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Initial Steps for Lawyers Appealing Parole Denials

Parole Preparation Project

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Recommended Citation

Parole Preparation Project, "Initial Steps for Lawyers Appealing Parole Denials" (2023). *Parole Preparation & Appeal Resources*. 14.

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Initial Steps for Pro Bono Attorneys Litigating Parole Denial Appeals

This guide provides a chronology and sample documents used at the outset of a typical parole denial appeal representation. More details on each step of the representation can be found in the Parole Appeals Manual available on the <u>Parole Information Project</u>.

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Introduction to Parole Denial Appeals

Below is a very brief introduction to parole appeals. Please refer to the Appeals Manual available on the Parole Information Project for more detailed information.

Parole is an avenue of release for people serving indeterminate sentences in New York State prisons. Most of the people we work with are serving indeterminate life sentences, and parole is essentially their only avenue of release. Many of the people we serve have been denied parole repeatedly, over decades, resulting in many additional years of incarceration beyond the minimum sentence.

Parole is governed by New York Executive Law Section 259. The parole regulations are codified at 9 NYCRR Parts 8000 to 8011.

There are also a number of DOCCS Directives which provide information about the parole process. DOCCS directives are available at: https://doccs.ny.gov/laws-rules-directives-listing. Some important directives for attorneys litigating parole denial appeals include:

- #8600: Board of Parole
- #2014: Access to Records for Parole Interviews, Hearings, or Appeals
- #8370: Incarcerated Individual Requests for Copies of Presentence Report
- #8631: Appeal Process Board of Parole Decisions and Parole/Post-Release Supervision Revocation Decisions

The parole process begins shortly before the minimum sentence has been served. A person is scheduled for their initial parole interview about six months before the expiration of the minimum sentence. If parole is denied, the Board of Parole will determine when the parole reappearance interview will be held. The reappearance must be within two years, but some are schedule in 12 or 18 months.

The date of the reappearance is an important consideration for attorneys appealing parole denials. The longest timeline you will be working with is 24 months, but you will likely be working on a shorter timeline. As such, it is very important to move quickly once you take on a client.

A typical parole denial appeal involves two appeals. First, there is an administrative appeal to the Board of Parole Appeals Unit. The administrative appeal is limited to a written brief submitted by mail to the Appeals Unit.

If the administrative appeal is denied, the second level of the appeal is an Article 78 petition filed in New York Supreme Court. This is a civil proceeding, governed by the New York Civil Procedure Law and Rules (CPLR). The Attorney General's Office represents the Board in these proceedings. For pro bono counsel, the substantive documents you will draft in the Article 78 are a Petition and Memorandum of Law, and a Reply filed after the Board files its Answer.

Under current law, the only relief available in a parole denial appeal is vacatur of the parole denial decision and a *de novo* interview before a different panel of commissioners.

The introductory Legal Mail, introductory JPay, and Legal Call request should be sent within one week of accepting the case.

Notice of Appearance and Parole File Request should be submitted immediately after receiving signed retainer and release forms.

If Parole File is delayed, Attorney can request an extension on the deadline to perfect by mail to the Appeals Unit BEFORE the original deadline to perfect expires.

The Administrative Appeal should be filed as soon as possible after receiving the Transcript and Parole File, as the Appeals Unit has four months to issue the decision.

The Article 78 should be filed as soon as possible once the Administrative Appeal is denied and MUST be filed within four months of receiving the Administrative Appeal Decision.

Representation Chronology

- Client is denied parole.
- O Attorney volunteers to handle the appeal and conducts a conflict check.
- Attorney sends client introductory Legal Mail that includes retainer, general release, HIPAA, and OMH 11C.
- Attorney sends Client an introductory JPay email.
 JPay correspondence is monitored and should never include confidential or privileged information.
- Attorney requests a Legal Call with the Client through the DOCCS correctional facility where Client is incarcerated. Throughout the representation, Attorney should schedule Legal Calls with the Client.
- Client returns signed retainer and release forms.
- Attorney files, via mail, a Notice of Appearance with the Appeals Unit that includes a request for the Parole Interview Transcript.
- o Attorney submits, via email, a Parole File request with signed releases to the DOCCS correctional facility where Client is incarcerated.
- Appeals Unit sends Attorney confirmation of receipt of Notice of Appearance that includes the deadline to perfect the Administrative Appeal.
- Attorney follows up with the Appeals Unit and the DOCCS facility to ensure receipt of the Interview Transcript and Parole File is not delayed.
- Appeals Unit mails Attorney the Transcript.
- o DOCCS mails or emails Attorney the Parole File.
- o Attorney reviews Transcript and Parole File.
- O Attorney drafts Administrative Appeal and sends draft to Client via Legal Mail for review and approval.
- o Attorney files two copies of Administrative Appeal with Appeals Unit via mail.
- o Appeals Unit sends Administrative Appeal Decision to Attorney.
- o If reversed, a *de novo* parole review will take place.
- o If affirmed, Attorney drafts and e-files Article 78 on NYSCEF.
- o Court assigns Index Number.
- Attorney serves appropriate Regional AG Office and Board of Parole at least 20 days before Return Date.
- o Attorney e-files Proof of Service.
- o Attorney sends a copy of the Article 78 to Client via Legal Mail.
- o AAG e-files Answer at least 5 days before Return Date.
- O Attorney e-files Reply at least 1 day before Return Date.
- Court issues Decision.
- o If granted, a *de novo* interview is held within the time period ordered (usually between 30-60 days).

LEGAL, PRIVILEGED, AND CONFIDENTIAL MAIL

DATE

Via first-class mail

CLIENT

DIN:

CORRECTIONAL FACILITY ADDRESS

Note: Some facilities have a different address for incarcerated individuals' correspondence. Be sure to check the DOCCS website for the correct address.

Dear CLIENT:

I am a volunteer lawyer with the Parole Preparation Project. I understand that you were denied parole in July 2022. I would be pleased to represent you pro bono in the administrative appeal of the July 2022 denial of parole. Should the administrative appeal be denied, I will represent you in the Article 78 proceeding.

I am enclosing a retainer agreement which details the nature of the representation. If it meets with your approval, please sign and return one copy. I am enclosing a second copy for your records.

I understand that you have already filed a Notice of Appeal with the Board of Parole Appeals Unit. I will file my Notice of Appearance with the Appeals Unit upon receipt of the signed retainer agreement.

To represent you, I will likely need to request various records, some of which require your permission to acquire. To avoid delay, please sign and return all three copies of each enclosed release form. I am enclosing an extra copy of each form for your records.

- 1. General Release (sign and date one copy and return);
- 2. OMH 11C Authorization Form (sign, date, and have a facility staff person witness two copies and return);
- 3. HIPAA Form (please sign and date two copies; provide social security number; and initial request for HIV, mental health and drug/alcohol records on each copy).

We can discuss your case and the representation further during a legal call, which I will request this week. I look forward to working with you.

Sincerely,

RETAINER AGREEMENT

I, the undersigned, CLIENT, whose address is Attica Correctional Facility, 639 Exchange Place, Attica, NY 14011, retain ATTORNEY to represent me for the limited purpose of preparing and filing an administrative appeal of the New York State Parole Board's October 2021 denial of parole, and should the New York State Board of Parole Appeals Unit deny the appeal, preparing and filing an Article 78 Petition appealing the New York State Board of Parole's October 2021 denial of parole.

I understand that I will not be responsible for providing payment of any attorney fees and that ATTORNEY will cover the costs and expenses incurred in connection with the representation of me in this matter. If there is a way for ATTORNEY to receive payment from other sources, ATTORNEY may pursue that payment.

I understand that ATTORNEY is not agreeing to undertake representation beyond appealing the October 2021 denial of parole and is not agreeing to represent me in any manner other than that described above.

I understand that I may withdraw this consent at any time for any reason.

This agreement s	hall constitute AT	TORNEY'S full authorization to act as counsel for me
regarding this matter.		
Date		CLIENT

July 26, 2022

Senior Offender Rehabilitation Counselor Attica Correctional Facility 639 Exchange St Attica, NY 14011-0149

Dear Madam or Sir:

I, CLIENT, DIN 00-A-0000, write to give my consent to having any and all records, including those in my parole file, kept by the New York State Department of Corrections and Community Supervision released to my lawyer ATTORNEY, ADDRESS.

I request these records in connection with my administrative appeal of the July 2022 denial of parole.

Unless I revoke this authorization for release of information, it shall remain in effect until my release from DOCCS custody.

Sincerely,

CLIENT

DIN: 00-A-0000

OCA Official Form No.: 960



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number	
Patient Address			

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- 1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV* RELATED INFORMATION only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- 2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- 3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- 4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- 5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- 6. THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).

CARE WITH ANYONE OTHER THAN THE ATTORNE	EY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).
7. Name and address of health provider or entity to release thi	s information:
8. Name and address of person(s) or category of person to who	om this information will be sent:
9(a). Specific information to be released:	
☐ Medical Record from (insert date)	to (insert date)
☐ Entire Medical Record, including patient histories, off	fice notes (except psychotherapy notes), test results, radiology studies, films, and records sent to you by other health care providers.
Other:	Include: (Indicate by Initialing)
	Alcohol/Drug Treatment
	Mental Health Information
Authorization to Discuss Health Information	HIV-Related Information
(b) ☐ By initialing here I authorize	
Initials	Name of individual health care provider
to discuss my health information with my attorney, or a	governmental agency, listed here:
(Attorney/Firm Name of	or Governmental Agency Name)
10. Reason for release of information:	11. Date or event on which this authorization will expire:
☐ At request of individual	
Other:	
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:
All items on this form have been completed and my questions	about this form have been answered. In addition, I have been provided a
copy of the form.	

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

Signature of patient or representative authorized by law.

OMH 11C (1/12) NYS Office of Mental Health

Authorization for Release of Health Information (Including Alcohol/Drug Treatment and Mental Health Information) and Confidential HIV/AIDS-related Information

D.C. (M	15.	(D: II	D.C. (11. 05. 0. 3)	1
Patient Name	Date of Birth Patient Identification Number			
Patient Address	ľ		1	
, or my authorized representative, request that health informatio	n regarding my care and tr	eatment be relea	sed as set forth on this form. I unde	erstand that:
 This authorization may include disclosure of information rel HIV/AIDS-RELATED INFORMATION only if I place my inition of these types of information, and I initial the line on the box 	als on the appropriate line	in item 8. In the e	vent the health information describ	ed below includes any
 With some exceptions, health information once disclosed m drug treatment, or mental health treatment information, the other purpose without my authorization unless permitted to HIV/AIDS-related information, I may contact the New York S 	recipient is prohibited from do so under federal or state	re-disclosing suc e law. If I experier	h information or using the disclosed nce discrimination because of the re	I information for any elease or disclosure of
 I have the right to revoke this authorization at any time by v to the extent that action has already been taken based on t 		below in Item 5.	I understand that I may revoke this	authorization except
 Signing this authorization is voluntary. I understand that ger conditional upon my authorization of this disclosure. Howev 				
5. Name and Address of Provider or Entity to Release this Infor	mation:			
6. Name and Address of Person(s) to Whom this Information W	ill Be Disclosed:			
7. Purpose for Release of Information:				
8. Unless previously revoked by me, the specific information be	low may be disclosed from	n: INSERT START D <i>A</i>	until until INSERT EXPIRAT	TION DATE OR EVENT
For the following to be included, indicate the specific information to be disclosed and initial below.	In	formation to be D	risclosed	Initials
☐ Records from alcohol/drug treatment programs				
☐ Clinical records from mental health programs*				
☐ HIV/AIDS-related Information				
9. If not the patient , name of person signing form:	10. Aut	thority to sign on	behalf of patient:	
All items on this form have been completed, my questions about ☐ Patient declined copy	this form have been answe	ered and I have b	neen provided a copy of the form.	
SIGNATURE OF PATIENT OR REPRESENTATIVE AUTHORIZED BY LAW			DATE	
Witness Statement/Signature: I have witnessed the exemplation and/or the patient	ecution of this authorization t's authorized representation		copy of the signed authorization wa	as provided to the
STAFF PERSON'S NAME AND TITLE	SIGNATURE		DATE	

This form may be used in place of DOH2557 and/or OMH 11 or 11A and has been approved by the NYS Office of Mental Health and NYS Office of Alcoholism and Substance Abuse Services to permit release of health information or mental health clinical records. However, this form does not require health care providers to release health information. Alcohol/drug treatment related information or confidential HIV-related information released through this form must be accompanied by the required statements regarding prohibition of redisclosure.

July 26, 2022

Via e-mail

Attica Correctional Facility 639 Exchange Street Attica, NY 14011 AtticaLegalCallRequests@doccs.ny.gov

Dear Madam or Sir:

I write to request a one-hour legal call with CLIENT, DIN 00-A-0000. Below please find preferred dates and times.

August 1 at 9am, 9:30am, or 10am August 3 at 9am, 9:30am, or 10am

Should you have any questions about this request, I can be reached at 555-555-5555.

Thank you,

DATE

Via Certified Mail 0000 0000 0000 0000 0000

Appeals Unit New York State Board of Parole Harriman State Campus Building #2 1220 Washington Avenue Albany, NY 12226

Re: CLIENT NAME, DIN:

Dear Madam or Sir:

This letter serves as Notice of Administrative Appeal on behalf of CLIENT, DIN: of the Board of Parole's denial of CLIENT'S application for release on parole. CLIENT was interviewed by Commissioners of the Board on DATE at CORRECTIONAL FACILITY; the board's decision denied parole.

I represent CLIENT in connection with this appeal and this letter serves as my notice of appearance, as well. Therefore, please direct all correspondence in this matter to my attention.

Please provide to this office a transcript of the DATE interview in which CLIENT was interviewed.

Finally, please confirm receipt of this letter and indicate the deadline by which the appeal must be perfected.

Sincerely,

August 4, 2022

Via e-mail

Attn: Parole
Attica Correctional Facility
639 Exchange St.
Attica, NY 14011-0149
doccsatticairc@doccs.ny.gov

RE: Request for Parole File of CLIENT DIN 00-A-0000 pursuant to 9 N.Y.C.R.R. 8000.5

Dear Madam or Sir:

I represent **CLIENT, DIN**. I write to request disclosure of all documents and records, pursuant to 9 N.Y.C.R.R. 8000.5, which were provided to the Parole Board that presided over CLIENT'S DATE parole review, which resulted in a denial. CLIENT has filed a timely notice of administrative appeal.

Please note this is not a FOIL request. Therefore, exceptions to disclosure pursuant to the Public Officer's Law are not relevant.

Pursuant to the DOCCS Directive #2014, this disclosure includes but is not limited to all official statements, requests for official statements, "opposition materials", any support or opposition letters, COMPAS reports, Parole Board Reports, Medical and Mental Health Reports, case plans, disciplinary and program history, sentencing transcripts, parole packets, and any other document and records in the file for the Board's consideration. In addition, letters from the victim(s) or the victim's representative must be disclosed pursuant to Executive Law 259-i(c)(B) and 259-k.

Should DOCCS withhold any portions of the file that were provided to the Parole Commissioners presiding at the DATE parole review, please identify the nature of the document(s) withheld and the regulatory basis, under NYCRR 8000.5, for non-disclosure.

Attached please find a copy of CLIENT'S signed consent and waiver for the release of records and information, pursuant to 9 N.Y.C.R.R. 8000.5(c)(4), and OMH-11C and HIPAA release forms for the medical summaries contained in the parole file.

If the requested records are available electronically, kindly send them via email to <u>ATTORNEY</u> <u>EMAIL</u>. Otherwise, please send an invoice for copying fees and we will promptly remit payment.

Thank you for your anticipated cooperation and courtesy in this regard.

Sincerely,



KATHY HOCHUL Governor TINA STANFORD
Chairwoman, Board of Parole

August 211, 2022

Esq.
Lincoln Square Legal Services, Inc.
Fordham University School of Law
150 West 62nd Street, Floor 9
New York, New York 10023



(1) Date Notice of Appeal Received:

08/11/2022

(2) Latest Date for Submitting Document Perfecting Appeal:

12/9/2022

Your notice of appeal was received on the date indicated at line (1) above, and the document that perfects the appeal must be received by this office by the date listed on line (2) above, unless an extension of time is requested in writing prior thereto and granted by this office. The appeal is perfected by filing an original and **one copy** of a document which explains the grounds for your appeal and the specific rulings challenged. If the document perfecting your appeal is not received by the date listed in line (2) above, or a subsequent date granted in writing by the Appeals Unit, the appeal will automatically be dismissed with prejudice.

If a transcript of the underlying proceeding was requested, it has been ordered and you will be advised upon its receipt. If you are represented by Counsel on the appeal and counsel has filed a Notice of Appearance with the Appeals Unit, the transcript will be forwarded to your Counsel.

The Appeals Unit will begin a review of the appeal as soon as possible after its receipt of the document perfecting the appeal. That review will result in the issuance of a Statement of Appeals Unit Findings, which will contain findings of fact and/or law, and a recommended disposition. The Appeals Unit will attempt to complete its findings within four months of the date of receipt of the document that perfected the appeal. Once the Appeals Unit issues its findings, the matter will be presented to an appellate panel of the Board of Parole for decision. Upon the rendition of a decision, the Statement of Appeals Unit Findings and the Parole Appeal Decision Notice will be sent to the appellant and, when applicable, counsel for appellant. If the appeal is not decided within four months from the date it is perfected, the appellant or their counsel may seek judicial review as the appellate review will be deemed exhausted.

Any correspondence relating to this administrative appeal should be addressed to the Appeals Unit at the above address. Incarcerated Individuals and parole violators who are represented by counsel should not write directly to the Appeals Unit, but rather should direct any inquiry to their attorney.

Appeals Unit

cc: Facility Parole File; C.O. File; Appeals Unit File P-2005 (Rev. 10/08)

Introduction to the Parole Information Project

The <u>Parole Information Project</u> (PIP) is a repository of New York parole documents organized by category and managed by the Maloney Law Library at Fordham University School of Law.

There is a search function at the top left. You may search the entire PIP (all document categories) or limit the search to a particular category.



Current versions of our Appeals Manual and other guides can be found under "Parole Preparation and Appeals Manuals, and Related Resources."

Administrative Appeal Decisions and Article 78 Decisions are regularly updated document categories. Currently, there are over 400 Article 78 decisions available on PIP.

Prior to June 2023, the PIP served as a parole appeals brief bank. While the archived document categories will remain accessible on the PIP, these categories will no longer be updated. If you are interested in the underlying filings related to a particular Article 78 decision that you view on the PIP, please use NYSCEF to view the filings, as detailed in the following section of this guide.

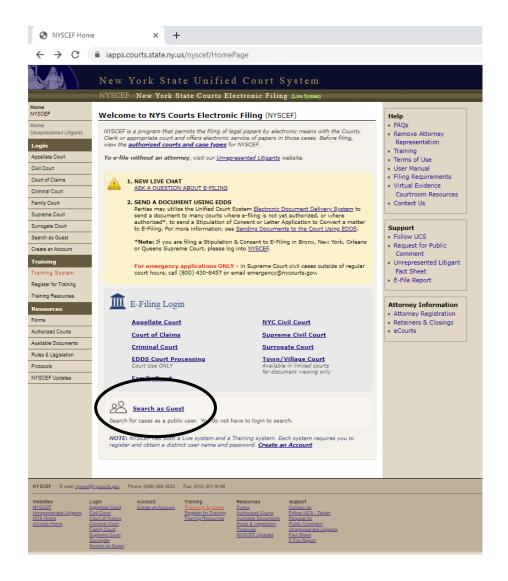
Searching Cases on NYSCEF

NYSCEF is the New York State Courts E-Filing system. It is a publicly accessible website, and filings can be downloaded for free. You do not need a login to access NYSCEF.

This guide will only cover searching for cases on NYSCEF. It does not cover additional topics like filing on NYSCEF. For comprehensive training resources, visit https://iappscontent.courts.state.ny.us/NYSCEF/live/training.htm

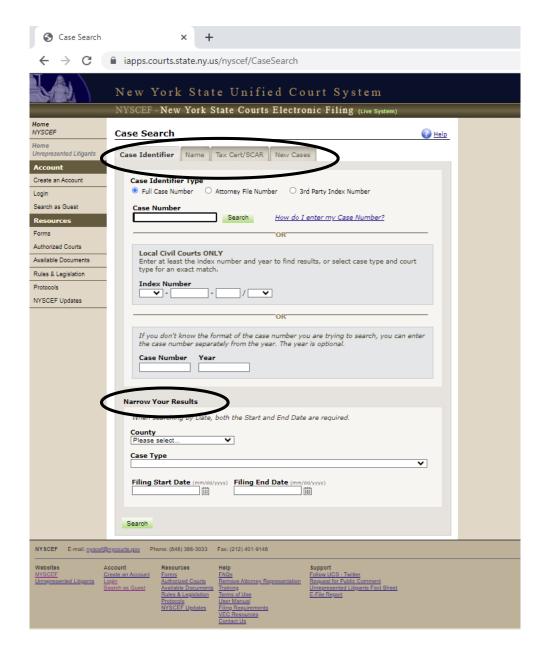
To access NYSCEF, visit https://iapps.courts.state.ny.us/nyscef/HomePage

Click on "Search as Guest" to begin searching cases. A login is not required to search as a guest.



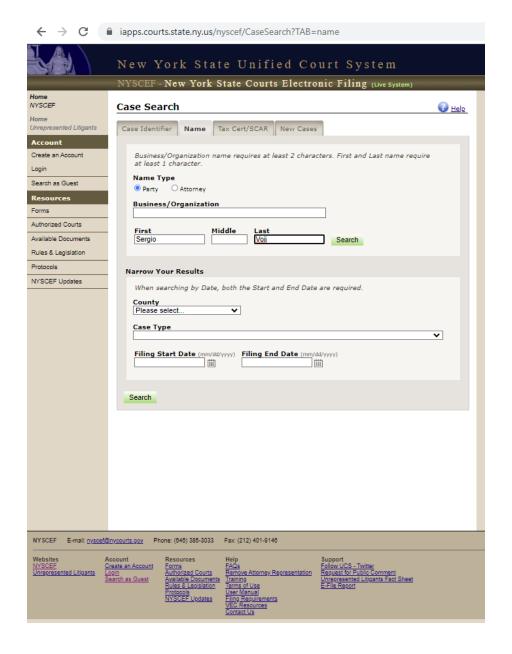
Select the appropriate tab to search by Case Number or Name (party or attorney).

Results may be narrowed by County, Case Type or Filing Date.



To search for a specific case, enter the Case Number or Name of the Petitioner.

For example, if you read *Voii v. Stanford*, Sup Ct., Dutchess Cty., May 13, 2020, Acker, J., index No. 50485/2020 on the PIP and wanted to see the Petition, search by name for "Sergio Voii" as in the below image.

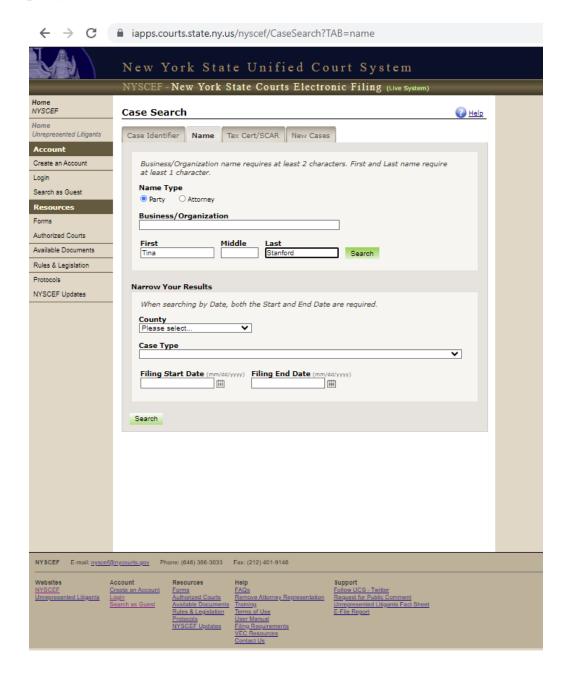


Below is the search result for "Sergio Voii." Click on the Index Number to see the filings in the case.



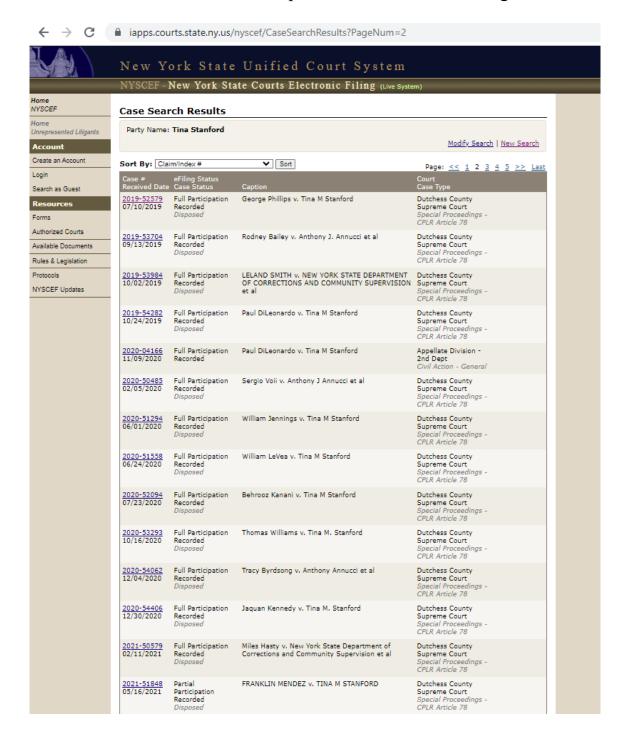
To view and search many parole related cases (as opposed to searching for a specific case), search by Name for Tina Stanford (former Chairwoman of the Board); Darryl Towns (current Chairman of the Board); or NYS Board of Parole (in Business/Organization field).

In the below image, the search is by Name for "Tina Stanford" as a party to a case.



Below is page 2 of the search results for "Tina Stanford." The search results include Article 78 cases for judicial review of parole denials and appeals to the Appellate Division.

Click on the Index Number of a specific case to view the filings.



The list of filings in a case will look like the below image. Click on the name of the filing to view the document. The pdf document will open in a new tab.

