



STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

Determination of the Regional Director

Case Name: _____
(Name) (DIN) (NYSID)

Address: _____

Date: _____

Mr./Ms. _____,

After considering your appeal from the decision of Bureau Chief _____ dated _____, the following constitutes the final decision of the Department in connection with your request to have parental contact with your biological/adoptive child(ren):

Very truly yours,

Regional Director

cc: Bureau Chief
Senior Parole Officer
Parole Officer
Attorney for the Releasee (*If any*)