

**STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
ATTENTION: COMMUNITY SUPERVISION OPERATIONS
THE HARRIMAN STATE CAMPUS – BUILDING 2
1220 WASHINGTON AVENUE
ALBANY, NEW YORK 12226-2050**

APPLICATION FOR LOCAL CONDITIONAL RELEASE (LCR) – NYS PENAL LAW §70.40 (2)

SECTION A

Local Conditional Release (LCR) Penal Law §70.40 (2)

An inmate who is serving one, or more than one, definite sentence of imprisonment for a qualifying offense (see below “Ineligible Inmate”) with a term or an aggregate term in excess of ninety (90) days may, upon the inmate’s request and submission of an application for Local Conditional Release (LCR), and after consideration and approval by the New York State Board of Parole, be conditionally released to supervision within the community after service of at least sixty (60) days of the term. The sixty (60) day requirement includes any credit for pre-sentence jail time. If an inmate is serving consecutive sentences, the aggregate of such sentences cannot exceed two (2) years. Local Conditional Release (LCR) shall be at the discretion of the New York State Board of Parole. An inmate must serve a minimum period of thirty (30) days before applying for Local Conditional Release (LCR). Before being released from a local jail or local correctional facility to serve a period of LCR supervision, the inmate must agree, in writing, to all conditions governing their release.

If an inmate is granted local conditional release, the releasee will be under the legal jurisdiction of the Department of Corrections and Community Supervision (DOCCS) and supervised by a Parole Officer for a period of one year from the date of release. A violation of the conditions of release may result in a revocation of local conditional release and return to a local correctional facility (jail).

Ineligible Inmate: Inmates sentenced to definite term(s) for offenses making them ineligible for a merit time allowance under section 803 of the Corrections Law; inmates previously convicted of offenses making them ineligible for a merit time allowance under section 803 of the Correction Law; and inmates sentenced to definite terms(s) by Family Court or those serving intermittent sentence(s) or split sentence(s) are ineligible for Local Conditional Release (LCR) consideration. Inmates resentenced on a probation violation and those inmates required to serve a period of probation, subsequent to release on a definite sentence, are also ineligible for Local Conditional Release (LCR).

SECTION B

Name: _____ Date of Birth: _____
County Correctional Facility: _____ NYSID: _____
Date Incarcerated: _____ Inmate ID No: _____
Length of Sentence: _____

PROPOSED RESIDENCE IF RELEASED:

Street & Apt. No: _____
City & State: _____
Telephone No: _____
Name and Relationship of All Persons Living at the Residence: _____

SECTION C

PROPOSED EMPLOYMENT IF KNOWN:

Type of Employment: _____

Name of Firm: _____

Street: _____

City & State: _____

Telephone No: _____

Contact Person or Representative: _____

Have you Previously Worked for this Employer? _____ Yes _____ No

PROPOSED TREATMENT PROGRAM IF KNOWN:

Type of Program: _____

Name of Program: _____

Street: _____

City & State: _____

Telephone No: _____

Contact Person: _____

Has The Program Agreed to Accept You? _____ Yes _____ No

Who Will Pay for the Treatment? _____

CERTIFICATION

I certify that I have read and that I understand Section A of this application, and that I have completed Sections B and C. I understand that this application will only be considered if I am determined to be eligible and I have served at least thirty (30) days on this sentence, prior to application.

I agree to abide by the conditions established by the New York State Board of Parole and any additional special conditions that may be imposed by my Parole Officer. I understand that, if I am granted Local Conditional Release (LCR), I will be under the legal jurisdiction of the Department of Corrections and Community Supervision (DOCCS) for a period of one (1) year from the date of release. If I am not granted Local Conditional Release, I understand that I cannot reapply during the present term of incarceration.

I understand that I will be required to make office reports on a regular basis and that my Parole Officer will make unannounced visits to my residence and place of employment. I will be required to pay a monthly supervision fee in the amount of \$30.00 to the New York State Department of Corrections and Community Supervision. I understand that my person, residence, and property will be subject to search and inspection by my Parole Officer. I may be required to abide by a curfew and I understand that I may be required to submit to periodic drug and alcohol testing.

I understand that I must remain within the confines of the county of confinement and/or any area defined by my Parole Officer, and I may not travel outside these boundaries unless I receive prior approval from my Parole Officer. I will fully comply with any additional conditions of release that are imposed by the Board of Parole or my Parole Officer.

I HEREBY APPLY FOR LOCAL CONDITIONAL RELEASE (LCR) CONSIDERATION.

Signature

Date