(S)	Name: STATE OF ILLINOIS/PO [REDACTED]	Injured? No	Deceased? No
	DOB:	Hospitalized? No	
	Age:	Treated and Released No	
	Comments:		

ARRESTEE VEHICLE	NO ARRESTEE VEHICLE INFORMATION ENTERED
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PROPERTIES	Confiscated Properties : All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.
	PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE	(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)
	EVENT#12664; #150139 RAID #189-15-078; WHILE WORKING WEEKEND VIOLENCE OVERTIME INITIATIVE ABOVE OFF. PLACED UNDER ARREST AFTER ABOVE OFF. WAS POSITELY IDENTIFIED AS THE PERSON'S WHO DELIVER 3 PILLS OF SUSPECT XANAX WHICH IS A CONTROLLED SUBSTANCE IN EXCHANGE FOR \$20.00 DOLLARS CPD 1505 PRE RECORDED FUNDS. ABOVE MIFANDIZED AND TRANSPORTED TO UNIT 189 FOR FURTHER PROCESSING. THIS ALL OCCURRED WITHIN 1000FT OF DELANO ELEMENTARY SCHOOL LOCATED AT 3937 W. WILCOX. ABOVE OFF. FOUND TO BE IN POSSESSION OF PARTIAL 1505 FUNDS. NAME CHECK INVESTIGATIVE ALERTS, TRAFF, GIPP, 2DOFA. ABOVE OFF. IN POSSESSION OF \$10.00 U.S.C. PAROLE VIOLATION WARRANT ISSUED BY [REDACTED] # @2055HRS TRACER: #104498879.
	NARCOTICS INV#13375368 CPD 1505 FUNDS INV#13375408

COURT INFO	Desired Court Date: 09 March 2015 Branch: 44-2 3150 W FLOURNOY - Room Court Sgt Hande? No	BOND INFO	BOND INFORMATION NOT AVAILABLE
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State of Illinois
PRISONER REVIEW BOARD ORDER

Date: FEBRUARY 7, 2012

Name [REDACTED]	Number [REDACTED]	Facility LAWRENCE	Docket No. PV
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To the Warden -
The following order is your authority to release this individual on parole to the custody and supervision of the Office of Community Supervision, or continue to hold as indicated. If parole is ordered, said order is subject to being vacated prior to release to parole. Any release is contingent upon execution of Parole or Mandatory Supervised Release Agreement.

<input checked="" type="checkbox"/> X PAROLE/MANDATORY SUPERVISED RELEASE REVOCATION	<input type="checkbox"/> PAROLE CONSIDERATION	
<input type="checkbox"/> Found not to be a violator <input checked="" type="checkbox"/> Declared a violator as of <u>12-12-11</u> on <input type="checkbox"/> Statutory Parole <input checked="" type="checkbox"/> Mandatory Supervised Release <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Parole or release revoked <input type="checkbox"/> Continued to _____ <input checked="" type="checkbox"/> Parole or release continued <input type="checkbox"/> Effective _____ <input checked="" type="checkbox"/> Effective when plans are approved <input checked="" type="checkbox"/> Subject to Condition(s) listed below <input checked="" type="checkbox"/> Hearing continued to _____ <input type="checkbox"/> For further information <input type="checkbox"/> For Court Disposition <input type="checkbox"/> At inmate's request <input type="checkbox"/> For Violation Report	<p>Violator Rationale The inmate named has violated parole or Mandatory Supervised Release because the inmate:</p> <input type="checkbox"/> Committed the criminal offense of _____ <input checked="" type="checkbox"/> Violated condition(s) <u>1, 11</u> _____ of the Parole or Release Agreement. <input type="checkbox"/> Violated condition(s) _____ _____ of your Special Order. <input type="checkbox"/> Absconded. <input type="checkbox"/> Failed to report or falsified report(s). <p>Evidence Relied Upon <input checked="" type="checkbox"/> Counselor's Report <input type="checkbox"/> Police Report <input type="checkbox"/> Witnesses testimony <input checked="" type="checkbox"/> Own Admission</p>	<input type="checkbox"/> Parole granted effective when <input type="checkbox"/> Parole plans are approved <input type="checkbox"/> Minimum is served <input type="checkbox"/> Eligible <input type="checkbox"/> Subject to regular conditions and <input type="checkbox"/> Subject to condition(s) listed below <input type="checkbox"/> Parole denied, continued to _____ <input type="checkbox"/> Hearing continued to _____ <input type="checkbox"/> Psychiatric Report requested <input type="checkbox"/> For verification of parole plans <input type="checkbox"/> At inmate's request <input type="checkbox"/> Release date offer attached to and made a part of this order. <input type="checkbox"/> See Rationale attached to and made a part of this Order <hr/> Order of _____ <input type="checkbox"/> Amended <input type="checkbox"/> Stayed <input type="checkbox"/> Vacated

The Board finds that this evidence is sufficient because:
Inmate pres
Rerty drop but
was not processed
on charge.

SPECIAL ORDER:
YOU ARE OBLIGATED TO THE GENERAL RULES GOVERNING PAROLEES OR MANDATORY SUPERVISED RELEASEES AND THE FOLLOWING SPECIAL ORDER(S):

 Substance Abuse Counseling (CD) Anger Management Counseling (CG)
 Outpatient Mental Health Counseling (CP) Sex Offender Counseling (CX)
 Electronic Monitoring (CE) for a period of _____
 No Victim Contact (CT) _____
 Be released to the warrant or detainer against you. If the charge or charges on which the warrant or detainer is based are dismissed you shall be returned to an institution of the Department of Corrections for further consideration by the Board. (CW)
 Other: (CO) _____

PRISONER REVIEW BOARD:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

distribution: Board; Institution File; Resident; Clinical or Parole Services
578-0011 (7/05)

PRISONER REVIEW BOARD
Notice of Parole/MSR Violation Hearing

Date: August 31, 2015

To: [REDACTED] [REDACTED]

You are hereby notified of your parole/MSR violation hearing on alleged charges, for which you have previously been served notice, of violating conditions of parole/MSR.

The hearing is scheduled for: September 22, 2015 at 9:00 a.m.
(Date)* (Time)

At: LOGAN CORRECTIONAL CENTER
(Correctional Facility)

You are responsible for presentation of documents, witnesses, and other evidence in your defense at this hearing. Please be prepared for your hearing at the time indicated above. If you are to be represented by an attorney or wish to have witnesses present, they must make an appointment with our office **(217 782-7273)** in order to allow the attorney or witnesses to testify in the above-scheduled hearing date, or they will not be allowed to be present at your hearing. All attorneys and witnesses are subject to approval before being allowed to be present.

*Your hearing date is as stated above unless you are transferred to a new Illinois Department of Corrections facility. Should you be transferred, you will receive a new notice and date of hearing.

Cc: Facility Masterfile
PRB file

Illinois Department of Corrections
Mental Health Progress Note

Danville CC

Facility

Session Date: July 25, 2019

Time: 8:20 AM

Session Duration: 20 minutes

Offender Name: (Last, First) [REDACTED]

ID Number: [REDACTED]

Part I: Offender Information

Level of Care: General/Outpatient Special/Residential Treatment Unit Crisis Placement Inpatient

MSR: 02/18/2026

Discharge: 02/18/2029

Check all that apply: Designated SMI Designated GBMI On Enforced Medication None

No face-to-face contact occurred
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

Completed by Behavioral Health Technician
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

Part II: Brief Mental Status Evaluation

Level of Cooperation: Cooperative Guarded/Suspicious Hostile Uncooperative

Orientation: O_x3 (Time, place, person) O_X _____ (list: _____) Disoriented

Affect: Unremarkable Constricted Blunt/Inexpressive Flat Labile

Appearance: Appropriately Groomed Disheveled Poor Hygiene

Thought Process: Clear/Coherent Circumstantial Tangential Perseveration
 Loose Association Word Salad/Incoherent Thought Blocking

Part III: S.O.A.P. Note

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem;
A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Pt was seen on 30 minute watch

S: "I'm alright." Pt reported that she is annoyed she cannot shave while on watch. Pt rated her anxiety at a 0 out of 10. Pt reported that she has no depression. He stated that she does not want to transfer to Elgin. "I don't think that level of treatment is necessary." "I don't think I could get any better at another facility." Pt stated that her anxiety has decreased due to her court next week getting canceled. She reported that she has been "chill." States thinking, praying and relaxing to cope and pass the time. Pt stated that her mood is good. "I'm actually pretty happy, proud of myself because I knew my history and myself and read the signs of my anxiety." Pt stated that she has been eating and sleeping well. Denies SI/Hi. Denies AH/VH.

O: Oriented X3. Mood is good. Mood and affect are congruent. Eye contact is fair. Did not appear to be responding to internal stimuli. Pt calm and cooperative. Insight and judgment good. Thought process coherent. No apparent distress or agitation. Logical and coherent speech. Denies SI/Hi. Denies AH/VH.

A: gender dysphoria

Clinician Name (Print): [REDACTED] LPC, NCC

Signature [REDACTED]

LPC/NCC

Facility: Danville CC

Title: QMHP

Illinois Department of Corrections
Mental Health Progress Note
Danville CC

Facility

Session Date: July 25, 2019 Time: 10:45 AM Session Duration: 30 minutes

Offender Name: (Last, First) Tate, Carl ID Number: R12529

process coherent. Logical and coherent speech. Denies SI/RI. Denies AH/VH.

A: gender dysphoria
-PTSD
- GAD

P: Following the hearing a phone call was made to regional psychologist [REDACTED] regarding pt's concerns. [REDACTED] suggested that a second hearing could be held once [REDACTED] arrives at Elgin Treatment Center if she still wishes to have witnesses present.

- With the approval of [REDACTED] Offender [REDACTED] is authorized to be transferred while on crisis watch. Offender [REDACTED] will be considered a continuous watch status while transferring and can be re-evaluated once she arrives at Elgin Treatment center.

E: Brief therapeutic support and feedback

Clinician Name (Print): [REDACTED] LPC, NCC

Signature

[Handwritten Signature]

Facility: Danville CC

Title: QMHP

Illinois Department of Corrections
Mental Health Progress Note
Danville CC

Facility

Session Date: July 25, 2019 Time: 10:45 AM Session Duration: 30 minutes

Offender Name: (Last, First) [REDACTED] ID Number: [REDACTED]

Part I: Offender Information

Level of Care: General/Outpatient Special/Residential Treatment Unit Crisis Placement Inpatient

MSR: 02/18/2026 Discharge: 02/18/2029

Check all that apply: Designated SMI Designated GBMI On Enforced Medication None

No face-to-face contact occurred
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

Completed by Behavioral Health Technician
(If checked, skip Brief Mental Status Evaluation section, document information in Part III)

Part II: Brief Mental Status Evaluation

Level of Cooperation: Cooperative Guarded/Suspicious Hostile Uncooperative

Orientation: O_x3 (Time, place, person) O_X _____ (list: _____) Disoriented

Affect: Unremarkable Constricted Blunt/Inexpressive Flat Labile

Appearance: Appropriately Groomed Disheveled Poor Hygiene

Thought Process: Clear/Coherent Circumstantial Tangential Perseveration
 Loose Association Word Salad/Incoherent Thought Blocking

Part III: S.O.A.P. Note

S = subjective, offender self-report of presenting problem; O = objective, clinician view of presenting problem;
A = assessment, clinician assessment of offender; P = plan, current plan, link to treatment plan

Pt was seen for emergency hearing regarding impending psychiatric transfer with MHP [REDACTED], MHP [REDACTED], volunteer [REDACTED], and Major [REDACTED] present

S: From direction of Chief of psychiatry [REDACTED] it was recommended that Offender [REDACTED] be transferred to Elgin Treatment Center for more intensive treatment than what is available at Danville. Per direction of [REDACTED] an emergency hearing was held to determine if a transfer to Elgin Treatment Center would be appropriate for Offender [REDACTED]. Offender [REDACTED] voiced her concern that she was unable to call witnesses to her defense due to the emergency status of the hearing. Offender [REDACTED] reported that she did not wish to go to Elgin, despite her previously voiced dissatisfaction with the treatment she is currently receiving at Danville. She stated that she would like to stay here and continue with the building blocks program and join Bible College. The committee took into consideration Offender [REDACTED] opinion, and it was determined that a transfer to Elgin Treatment Center would provide the best care for Offender [REDACTED] and her needs.

O: Oriented X3. Mood is good, though appeared agitated at times. Mood and affect are congruent. Eye contact is fair. Did not appear to be responding to internal stimuli. Pt calm and cooperative. Insight and judgment good. Thought

Clinician Name (Print): [REDACTED] LPC, NCC Signature [REDACTED] LPC, NCC

Facility: Danville CC Title: QMHP

ILLINOIS DEPARTMENT OF CORRECTIONS
Notice of Impending Psychiatric Transfer

To: [Redacted] Facility [Redacted]
Offender Name ID #: [Redacted]

As a result of your interview on 7/25/19 with the Department physician or psychiatrist, it has been recommended that you be transferred to Elgin Treatment Center for further evaluation and treatment. (Month, day, year) (Facility/institution)
Prior to transfer, you have the right to appeal this decision. To do this, you must request a hearing before the Psychiatric Review Committee Board, where two members of the institutional staff and one member not employed by the agency will review your case. During this hearing, you will be present and, at your own expense, may have your personal psychiatrist or other professional persons appear on your behalf to present verbal or written testimony. Furthermore, you may specify institutional employees or other offenders whom you desire to appear at this hearing on your behalf.

Please indicate below whether or not you desire this hearing, sign your name, and return the white and yellow copies of this form to your counselor within 24 hours. You should retain the pink copy for your own records. If you have not requested a hearing, your proposed transfer will be reviewed in the General Office in Springfield. If you have requested a hearing, one will be held within five working days of your returning this form. You may request an additional delay of two working days to prepare for the hearing. To do so please specify, in the space provided below, the reason why you are requesting this delay.

[Redacted] LRNCE 7/25/19
Employee's Signature Date
Q MHP
Title

Please complete the following:

I have read the above and:

- I do not request a hearing regarding my proposed transfer.
- I request a hearing regarding my proposed transfer.
- I request a hearing regarding my proposed transfer and request an additional two days for preparation prior to the hearing. I am requesting the additional preparation time for the following reasons:

REQUESTED WITNESSES SAID
NO DUE TO EMERGENCY. I REQUESTED
RULES TO READ IN THIS NOT ALLOWED
Cal 7/25/19
Offender Signature Date

DUE PROCESS VIO.

