



**COMMONWEALTH OF PENNSYLVANIA
BOARD OF PROBATION AND PAROLE**

1101 S. Front Street
Harrisburg, Pa. 17104 - 2519

NOTICE OF BOARD DECISION

NAME: RAFAEL ROBB

PAROLE NO: 442EX

INSTITUTION: SCI - MERCER

INSTITUTION NO: HV6011

AS RECORDED ON NOVEMBER 07, 2012 THE BOARD OF PROBATION AND PAROLE RENDERED THE FOLLOWING DECISION IN YOUR CASE:

FOLLOWING AN INTERVIEW WITH YOU AND A REVIEW OF YOUR FILE, AND HAVING CONSIDERED ALL MATTERS REQUIRED PURSUANT TO THE BOARD OF PROBATION AND PAROLE IN THE EXERCISE OF ITS DISCRETION, HAS DETERMINED AT THIS TIME THAT: YOU ARE GRANTED PAROLE/REPAROLE. THE REASONS FOR THE BOARD'S DECISION INCLUDE THE FOLLOWING:

YOUR PARTICIPATION IN AND COMPLETION OF PRESCRIBED INSTITUTIONAL PROGRAMS.

YOUR POSITIVE INSTITUTIONAL BEHAVIOR.

THE POSITIVE RECOMMENDATION MADE BY THE DEPARTMENT OF CORRECTIONS.

YOUR ACCEPTANCE OF RESPONSIBILITY FOR THE OFFENSE(S) COMMITTED.

YOU ARE PAROLED TO AN APPROVED PLAN UPON CONDITION THAT THERE ARE NO MISCONDUCTS.
PAROLE RELEASE SUBJECT TO DETAINERS

YOU SHALL MAINTAIN EMPLOYMENT/VOCATIONAL TRAINING/SCHOOLING AS APPROVED BY PAROLE SUPERVISION STAFF. IF UNEMPLOYED YOU SHALL ENGAGE IN AN ACTIVE JOB SEARCH AND PROVIDE VERIFICATION AS DIRECTED BY PAROLE SUPERVISION STAFF--MANDATORY.

YOU SHALL UTILIZE A WAGE ATTACHMENT FOR YOUR COURT ORDERED FINANCIAL OBLIGATIONS IF AVAILABLE THROUGH YOUR EMPLOYER.

YOU SHALL COMPLY WITH SUPERVISION UNDER THE DOMESTIC VIOLENCE PROTOCOL.

YOU SHALL SUPPORT DEPENDENTS, IF ANY.

UPON YOUR RELEASE, YOU SHALL SUBMIT TO AN EVALUATION TO DETERMINE YOUR NEED FOR MENTAL HEALTH TREATMENT/SERVICE. IF TREATMENT IS RECOMMENDED, YOU MUST ENROLL AND SUCCESSFULLY COMPLETE ALL TREATMENT RECOMMENDED. YOU SHALL BE REQUIRED TO SIGN THE APPROPRIATE RELEASE FORMS FOR CONFIDENTIAL INFORMATION--MANDATORY.

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PAROLE NO: 442EX

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YOU SHALL ACHIEVE NEGATIVE RESULTS IN SCREENING TESTS RANDOMLY CONDUCTED BY THE BOARD TO DETECT YOUR USE OF CONTROLLED SUBSTANCES AND DESIGNER DRUGS, AS DESIGNATED BY THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND COSMETIC ACT, OR TO DETECT YOUR USE OF ALCOHOL, OR BOTH. YOU ARE RESPONSIBLE FOR ALL TESTING COSTS.

YOU SHALL NOT DIRECTLY OR INDIRECTLY HAVE CONTACT WITH VICTIM(S), OR VICTIM'S FAMILIES, INCLUDING CORRESPONDENCE, TELEPHONE CONTACT, OR COMMUNICATION THROUGH THIRD PARTIES--MANDATORY.

YOU SHALL NOT TRAVEL OR RESIDE IN CAMDEN COUNTY, NEW JERSEY FOR ANY REASON.

YOU SHALL NOT POSSESS AMMUNITION UNDER ANY CONDITION OR FOR ANY REASON.--MANDATORY

YOU SHALL PAY A MONTHLY SUPERVISION FEE AS DETERMINED BY PAROLE SUPERVISION STAFF TO THE PAROLE BOARD WHILE UNDER SUPERVISION WITHIN THE COMMONWEALTH OF PENNSYLVANIA (ACT 35 OF 1991).

WHEN RELEASED TO THE COMMUNITY YOU MUST REPORT IN PERSON TO THE DISTRICT OFFICE OR SUB OFFICE WITHIN 24 HOURS (MONDAY THROUGH FRIDAY) BETWEEN THE HOURS OF 8:30 A.M. - 5:00 P.M. THE DECISION ANNOUNCED BY THIS BOARD ACTION (PBPP-15) WILL NOT TAKE EFFECT UNTIL YOU HAVE SIGNED THE CONDITIONS (PBPP-11), AND THE RELEASE ORDERS (PBPP-10) HAVE BEEN ISSUED. YOU REMAIN UNDER THE JURISDICTION AND CONTROL OF THE DEPARTMENT OF CORRECTIONS UNTIL YOU HAVE SIGNED THE PBPP-11, AND THE PBPP-10 HAS BEEN ISSUED. THIS PBPP-15 DOES NOT AUTHORIZE YOU TO CHANGE YOUR RESIDENCE FROM ANY COMMUNITY CORRECTIONS CENTER OR GROUP HOME IN WHICH YOU MAY BE RESIDING WHEN YOU RECEIVE IT.

MAX. 01/08/2017

KLS 11/07/2012