

**AB109 POSTRELEASE COMMUNITY SUPERVISION  
CONTROLLING AND MANDATORY DISCHARGE DATES  
AND RECALCULATIONS**

- AUTHORITY:** Administrative Directive  
Sections 667.5, 1170.12, 1192.7, 1203.3, 2962, 3000, 3000.08, 3003, 3450-3465, and 3060.7, California Penal Code.  
People vs. Johnson (California Appellate Court, First District, Filed 12/6/18)
- RESCINDS:** Procedural Manual Item 2-3-104, dated 10/26/18 (Major Revision)
- FORMS:** Release Program Study (611 Packet) (CDCR – Attachment A)  
Postrelease Community Supervision Warrant  
Reinstatement Notice (ICMS – Attachment B)
- PURPOSE:** To establish accurate and correct discharge dates for offenders released under Postrelease Community Supervision (PCS). This includes Controlling and Mandatory Discharge Dates as well as recalculating supervision based on “tolling” of time due to absconding supervision.

**I. GENERAL INFORMATION**

- A. Under PCS supervision, offenders have a Controlling Discharge Date (CDD) and Mandatory Discharge Date (MDD).
1. Offenders released from prison are under supervision for a period of three years per Sections 3456 PC (unless otherwise specified by statute). This date is based upon the offender’s controlling commitment offense and is referred to as a CDD. The actual period of supervision may be less than three years based upon total custody credits as determined by California Department of Corrections and Rehabilitation (CDCR) and their Legal Processing Unit (LPU).
  2. Offenders under PCS supervision for six consecutive months with no violations resulting in a custodial sanction “may be considered for discharge” pursuant to Section 3456(a)(2) PC. This is optional and may be enforced at officer discretion based upon overall progress and case dynamics with supervisor and Division Director approval.
  3. Offenders under PCS supervision for one year with no violations resulting in a custodial sanction “shall be considered for discharge” pursuant to Section 3456(a)(3) PC. This is obligatory if the above criteria are met and is commonly referred to as an MDD.
  4. Both CDD and MDD dates are listed on the offender’s Profile screen within the departmental Integrated Case Management System (ICMS) and are shown in red font.
  5. Our authority and a custodial commitment of any kind can never exceed the CDD even if so ordered by the Court or imposed prior to the CDD.

B. Term Recalculation and Updating MDDs

1. The CDD date must be recalculated whenever a warrant (for abscond violation) is issued by the Court and time “tolls” pursuant to Section 3456(b) PC. This is done via the CDD Chrono tab, which is located in the PCS drop down button. Once completed, a Warrant Reinstatement Notice can be auto generated.
2. The one year MDD must be updated in ICMS after each PCS custodial sanction (flash or formal revocation). Flash only is based on the sentence ending date (S/E) and Formal Revocation is based on the reinstatement date. This specific custodial sentence may or may not be his or her date of release depending upon other open or pending cases. This date will be one year, minus a day from the release date (flash only) and one year minus a day from the reinstatement date (formal revocation), unless it exceeds the CDD.

II. PROCEDURE

A. Determining the CDD

1. The CDD is determined beginning with offender’s release from the current “prison commitment” which is referred to as the Controlling Release Date (CRD).

On occasion, an offender is subject to various “holds” from other agencies and jurisdictions such as Immigration and Custom Enforcement (ICE) and Law Enforcement Agencies (LEA). The offender’s release date (CRD) will stand and the supervision clock will begin even though the offender remains in custody (prison or elsewhere).

In addition, there are occasions when the offender may have over-served his or her commitment due to resentencing and receives additional “credit for time served” (CTS). The offender’s actual CRD may occur prior to the day he or she is physically released from custody and reports for supervision.

2. The PCS Intake Clerk will update the ICMS Profile and enter the CRD located in the Release Program Study (RPS) (611 packet) from CDCR. This is located in the AB109 Release Date field in the ICMS Profile.

The PCS Intake Clerk will also determine and enter the CDD that is equal to (3) years minus one day.

Both the CRD and the CDD are based upon CDCR documentation at the time it is received: RPS Form, Notice to Supervising County, Chronological History, Legal Status Summary (LSS), and/or Sentence Data Sheet.

If we receive a Change in Status form indicating a change in release date from CDCR at any time prior to the case being assigned, the PCS Intake Clerk will update the AB109 Release Date and CDD in the ICMS Profile based on those documents.

3. After the case is assigned, the assigned DPO will confirm the CRD and CDD when the offender is released. Sometimes, the dates coincide and no change is needed. However, if the CRD has changed, this will affect the CDD. The assigned DPO will verify the CRD upon receipt of the Post Release Packet (PRP), which contains the Warden's Checkout Order (WCO) documentation. If the PRP and WCO are missing, the DPO will contact the appropriate prison, speak with the County Liaison, confirm the CRD, and request a copy of the PRP and WCO. Notify PCS Intake Clerk so he or she can monitor the CDCR Secure Automated File Exchange (SAFE).
4. The DPO will coordinate with their respective unit clerk. It is the unit clerk's responsibility to update the initial CRD (AB109 Release Date) and CDD in the ICMS Profile.
5. Once confirmed and the original CRD is finalized, that date remains static and will no longer need to be changed for that particular grant of PCS.

B. Re-Calculating a CDD

1. The period of time when time "tolls" (offender will not receive credit for supervision) is after a warrant (abscond only) has been both signed and issued. The restore date for the period of tolling for an abscond violation will be the date PCS is reinstated by the Court. 3456(b)PC
2. The assigned DPO is responsible for beginning the process of [REDACTED]
3. [REDACTED]
  - a. CDD Chrono: Complete the recalculation using the date the warrant (abscond only) was signed and issued and the restore date when reinstated by the court. That period of time will be added to the existing CDD and a new CDD will be calculated. Forward the recalculation letter to the unit clerk.
4. The assigned DPO will coordinate and ensure the offender receives his or her Recalculation Letter either by mail or in person.
5. The DPO will forward the Recalculation Letter to his or her unit clerk for final processing.
6. The unit clerk will update ICMS by selecting the "Court Orders/Probation Action" tab and will complete a Chronological History entry of the action taken.
7. If an error has occurred at any point reference a recalculation, the assigned DPO will coordinate with the unit supervisor and clerk. The DPO shall correct any and all subsequent recalculations in order to bring the case into

compliance.

C. Re-Calculating an MDD

1. The period of time following each Flash release from custody on the current PCS grant determines the one year MDD pursuant to Section 3456(a)(3) PC (again, one year minus a day).

It is important to document each Flash release or “Sentence Ending” (S/E) date, beginning with the initial release from prison and after each subsequent PCS custodial commitment for Flash.

The 1-year MDD will also reset on the date that PCS is reinstated by the Court for both abscond and non-abscond violations. No violation found by the Court or revocation petition is dismissed = no MDD reset.

Note: an offender may be held on multiple cases. The offender receives credit for his or her period of supervision beginning with the Flash S/E specific to his or her grant of PCS. Reminder: the specific S/E may occur prior to the actual release from custody due to other sentences being served.

2. It is the assigned DPO’s responsibility to update the MDD, which may change often during a period of supervision.
3. Click on the PCS drop down button in the Profile screen. A drop down list of PCS forms will show. There is one option: MDD Chrono. A text box will open. Select the appropriate option (reason) for the MDD update (Flash or Reinstatement) and the date that coincides with the flash or reinstatement. This is an integrated ICMS function and will perform the calculations and auto populate a new MDD.
4. If the MDD happens to exceed the CDD, then set the MDD the same as the CDD.
5. If an error has occurred at any point reference a recalculation, the assigned DPO will coordinate with the unit supervisor and clerk. The DPO shall correct any and all subsequent recalculations in order to bring the case into compliance.

D. Normal Discharge (MDD or CDD)

Ninety days prior to discharge:

1. Review 1515 and any additional terms and conditions and verify the offender has fulfilled all requirements. If all conditions have not been met or complied with, consult with your immediate supervisor for further direction.
2. Obtain record check (DOJ and DMV), and verify that there are no active warrants requiring law enforcement action, additional arrests, or violations of the law that constitute a violation of supervision.
3. Notify offender of expiration date.

4. Notify any victim(s) as appropriate of the expiration/discharge date and that we will no longer be providing supervision of the offender (this also includes Court ordered "termination" that is other than a discharge/expiration).
5. Upon final discharge, complete and send a copy of Notice of Discharge (NOD) to the agency who has jurisdiction over the offender's place of residence, even if homeless. A copy of the NOD should also be provided to the offender, upon request.

**REFERENCES:**

Procedures:	2-3-016	Warrants of Arrest for Adults
	2-3-023	Terminating Probation-Adult
	2-3-101	AB109 Postrelease Community Supervision - Intake
	2-3-102	AB109 Postrelease Community Supervision – Flash Incarceration
	2-3-103	AB109 Postrelease Community Supervision – Warrants of Arrest
Policies:	A-1	Policy, Procedure and the Law
	A-2	Upholding Departmental Philosophy and Principles
	B-2	Inter and Intra Agency Confidentiality
	C-6	Case Assignments

Attachments

S. McCoy

**APPROVED BY:**



## RELEASE PROGRAM STUDY

I. CASE FACTORS							
CDC NUMBER		OFFENDER			COUNTY OF COMMITMENT	COUNTY OF LAST LEGAL RESIDENCE	
<input type="checkbox"/> NEW FELON	<input type="checkbox"/> PVWNT	SID #	PID #	PLACEMENT SCORE	INSTITUTION	<input type="checkbox"/> URGENT ACTION Standard Release	SCHEDULED RELEASE DATE TYPE:
II. RESIDENCE PLANS							
<input type="checkbox"/> REQUESTS OUT OF COUNTY PAROLE/RELEASE <input type="checkbox"/> REQUESTS OUT-OF-STATE PAROLE/RELEASE <input type="checkbox"/> CHANGE OF ADDRESS							
<b>PRIMARY RESIDENCE</b>	WITH WHOM		RELATIONSHIP		PHONE NUMBER/MOBILE NUMBER		
	STREET ADDRESS		CITY	ZIP	COUNTY		
<b>ALTERNATE RESIDENCE</b>	WITH WHOM		RELATIONSHIP		PHONE NUMBER/MOBILE NUMBER		
	STREET ADDRESS		CITY	ZIP	COUNTY (STATE, IF INTERSTATE)		
III. SUPERVISION DETERMINATION BY CORRECTIONAL COUNSELOR/PAROLE AGENT							
a. Check <u>ALL</u> that apply on the <u>CURRENT TERM</u> :		b. Parole Terms		c. For PC 290 Only		d. Supervision Determination	
<input type="checkbox"/> PC 667.5(c) <input type="checkbox"/> PC1192.7(c) <input type="checkbox"/> LIFE SENTENCE		<input type="checkbox"/> PC 3000 exclusion		STATIC 99 SCORE:  <input type="checkbox"/> HRSO = Male with 4 or more, Female with moderate or high risk		<input type="checkbox"/> RELEASE TO CDCR PAROLE REGION:	
<input type="checkbox"/> RELEASE TO COUNTY SUPERVISION		CORRECTIONAL COUNSELOR/PAROLE AGENT SIGNATURE		BADGE#/PERNR#		CONTACT NUMBER AND EXT.	DATE SIGNED
IV. SUPERVISOR REVIEW AND APPROVAL OF SCREENING DETERMINATION							
<input type="checkbox"/> REDIRECT RPS TO: <input type="checkbox"/> CANCEL RPS FORM <input type="checkbox"/> CANCEL RELEASE PLAN							
<b>Comments</b> <div style="border: 1px solid black; padding: 2px; min-height: 20px;">HIGH CONTROL AT THIS TIME. NO CSRA AVAILABLE.</div>							
<input type="checkbox"/> I HAVE REVIEWED AND APPROVE THE SUPERVISION DETERMINATION				<input type="checkbox"/> CSRA SCORE:		<input type="checkbox"/> Meets 3060.7 PC criteria	

CORRECTIONAL COUNSELOR/PAROLE SUPERVISOR SIGNATURE	BADGE#/PERNR#	CONTACT NUMBER AND EXT.	DATE SIGNED
<b>V. COUNTY AGENCY REPORTING INSTRUCTIONS</b>			
COUNTY OFFICE:		PHONE NUMBER AND EXT.	
ADDRESS	CITY	STATE	
COUNTY REPRESENTATIVE (Print Last Name, First)		DATE SIGNED	
<input type="checkbox"/> PC 3060.7 NOTED OR <input type="checkbox"/> NOT APPLICABLE, REPORT AS FOLLOWS:			
<b>VI. CDCR PAROLE REPORTING INSTRUCTIONS</b>			
<b>REENTRY UNIT</b>			
<input type="checkbox"/> REDIRECT RPS TO: <input type="checkbox"/> CANCEL RPS FORM <input type="checkbox"/> CANCEL RELEASE PLAN			
<b>Comments</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
VERIFY COUNTY OF LAST LEGAL RESIDENCE:	STATE: CALIFORNIA	COUNTY OF RESIDENCE VERIFIED BY:	
<input type="checkbox"/> ADMINISTRATIVE PLACEMENT			
<input type="checkbox"/> REENTRY COMMENTS <b>Comments</b> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
ASSIGNED PAROLE UNIT:			
RE ENTRY SCREENER SIGNATURE	BADGE#/PERNR#	CONTACT NUMBER AND EXT.	DATE SIGNED
<b>UNIT SUPERVISOR INITIAL REVIEW</b>			
<input type="checkbox"/> REDIRECT RPS TO: <input type="checkbox"/> CANCEL RPS FORM <input type="checkbox"/> CANCEL RELEASE PLAN			
<b>Comments</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
DATE ASSIGNED:	PAROLE AGENT:	RPS DUE DATE:	
SUPERVISOR SIGNATURE	BADGE#/PERNR#	CONTACT NUMBER AND EXT.	DATE SIGNED

<b>PAROLE AGENT</b>						
Choose address on current Release Plan screen: <input type="radio"/> PLANNED <input type="radio"/> ALTERNATE <input type="radio"/> OTHER						
<b>APPROVED RESIDENCE</b>	WITH WHOM		RELATIONSHIP		PHONE NUMBER/MOBILE NUMBER /	
	STREET ADDRESS		CITY	ZIP	COUNTY (STATE, IF INTERSTATE)	
<input type="checkbox"/> RELEASE WITH FULL FUNDS			<input type="checkbox"/> RELEASE WITH \$			
REPORT TO: PAROLE UNIT:			PAROLE AGENT:			
PAROLE UNIT ADDRESS:			PAROLE UNIT PHONE NUMBER:			
REPORT ON DATE:			TIME: (NO LATER THAN)			
INSTRUCTIONS: <b>Comments</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
PAROLE AGENT SIGNATURE <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		BADGE#/PERNR#		CONTACT NUMBER AND EXT.		DATE SIGNED
<b>UNIT SUPERVISOR FINAL REVIEW</b>						
<input type="checkbox"/> REDIRECT RPS TO: <input type="checkbox"/> CANCEL RPS FORM <input type="checkbox"/> CANCEL RELEASE PLAN						
<b>Comments</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>						
CDCR SUPERVISION LEVEL:					<input type="checkbox"/> COMPAS CASE PLAN APPROVED	
<input type="checkbox"/> RELEASE PER PC 3060.7						
SUPERVISOR SIGNATURE <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		BADGE#/PERNR#		CONTACT NUMBER AND EXT.		DATE SIGNED
<b>VII. INMATE RECEIVED A COPY OF REPORTING INSTRUCTIONS</b>						
CDCR NUMBER	OFFENDER NAME		OFFENDER SIGNATURE		DATE SIGNED	
STAFF SIGNATURE <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		BADGE#/PERNR#		CONTACT NUMBER AND EXT.		DATE SIGNED



<b>VIII. NOTIFICATION AND REGISTRATION REQUIREMENTS/SPECIAL INTEREST</b>															
<b>NOTIFICATION (Check all that apply)</b>		<input type="checkbox"/> NONE	<b>SPECIAL INTEREST</b>												
<input type="checkbox"/> PC 3058.6 <input type="checkbox"/> PC 3058.61 <input type="checkbox"/> PC 3058.65 <input type="checkbox"/> PC 3058.8 <input type="checkbox"/> PC 3058.9 <input type="checkbox"/> PC 11150		<input type="checkbox"/> PUBLIC INTEREST CASE <input type="checkbox"/> SUBSTANCE ABUSE PROGRAM <input type="checkbox"/> SECURITY HOUSING UNIT													
<b>REGISTRATION</b>		<input type="checkbox"/> NONE	<b>OTHER REQUIREMENTS (Check all that apply)</b>												
<input type="checkbox"/> H&S 11590 <input type="checkbox"/> PC 290 <input type="checkbox"/> PC 186.30 <input type="checkbox"/> PC 457.1		<input type="checkbox"/> PC 645 <input type="checkbox"/> PC 11177.2 RESTITUTION <input type="checkbox"/> PC 3053.2													
<b>IX. DETAINER(S)</b>															
ICE DETAINER PLACED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE US ICE "A" NUMBER	ILLEGAL ALIEN: <input type="checkbox"/> ACTUAL <input type="checkbox"/> POTENTIAL <input type="checkbox"/> PREVIOUSLY DEPORTED													
OTHER DETAINER(S) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, INDICATE AGENCY AND DETAINER NUMBER														
<b>X. EMPLOYMENT PLANS</b>															
PRIMARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER													
SECONDARY SOURCE OF INCOME	PERSON TO CONTACT	CONTACT TELEPHONE NUMBER													
<b>XI. CASEWORKER EVALUATION</b>															
HAS THE INMATE SERVED IN ANY BRANCH OF THE US MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO															
LIST WORK SKILLS, GANG AND ENEMY INFORMATION, AND KNOWN FAMILY PROBLEMS: WORK SKILL:		<table style="margin: auto;"> <tr> <td></td> <td>NOTED</td> <td>CLEAR</td> </tr> <tr> <td>STG</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>OSA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>COSA</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			NOTED	CLEAR	STG	<input type="checkbox"/>	<input type="checkbox"/>	OSA	<input type="checkbox"/>	<input type="checkbox"/>	COSA	<input type="checkbox"/>	<input type="checkbox"/>
	NOTED	CLEAR													
STG	<input type="checkbox"/>	<input type="checkbox"/>													
OSA	<input type="checkbox"/>	<input type="checkbox"/>													
COSA	<input type="checkbox"/>	<input type="checkbox"/>													
<input type="checkbox"/> VOCATIONAL PROGRAM: <input type="checkbox"/> PIA: <input type="checkbox"/> JOINT VENTURE PROGRAM:	TABE (Read) Score:														
<b>CASEWORKER COMMENTS</b>															
<b>XII. SERIOUS DISCIPLINARIES</b>															
LIST CURRENT TERM RULES VIOLATION REPORTS FOR BATTERY ON STAFF OR INMATE, DISTRIBUTION OF DRUGS, POSS. OF A WEAPON, INCITING A DISTURBANCE, ARSON, ETC.															
VIOLATION DATE	CDCR LOG NUMBER	RULE VIOLATION	DIVISION												
<b>OTHER SERIOUS VIOLATIONS</b>															

XIII. MEDICAL/PSYCHIATRIC		
PHYSICAL DISABILITY	DEVELOPMENTAL DISABILITY (DD)	TRANSPORT PRECAUTION
<input type="checkbox"/> NO DISABILITY <input type="checkbox"/> DPP	<input type="checkbox"/> DD	<input type="checkbox"/> TRANSPORT PRECAUTION CODE: <input type="checkbox"/> PER MEDICAL EVALUATION DATED:
<input type="checkbox"/> PER M/H EVALUATION DATED: 03/20/2018 <input type="checkbox"/> CCCMS <input type="checkbox"/> EOP <input type="checkbox"/> MHCb <input type="checkbox"/> DSH <input type="checkbox"/> KEYHEA		
LIST SPECIFIC MEDICAL/MENTAL HEALTH, OUTPATIENT CLINIC NEEDS, AND MEDICAL CONCERNS/DISABILITIES <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

CDCR SOMS OTRT135 - Release Program Study

STATE OF CALIFORNIA  
NOTICE AND CONDITIONS OF POSTRELEASE COMMUNITY SUPERVISION  
CDCR 1515-CS (Rev. 08/12)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

1. YOU ARE SCHEDULED TO BE RELEASED TO POSTRELEASE COMMUNITY SUPERVISION EFFECTIVE \_\_\_\_\_, 20\_\_\_\_\_. Pursuant to Penal Code section 3450, et. seq., you are subject to community supervision provided by a county agency for a period not exceeding three years. Release to county supervision is subject to the following notice and conditions. Should you violate conditions of this release or violate the law, you can be incarcerated in county jail regardless of whether or not new charges are filed.

YOU ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF POSTRELEASE COMMUNITY SUPERVISION (PRCS):

- You shall waive extradition to the State of California from any state or territory of the United States or from the District of Columbia. You shall not contest any effort to return you to the state of California.
- If the supervising agency determines, based upon psychiatric reasons, that you pose a danger to yourself or others, the court may, if necessary, order your placement in a community treatment facility for psychiatric treatment.
- You, your residence, and any other property under your control may be searched without a warrant day or night by an agent of the supervising county, any peace officer, or law enforcement officer. You shall be subject to arrest with or without a warrant by a peace officer employed by the county agency, at the direction of the supervising county agency, or by any peace officer when there is probable cause to believe there is a violation of the terms and conditions of county supervision.
- If another jurisdiction has lodged a detainer against you, you may be released to the custody of that jurisdiction. Should you be released from their custody prior to the expiration of your period of supervision, or should the detainer not be exercised, you are to immediately contact the Probation Department in your county of last legal residence for supervision instructions.
- You shall participate in rehabilitation programming as recommended by the supervising county agency.

The procedure for obtaining a Certificate of Rehabilitation is documented in PC 4852.01 - 4852.21.

CONDITIONS OF POSTRELEASE COMMUNITY SUPERVISION

2. SPECIAL CONDITIONS: Special conditions of release must: a) relate to the crime for which you were convicted; b) relate to criminal conduct; and, c) prohibit conduct which may be related to future criminality. You are subject to the following special conditions:

REASON(S) FOR THE IMPOSITION OF SPECIAL CONDITIONS OF POSTRELEASE COMMUNITY SUPERVISION:

I acknowledge my special conditions of PRCS:

STAFF NAME (PRINT OR TYPE)

STAFF SIGNATURE

DATE SIGNED

INMATE INITIALS: ☐ Refused to initial

3. RELEASE, REPORTING, RESIDENCE: Unless other arrangements are approved in writing, you shall report to your supervising county agency within two working days following your release. The name, address, and telephone number of the county agency responsible for your Postrelease Community Supervision shall be documented on the CDCR Form 611, Release Program Study, which is incorporated by reference as part of this agreement. You will inform your supervising county agency of your residence, employment, education, or training. Any change or anticipated changes in residence, employment, education, or training shall be reported to your supervising county agency in advance. You shall inform the supervising county agency of new employment within 3 business days of the change in employment status.

4. SUPERVISING COUNTY AGENCY INSTRUCTIONS AND TRAVEL: You shall comply with all instruction of your supervising county agency representative. You shall not travel more than 50 miles from your residence without prior written approval of your supervising county. You shall not be absent from your county of residence for a period of more than 48 hours and not leave the State of California without prior written approval of your supervising county agency.

5. CRIMINAL CONDUCT: You shall not engage in conduct prohibited by law (state, federal, county or municipal). You shall immediately inform your supervising county agency if you are arrested for a felony or misdemeanor crime, or citation. Conduct prohibited by law may result in a revocation by a court for time to be served in county jail even though a criminal conviction does not occur.

6. WEAPONS: You shall not own, use, have access to, or have under your control: (a) any type of firearm or instrument or device which a reasonable person would believe to be capable of being used as a firearm or any ammunition which could be used in a firearm; (b) any weapon defined in state or federal statutes, or any instrument or device which a reasonable person would believe to be capable of being used as a weapon; (c) any knife with a blade longer than two inches except kitchen knives which must be kept only in the kitchen of the persons residence and knives related to your employment which may be used and carried only in connection with your employment, approved in a document issued by the supervising county, which requires that you possess the document of approval at all times and make it available for inspection; or (d) a crossbow of any kind. You shall not knowingly own or possess any dangerous or deadly weapons, nor remain in a building or vehicle where you know any person has such a weapon, nor remain in the presence of any person you know is unlawfully armed.

7. FLASH INCARCERATION: You may be subject to the imposition of a period of "flash incarceration" in a county jail of not more than 10 consecutive days for any violation of your Postrelease Community Supervision conditions.

8. THIS DOCUMENT SERVES AS YOUR NOTICE AND CONDITIONS OF POSTRELEASE COMMUNITY SUPERVISION. Per PC Section 3067(a), any inmate who is eligible for release on parole pursuant to this chapter or postrelease community supervision pursuant to Title 2.05 (commencing with section 3450) of Part 3 shall be given notice that he or she is subject to terms and conditions of his or her release from prison.

I have read, or have had read to me, and understand these conditions as they apply to me.

☐ Inmate refused to sign conditions

CDCR NUMBER	INMATE NAME (PRINT OR TYPE)	INMATE SIGNATURE	DATE SIGNED

THIS SECTION TO BE COMPLETED BY CDCR STAFF ONLY:

DOES THE INMATE HAVE A QUALIFYING DISABILITY REQUIRING EFFECTIVE COMMUNICATION? ☐ YES ☐ NO

IF YES, CITE THE SOURCE DOCUMENT AND / OR OBSERVATIONS:

WHAT TYPE OF ACCOMMODATION OR ASSISTANCE WAS PROVIDED TO ACHIEVE EFFECTIVE COMMUNICATION TO THE BEST OF THE INMATE'S ABILITY?:

STAFF NAME (PRINT OR TYPE)	STAFF SIGNATURE	DATE SIGNED

DISTRIBUTION: ORIGINAL TO CENTRAL FILE; COPY TO PROBATION; COPY TO INMATE

POSTRELEASE COMMUNITY SUPERVISION WARRANT REINSTATEMENT NOTICE	
TO:	A Court Case # <input type="text" value="Select a Case"/>
DATE	03/22/2018
<p>This notice is to advise you that since a warrant was issued on your Postrelease Community Supervision case on <input type="text" value=""/> and the warrant was served on <input type="text" value=""/> th period of time your supervision was suspended due to abscond will be tolled resulting in the scheduled controlling discharge date of your Postrelease Community Supervision now being <input type="text" value=""/></p> <p>In view of the above, you will be required to abide by all terms and conditions of Postrelease Community Supervision until <input type="text" value=""/> Any violation of said terms and conditions may result in further appearance before the Court. Should you have any questions regarding this matter, feel free to contact me. <input type="text" value=""/></p>	
<div>Preview Save and Print Clear</div>	
<div> View All PDFs</div>	
<div>&lt; &gt;</div>	