

Name PAYNE, EDWARD	Number N-84316	Facility CEN	Docket No. PV
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To the Warden –
The following order is your authority to release this individual on parole to the custody and supervision of the Office of Community Supervision, or continue to hold as indicated. If parole is ordered, said order is subject to being vacated prior to release to parole. Any release is contingent upon execution of Parole or Mandatory Supervised Release Agreement.

<input type="checkbox"/> PAROLE/MANDATORY SUPERVISED RELEASE REVOCATION		<input type="checkbox"/> PAROLE CONSIDERATION	
<input type="checkbox"/> Found not to be a violator <input checked="" type="checkbox"/> Declared a violator as of <u>1-20-2010</u> on <input type="checkbox"/> Statutory Parole <input checked="" type="checkbox"/> Mandatory Supervised Release <input type="checkbox"/> Parole <input type="checkbox"/> Parole or release revoked <input type="checkbox"/> Continued to _____ <input checked="" type="checkbox"/> Parole or release continued <input checked="" type="checkbox"/> Effective <u>3-29-10</u> <input type="checkbox"/> Effective when plans are approved <input type="checkbox"/> Subject to Condition(s) listed below <input type="checkbox"/> Hearing continued to _____ <input type="checkbox"/> For further information <input type="checkbox"/> For Court Disposition <input type="checkbox"/> At inmate's request <input type="checkbox"/> For Violation Report		Violator Rationale The inmate named has violated parole or Mandatory Supervised Release because the inmate: <input type="checkbox"/> Committed the criminal offense of _____ <input type="checkbox"/> Violated condition(s) _____ of the Parole or Release Agreement. <input checked="" type="checkbox"/> Violated condition(s) <u>rule #3.</u> of your Special Order. <input type="checkbox"/> Absconded. <input type="checkbox"/> Failed to report or falsified report(s). Evidence Relied Upon <input type="checkbox"/> Counselor's Report <input type="checkbox"/> Police Report <input type="checkbox"/> Witnesses testimony <input type="checkbox"/> Own Admission	
		<input type="checkbox"/> Parole granted effective when <input type="checkbox"/> Parole plans are approved <input type="checkbox"/> Minimum is served <input type="checkbox"/> Eligible <input type="checkbox"/> Subject to regular conditions and <input type="checkbox"/> Subject to condition(s) listed below <input type="checkbox"/> Parole denied, continued to _____ <input type="checkbox"/> Hearing continued to _____ <input type="checkbox"/> Psychiatric Report requested <input type="checkbox"/> For verification of parole plans <input type="checkbox"/> At inmate's request <input type="checkbox"/> Release date offer attached to and made a part of this order. <input type="checkbox"/> See Rationale attached to and made a part of this Order	
		Order of _____ <input type="checkbox"/> Amended <input type="checkbox"/> Stayed <input type="checkbox"/> Vacated	

The Board finds that this evidence is sufficient because:

Subject part of long release program. He experienced some problems with his best site

SPECIAL ORDER:
YOU ARE OBLIGATED TO THE GENERAL RULES GOVERNING PAROLEES OR MANDATORY SUPERVISED RELEASEES AND THE FOLLOWING SPECIAL ORDER(S):

<input type="checkbox"/> Substance Abuse Counseling (CD)	<input type="checkbox"/> Anger Management Counseling (CG)
<input type="checkbox"/> Outpatient Mental Health Counseling (CP)	<input type="checkbox"/> Sex Offender Counseling (CX)
<input type="checkbox"/> Electronic Monitoring (CE) for a period of _____	
<input type="checkbox"/> No Victim Contact (CT) _____	
<input type="checkbox"/> Be released to the warrant or detainer against you. If the charge or charges on which the warrant or detainer is based are dismissed you shall be returned to an institution of the Department of Corrections for further consideration by the Board. (CW)	
<input type="checkbox"/> Other: (CO) _____	

PRISONER REVIEW BOARD:

[Handwritten signature]

1/27

PRELIMINARY PAROLE OR RELEASE VIOLATION HEARING — REPORT OF FINDING

Written Notice of Charges having been served on Release,

PAYNE, EDJUAN IDOC No. 184310
by T HOWARD at NRC on 29 JAN 10

the Releasee is accused of violating the following Conditions of Release in the following regard as specifically set forth in the Notice of Charges:

- 1. 3 2. 9
- 3. 11 4. _____
- 5. _____ 6. _____

The undersigned, [Signature]
having been duly appointed a Hearing Officer to conduct preliminary parole violation hearings, did hear the above matter at NRC
on 8 Feb 20 10 and this Hearing Officer was not involved in the initial report of violations or recommended revocations.

The following is a list of witnesses and documents presented:

P V R

After hearing and as indicated in the summary below the undersigned finds:

- that there is PROBABLE CAUSE that Conditions of Release have been violated and the Prisoner Review Board shall conduct a parole violation hearing on such alleged violations.
- that there is NO PROBABLE CAUSE that Conditions of Release have been violated and the Prisoner Review Board shall not conduct a parole violation on such alleged violations.
- hearing is continued to _____

The following is a summary of evidence presented and the basis for finding:

Get Harlowe - Dist #2 no King inv.
Board on docs presented + offenders
testimony PC

[Signature] 2/8/10
Hearing Officer Date
NA 100005

DISTRIBUTION:
____ - Board
____ - Parole Agent
____ - Releasee
____ - Hearing Officer

ILLINOIS DEPARTMENT OF CORRECTIONS
Parole Violation Report

State ID Yes No Unknown Driver's License Yes No Unknown
Birth Certificate Yes No Unknown Social Security Card Yes No Unknown
If parolee does not have a valid State ID or Driver's License, list the referral dates for identification assistance: N/A

Offender attending or enrolled in sex offender treatment with (provider): N/A at (address): N/A for (length of time and progress - attach progress notes): N/A

Is this current arrest or alleged violation a sex related offense? No Yes Relationship to victim: N/A

List the offender's overall successes that will assist in providing support upon re-entry to the community:

- Supportive Immediate Family System
- Supportive Friends/Extended Relatives System
- Supportive Community Resources (List): N/A
- Employable Skills (List): N/A
- Unknown

Agent's Narrative for Community Adjustment and Complete Case Management Background (mandatory for all cases, including new arrests and cases of mandatory warrant issuance): The above offender was released from Stateville C.C. on 10/1/09. On 10/2/09 he made his initial phone check in. On 10/4/09 an initial visit was conducted. The above offender asked if he could move with his wife. He was approved to move but was instructed to report new host site once he got there. The above offender failed to do so. On 12/13/09 the above offender called stating that he was moving with his mother. This agent attempted several times to contact offender because he never received permission to move. On 1/20/09 a compliance check was being conducted and the above offender was at his mothers house. The above offender tested positive for alcohol. The above offender has had no arrest since his release.

Agent's Institutional and Release Recommendation:

Is diversion recommended for this parolee? No Yes Support your recommendation using the three (3) diversion criteria: The above offender has a violent history which is a public safety concern. No other appropriate sanctions are available therefore he should not be diverted.

Recommended changes to current PRB orders and justification: If found guilty the above offender should have board orders for substance abuse counseling.

Recommended time to be served and justification: If found guilty the above offender should serve 2 months of his parole incarcerated.

Other recommendations and justification:

Attachments: Sanction Form Police Report Other (specify):

I hereby declare under the penalty of perjury that the foregoing description of alleged violations made by me in this violation report is true and correct to the best of my knowledge and belief.

L. Muhammad 141 *L. Muhammad* 01/20/2010
Print Parole Agent's Name No. Parole Agent's Signature Date

Supervisor Comments (if any - supervisor must specifically review the diversion review recommendation and concur/non-concur):

Howard Robinson B27 *Howard Robinson* 1.21.10
Print Parole Supervisor's Name No. Supervisor's Signature Date

Section B: Notice of Charges must be completed at the same time this section is completed