

Form #6

FILED

1969 JUN 27 PM 3: 22

~~OFFICE OF WEST VIRGINIA~~
SECRETARY OF STATE

AGENCY: Department of Corrections TITLE NUMBER: 90

AMENDMENT TO AN EXISTING RULE: YES____, NO__X__

IF YES, SERIES NUMBER OF RULE BEING AMENDED: _____

TITLE OF RULE BEING AMENDED: _____

IF NO, SERIES NUMBER OF NEW RULE BEING PROPOSED: Series 2

TITLE OF RULE BEING PROPOSED: Parole Supervision

THE ABOVE RULE HAS BEEN AUTHORIZED BY THE WEST VIRGINIA LEGISLATURE.

AUTHORIZATION IS CITED IN (house or senate bill number) HB 2853

SECTION 64-2-54(a), PASSED ON April 8, 1989

THIS RULE IS FILED WITH THE SECRETARY OF STATE. THIS RULE BECOMES EFFECTIVE ON
THE FOLLOWING DATE: June 27, 1989

mf 2 H. 6

FILED

1988 JUL 26 PM 2:34

TITLE 90
LEGISLATIVE RULES
DEPARTMENT OF CORRECTIONS
SERIES 2

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

RULES AND REGULATIONS GOVERNING PAROLE SUPERVISION

§ 90-2-1. General.

- 1.1. Scope. - The legislative rule establishes rules and regulations governing the conduct of inmates released on parole and of parolees whose supervision has been undertaken by this State by reason of any interstate compact.
- 1.2. Authority. - W. Va. Code § 62-13-2.
- 1.3. Filing Date. - July 26, 1988.
- 1.4. Effective Date. - July 26, 1988.

§ 90-2-2. Rules and Regulations.

- 2.1. All parolees supervised by the parole authorities of the West Virginia Department of Corrections shall be required to execute a statement that he or she understands the following conditions and agrees to abide by them:
 - a. When released, you must proceed directly to the place to which you have been paroled and report to your parole officer within 24 hours unless otherwise instructed.
 - b. You are to have written permission of your parole officer before you leave the prescribed area of supervision to which you are paroled.
 - c. You are to notify your parole officer of any change of residence or employment within 72 hours.
 - d. You are required to have suitable employment, remain gainfully employed, and support any dependents to the best of your ability.
 - e. You are required to maintain behavior that does not threaten the safety of yourself or others or that could result in imprisonment.

- f. You must not own, carry or possess firearms or unlawful weapons of any kind.
- g. You must report within 72 hours to your parole officer each time you are arrested or questioned by officers of any law enforcement agency.
- h. Between the first and tenth of each month you must make a complete and truthful written report to your parole officer of your previous month's activities on forms provided and report in person as directed by your parole officer.
- i. You are not to possess, use, or have in your possession any illegal drugs, or paraphernalia.
- j. You shall not violate any municipal ordinances or laws of this state, any other state, or the United States.
- k. You will abide by any special written requirements imposed upon you by your parole officer.

KEN HECHLER
Secretary of State

MARY P. RATLIFF
Deputy Secretary of State

ROBERT E. WILKINSON
Deputy Secretary of State

CATHERINE FREROTTE
Executive Assistant

Telephone: (304) 345-4000
Corporations: 342-8000



STATE OF WEST VIRGINIA

SECRETARY OF STATE

Charleston 25305

WILLIAM H. HARRINGTON
Chief of Staff

JUDY COOPER
Director, Administrative Law

DONALD R. WILKES
Director, Corporations

SHEREE COHEN
Special Assistant

(Plus all the volunteer
help we can get)

TO: Ron Gregory

AGENCY: Department of Corrections

FROM: JUDY COOPER, DIRECTOR ADMINISTRATIVE LAW DIVISION

DATE: January 29, 1991

THE ATTACHED RULE RECENTLY FILED BY YOUR AGENCY HAS BEEN ENTERED INTO OUR COMPUTER SYSTEM. PLEASE REVIEW, PROOF AND RETURN IT WITH ANY CORRECTIONS. IF THERE ARE NO CORRECTIONS, PLEASE SIGN THIS MEMO AND RETURN IT TO THIS OFFICE. YOU WILL BE SENT A FINAL VERSION OF YOUR RULE FOR YOUR RECORDS.

PLEASE RETURN EITHER THE CORRECTED RULE OR THIS FORM WITHIN TEN (10) WORKING DAYS OF THE DATE YOU RECEIVED THIS REQUEST. CALL IF YOU HAVE ANY QUESTIONS.

SERIES: 2 TITLE Parole Supervision

* THE ATTACHED RULE HAS BEEN REVIEWED AND IS CORRECT.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____

* THE ATTACHED RULE HAS BEEN REVIEWED AND NEEDS CORRECTING. THE CORRECTIONS HAVE BEEN MARKED.

SIGNED: _____

TITLE OF PERSON SIGNING: _____

DATE: _____