

POLICE PAROLE COMPLIANCE MISSION LOG

CHICAGO POLICE DEPARTMENT

MISSION DATE

PREPARING SUPERVISOR'S NAME				RANK		STAR NO.		UNIT NO.		BEAT NO.		
ASSIGNED CPD PERSONNEL				PARTICIPATING IDOC PERSONNEL								
RANK	NAME	STAR NO.	BEAT NO.	NAME	TITLE	ID NO.	APPROVALS					
							DEPUTY CHIEF AUTHORIZING					
							SUPERVISOR REQUESTING OPERATION					
							DATE MISSION APPROVED BY DEPUTY CHIEF					
							STATION SUPERVISOR(S) NOTIFIED					
							NAME	STAR NO.	DIST.	DATE	TIME	
							MISSION LOCATION DESCRIPTION					
							AFFECTED BEATS:					
							LEAD FIELD SUPERVISORS					
							CPD SUPERVISOR:					
							IDOC SUPERVISOR:					
							DATE	TIME	LOCATION			
							NOTIFICATION TO OFFICE OF EMERGENCY MANAGEMENT& COMMUNICATIONS					
							ZONE(S) NOTIFIED					
							NOTIFICATION(S) BY					
							DATE				TIME	
							MISSION START TIME				MISSION COMPLETION TIME	

ATTACH ADDITIONAL SHEETS TO LIST ANY ADDITIONAL CPD OR IDOC PERSONNEL ASSIGNED/PARTICIPATING IN THE MISSION NOT LISTED ABOVE

PAROLEE OPERATION CONTACT LISTING

LIST ALL PAROLEES IDENTIFIED FOR CONTACT OR ACTUALLY CONTACTED DURING THE OPERATION.

NAME	DOB	CONTACT MADE	ADDRESS OF CONTACT	POSSIBLE PAROLE VIOLATION DETECTED	RELATED R.D. NO.	IF ARRESTED CHARGE	CB NO.
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> PAROLEE'S RESIDENCE	<input type="checkbox"/> NONE			

NARRATIVE (Identify any unusual occurrences. Attach additional continuation sheets if necessary.)

PREPARING SUPERVISOR'S SIGNATURE	STAR NO.	UNIT NO.	DATE	APPROVING COMMANDER'S SIGNATURE	UNIT NO.	DATE
APPROVING UNIT C/O OR STATION SUPERVISOR'S SIGNATURE	STAR NO.	UNIT NO.	DATE	APPROVING DEPUTY CHIEFS SIGNATURE	UNIT NO.	DATE