

# 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				
							AUTHORIZING COMMAND MEMBER				
							SUPERVISOR REQUESTING OPERATION				
							DATE MISSION APPROVED BY AUTHORIZING COMMAND MEMBER				
							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 COMMAND MEMBER'S SIGNATURE	UNIT NO.	DATE