ATTACHMENT 1

NEW YORK STATE DIVISION OF PAROLE

NOTICE TO LOCAL SOCIAL SERVICES DISTRICT OF REGISTERED SEX OFFENDER BEING RELEASED TO SUPERVISION

This notice is provided pursuant to section 259-c (17) of the New York State Executive Law

Parole Office Providing	g Notification:		
	Correctional Facility	Phone:	Date:
	tion is provided to notify yo rvices for homeless persons		e below referenced individual is likely to seek
Releasee True Name/C	ommitment Name:		
DIN/NYSID/DOB:			
Release Date:			
Releasing Facility/Cour	nty:		
County of Expected Re	sidence:		
Any Known Need For I	Handicap Facilities (specify	y):	
offense(s)	nse Includes (check all that against minors 0-6 years old	t apply):	

Please note an in-county temporary housing placement is preferred in this case. If there is a determination by your office that this individual is in need of immediate shelter and investigation and approval of the potential temporary housing placement by the NYS Division of Parole has not yet occurred, you must immediately notify the assigned Area Supervisor, by fax or email, as follows:

Area Supervisor:	
Address:	
Fax/Email:	
Thank you.	

cc: case file

Area Office

Form# 9606 Revised 1/09