



STATE OF NEW YORK

**DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION**

ANTHONY J. ANNUCCI
Acting Commissioner

THE HARRIMAN STATE CAMPUS
1220 WASHINGTON AVENUE
ALBANY, N.Y. 12226-2050

ANGELA B. JIMENEZ
Deputy Commissioner

Notice of Deferral

NAME: _____ NYSID#: _____

DOB: _____ FBI#: _____

Your application for a Certificate of Relief from Disabilities/Good Conduct has been deferred for _____ months. You may reapply in _____(mm/yy).

Superintendent Signature: _____ Date: _____

Reason for Deferral:

- _____ The offender was confined in a Special Housing Unit for any amount of time during the year prior to his/her Parole Board appearance, conditional release, or re-release
- _____ The offender has lost any good time during the year prior to his/her Parole Board appearance, conditional release, or re-release
- _____ The offender is serving time for any of the following B and C felony sex offenses:
 - _____ Rape in the First Degree – Penal Law Section 130.35
 - _____ Criminal Sexual Act in the First Degree (formerly Sodomy 1) – Penal Law Section 130.50
 - _____ Aggravated Sexual Abuse in the First Degree – Penal Law Section 130.70
 - _____ Course of Sexual Conduct Against a Child in the First Degree – Penal Law Section 130.75
 - _____ Incest in the First Degree – Penal Law Section 255.27
 - _____ An attempt to commit any of the above listed offenses
 - _____ Aggravated Sexual Abuse in the Second Degree – Penal Law Section 130.6