Department of Children and Families CONDITIONS OF PAROLE

DCF-0065 9/08 (Rev.)



Date:			
Name of Child/Youth	Child/Youth DOB:		
Date of Home Placement	of Home Placement End of Commitment Date:		
The Commissioner of Children and Fami Parole Status at: Address of Home Placement:	lies, or his/her designee, having reviewed and	considered your case, has o	decided to place you on
City:	State:	Zip:	
understanding that should you violate any place you at any institution, resource, or	t to the conditions set forth in Connecticut y condition of your Parole, the Commissioner of facility administered by or available to the De Middletown, Connecticut Whenever problem bility to consult your:	or his/her designee may revo partment of Children and Fa	oke your Parole Status and amilies, including, for boys
. , ,	Parole Offic	er Name	Phone Number
He or she will assist you and explain you	r Conditions of Parole.		
If at any time you believe your placemen	it is not meeting your treatment needs, you ma	ay request a Treatment Plar	n Hearing, by writing to

If at any time you believe your placement is not meeting your treatment needs, you may request a Treatment Plan Hearing, by writing to the Commissioner of DCF., specifically stating the elements of your treatment plan with which you are not in agreement. You may ask your lawyer or parent to help you do this, or you may write the letter yourself. You are encouraged to speak with your Parole Officer and to request a Treatment Plan Hearing rather than leave your placement without permission. If you do leave your placement without permission, you will be in violation of your Parole and face the possibility of admission to a secure or non-secure facility.

REMEMBER, at any time you may contact your Parole Officer to discuss problems with your placement or treatment plan, especially issues that may influence you to leave your placement without permission.

NOTE: Connecticut law permits the Department to revoke your Parole status whenever revocation is determined to be in your best interests. Therefore, it is possible, although unlikely, that your Parole status will be revoked even if you have not violated a specific Condition of Parole.

CONDITIONS OF YOUR PAROLE ARE AS FOLLOWS:

- 1. You must obey the rules and requirements of the above-named placement.
- 2. You must not leave the above-named placement without first obtaining permission from your Parole Officer. When you are eligible for passes, arrangements, including visit address and phone number, must be verified and approved by your Parole Officer before each pass is issued. Out-of-state visits require that one week prior notice be given to your Parole Officer. The Department reserves the right to restrict passes on certain holidays or during specific events.
- 3. You must not own, possess, use, sell, or have under your control any dangerous weapon or firearm.
- 4. You must not use, or have in your possession or control, any illegal drug or narcotic (marijuana, crack, cocaine, heroin, acid, barbiturates, etc.)
- 5. You must not possess or consume alcoholic beverages, or any form of intoxicant, or abuse legal or illegal substances.
- 6. You must comply with random drug screening by Parole Services or its designee.
- 7. You must attend school regularly and attend all classes. If you are not in school due to suspension or other educational issues, your Parole Officer must be notified. If you are not in school because of age, you must seek full-time employment.
- 8. You must obey all state and local laws. If you are arrested for **ANY** reason, you are required to immediately report the nature of the incident and offense(s) by contacting your Parole Officer or Connecticut Juvenile Training School at **860-638-2400** or after 4:45 p.m. at **1-860-638-2897**. If placed in detention or jail, you must inform detention or correctional officials that you are a DCF committed delinquent on Parole.
- You must not affiliate yourself with any street gang or associate with individuals engaged in illegal activity.
- 10. You must also comply with the following special conditions:
 - a. Maintain weekly contact with Parole Officer.
 - b. Participate in the following scheduled programs:
 - i.
 - ii.
 - iii.
 - İ۷.

ACKNOWLEDGMENT		
I understand that should I violate any of t	above noted conditions of my Parole. I fully undersing the previously noted Conditions of Parole, I could Department of Children and Families, including, for b	be admitted to any institution, resource, or
available to the Department of Children a	cticut Juvenile Training School or any other instituting Families because of an alleged violation of the ement and shall have the right to a hearing.	
	e of a violation of a parole condition, I could be retues if, in the opinion of the Commissioner or his/her os.	
Name of Youth/Parolee	Signature of Youth / Parolee	Date
Name of Witness	Signature of Witness	 Date

Distribution:

- Copy to Parolee
 Copy to Parole Officer
 Copy to Parolee's Parent(s) or Guardian
 Copy to Parolee's Case Record