

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

Printed on Recycled Paper



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] 2/15/15 Date
Print Parole Agent's Name No. Parole Agent's Signature Date
[REDACTED] No. [REDACTED] Signature [REDACTED] 2/15/15 Date
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	<p>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.</p> <p>PROPERTIES INFORMATION FOR [REDACTED] NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.</p>
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INCIDENT NARRATIVE	<p>(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)</p> <p>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.</p> <p>NARCOTICS INV#13375368 CPD 1505 FUNDS INV#13375408</p>
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COURT INFO	<p>Desired Court Date: 09 March 2015 Branch: 44-2 3150 W FLOURNOY - Room Court Sgt Hande? No</p>	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.

X PAROLE/MANDATORY SUPERVISED RELEASE REVOCATION **PAROLE CONSIDERATION**

- Found not to be a violator
- Declared a violator as of 12-12-11 on
 - Statutory Parole
 - Mandatory Supervised Release
 - Parole
- Parole or release revoked
 - Continued to _____
 - Parole or release continued
 - Effective _____
 - Effective when plans are approved
 - Subject to Condition(s) listed below
 - Hearing continued to _____
- For further information
- For Court Disposition
- At inmate's request
- For Violation Report

Violator Rationale
The inmate named has violated parole or Mandatory Supervised Release because the inmate:

- Committed the criminal offense of _____
- Violated condition(s) 1, 11 of the Parole or Release Agreement.
- Violated condition(s) _____ of your Special Order.
- Absconded.
- Failed to report or falsified report(s).

Evidence Relied Upon

- Counselor's Report
- Police Report
- Witnesses testimony
- Own Admission

- Parole granted effective when
 - Parole plans are approved
 - Minimum is served
 - Eligible
 - Subject to regular conditions and
 - Subject to condition(s) listed below
 - Parole denied, continued to _____
 - Hearing continued to _____
 - Psychiatric Report requested
 - For verification of parole plans
 - At inmate's request
 - Release date offer attached to and made a part of this order.
 - See Rationale attached to and made a part of this Order
- Order of _____
- Amended
 - Stayed
 - 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)