# COMMONWEALTH OF PENNSYLVANIA BOARD OF PROBATION AND PAROLE 

1101 S. Front Street Harrisburg, Pa. 17104-2519

## NOTICE OF BOARD DECISION

NAME:
INSTITUTION: SCI -COAL TOWNSHIP

PAROLE NO: $\square$
INSTITUTION NO:

AS RECORDED ON MARCH 29, 2012 THE BOARD OF PROBATION AND PAROLE $\uparrow \nabla^{\circ}$ DE :ED THE FOLLOWING DECISION IN YOUR CASE:

FOLLOWING AN INTERVIEW WITH YOU AND A REVIEW OF YOUR FILE, MAVI G CONSIDERED ALL MATTERS REQUIRED PURSUANT TO THE BOARD OF PROBATION AN, P/ RLE IN THE EXERCISE OF ITS DISCRETION, HAS DETERMINED AT THIS TIME THAT: YOU ARF ANTF $O$ P AROLE/REPAROLE. THE REASONS FOR THE BOARD'S DECISION INCLUDE THE FOLL WING:

YOUR PARTICIPATION IN AND COMPLETION OF PRESCRIBEL INSTIT' TIONAL PROGRAMS.
YOUR POSITIVE INSTITUTIONAL BEHAVIOR.
THE POSITIVE RECOMMENDATION MADE BY TK' DE SA AM ENT OF CORRECTIONS.
YOUR PLACEMENT IN A TREATMENT PROGRAM IN -HL UOMMUNITY.
YOU ARE PAROLED UPON COMPLETION OF ROG AMMING AS INDICATED BY RECENT DOC ASSESSMENT TO A COMMUNITY CORRECTIONS RESIDFNC, YO SHALL ENTER INTO AND ACTIVELY PARTICIPATE IN THE COMMUNITY CORRECTIONS RESIDENC Y U, TIL YCCESSFULLY DISCHARGED. YOU SHALL OBEY ALL THE ESTABLISHED RULES OF THE COMN ON TY CURRLCTIONS RESIDENCY. ANY VIOLATION OF THE PROGRAM RULES OR REGULATIONS MAY CO TITL E A VIOLATION OF PAROLE AND MAY RESULT IN SANCTIONS AND ARREST. YOU MUST HAVF 'A TROVED PLAN PRIOR TO RELEASE FROM THE RESIDENCY.

YOU SHALL MAINTAIN EMPLOYI EN AS APPROVED BY PAROLE SUPERVISION STAFF. IF UNEMPLOYED YOU SHALL ENGAGE IN A AC N IOB SEARCH AND PROVIDE VERIFICATION AS DIRECTED BY PAROLE SUPERVISION STAFF.

YOU SHALL COMPLY WITH SUPERVISION UNDER THE DOMESTIC VIOLENCE PROTOCOL.
YOU SHALL NOT OPERATE A MOTOR VEHICLE WITHOUT A VALID PENNSYLVANIA DRIVER'S LICENSE, PROOF OF INSURANCE, VEHICLE REGISTRATION AND SUPERVISING AGENT'S WRITTEN PERMISSION.

YOU SHALL NOT DIRECTLY OR INDIRECTLY HAVE CONTACT OR ASSOCIATE WITH PERSONS WHO SELL OR USE DRUGS, OUTSIDE A TREATMENT SETTING OR POSSESS DRUG PARAPHERNALIA.
(CONTINUE ON PAGE 2 )
(CONTINUED FROM PAGE 1 )
YOU SHALL ATTEND A COMMUNITY SUPPORT GROUP (I.E., TWELVE STEPS, ALCOHOLICS ANONYMOUS, NARCOTICS ANONYMOUS OR SECULAR ALTERNATIVE PROGRAM) AS DIRECTED BY FIELD SUPERVISION STAFF OR TREATMENT PROVIDER.

YOU SHALL ACHIEVE NEGATIVE RESULTS IN SCREENING TESTS RANDOMLY CONDUCTED BY THE BOARD TO DETECT YOUR USE OF CONTROLLED SUBSTANCES AND DESIGNER DRUGS, AS DESIGNATED BY THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT, OR TO DETECT YOUR USE OF ALCOHOL, OR BOTH. YOU ARE RESPONSIBLE FOR ALL TESTING COSTS.

YOU SHALL NOT CONSUME OR POSSESS ALCOHOL UNDER ANY CONDITION FOR ANY REASON.
YOU SHALL NOT ENTER ESTABLISHMENTS THAT SELL OR DISPENSE ALCOHOL EXCEPT AS APPROVED BY PAROLE SUPERVISION STAFF.

REMOVAL OR TERMINATION FROM THE COMMUNITY CORRECTION RESIDENCY OF ANY REASON OTHER THAN SUCCESSFUL COMPLETION MAY RESULT IN SANCTIONS OR A VIOLATION O Y JR PAROLE.
YOU SHALL NOT DIRECTLY OR INDIRECTLY HAVE CONTACT WITH VICTIM ( $)$, O- VICTIM'S FAMILIES, INCLUDING CORRESPONDENCE, TELEPHONE CONTACT, OR COMMUNICA WITHOUT AGENT'S CONSENT.

YOU SHALL NOT POSSESS AMMUNITION UNDER ANY CONDIY UNOR F IR NY REASON.
YOU SHALL PAY A MONTHLY SUPERVISION FEE AS DETERN NED BY AROLE SUPERVISION STAFF TO THE PAROLE BOARD WHILE UNDER SUPERVISION WITHIN THE C MMON NEALTH OF PENNSYLVANIA (ACT 35 OF 1991).

WHEN RELEASED TO THE COMMUNITY YOU MUST R LPO KT IN PERSON TO THE DISTRICT OFFICE OR SUB OFFICE WITHIN 24 HOURS (MONDAY THROUGH RIL ") BI TWEEN THE HOURS OF 8:30 A.M. - 5:00 P.M. THE DECISION ANNOUNCED BY THIS BOARD ACTION BP, WILL NOT TAKE EFFECT UNTIL YOU HAVE SIGNED THE CONDITIONS (PBPP-11), AND TH ${ }^{-1} \mathrm{~L}$. SE ORDERS (PBPP-10) HAVE BEEN ISSUED. YOU REMAIN UNDER THE JURISDICTION AND CC TRO OF THE DEPARTMENT OF CORRECTIONS UNTIL YOU HAVE SIGNED THE PBPP-11, AND THE PPDP-T HA, BEEN ISSUED. THIS PBPP-15 DOES NOT AUTHORIZE YOU TO CHANGE YOUR RESIDENCE FF OM NY OMMUNITY CORRECTIONS CENTER OR GROUP HOME IN WHICH YOU MAY BE RESIDING WHE N, U RbCEIVEIT.

MAX 01/09/2015
TMI 03/29/2012


