

**STATE OF NEW YORK DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION**

**ARRIVAL/ASSIGNMENT REPORT**

NYSID: \_\_\_\_\_ Case Name: \_\_\_\_\_

**PHYSICAL DESCRIPTION/ PERSONAL CHARACTERISTICS**

Gender: \_\_\_\_\_ Nicknames: \_\_\_\_\_

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Build: \_\_\_\_\_ Left/Right: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Complexion: \_\_\_\_\_ Facial Hair: \_\_\_\_\_ Corr. Vision: \_\_\_\_\_

Distinguishing Scars/Marks/Tattoos: \_\_\_\_\_

Accent: \_\_\_\_\_ Peculiarities: \_\_\_\_\_

**SUPERVISION INFORMATION**

SIST Conditions Discussed: YES NO

Parole Regulations/Special Conditions Discussed: YES NO NOT APPLICABLE

Special Conditions: \_\_\_\_\_

**Initial Residence** (include Apt. #, name and relationship to primary tenant, & if residential placement status, program name):  
 (Complete only if different from Comm. Prep.) Telephone: ( \_\_\_\_\_ )

**Employer/Program**  
 (Complete only if different from Comm. Prep.) Telephone: ( \_\_\_\_\_ )

**ASSIGNMENT INFORMATION**

Assigned P.O.: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ Place: \_\_\_\_\_ Time: \_\_\_\_\_

This Arrival Report taken by: \_\_\_\_\_ Shield #: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Respondent/Releasee Next Report Date To Whom: PO Name

White- Field Folder      Yellow-Parmis/Central Files      Pink-PO