

**EXHIBIT 1**



STATE OF NEW YORK • EXECUTIVE DEPARTMENT  
STATE COMMISSION OF CORRECTION

80 SOUTH PEARL STREET  
ALBANY, NY 12207 1596  
(518) 474-1416

CHAIRMAN  
WILLIAM G. McMAHON

COMMISSIONERS  
~~JOHN J. GREGG~~  
DEBORAH A. REYES

April 21, 1989

Hon. Evan Davis, Esq.  
Counsel to the Governor  
Executive Chamber  
State Capitol  
Albany, New York 12224

Re: S.2486-A: AN ACT to amend  
the correction law, the  
executive law and the  
penal law, in relation to  
release and supervision  
of persons serving a  
definite sentence and  
providing for the repeal  
of the provisions hereof  
on May 1, 1990

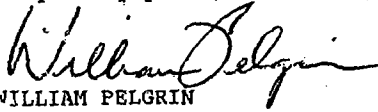
Dear Mr. Davis:

The Commission supports this bill which would create local conditional release commissions to make conditional release decisions for county inmates.

This proposal should encourage more comprehensive and responsive local planning vis-a-vis alternatives to incarceration. The Commission also believes that the creation of local conditional release commissions will lead to greater participation in local conditional release. At a time when local correctional facilities are experiencing chronic overcrowding, this should provide counties with needed flexibility and assistance in the management of their jail populations.

Thank you for the opportunity to comment on this proposal.

Very truly yours,

  
WILLIAM PELGRIN  
COUNSEL

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THE CITY OF NEW YORK  
CONDITIONAL RELEASE COMMISSION

Name of Applicant: \_\_\_\_\_

NYSID #: \_\_\_\_\_ CRC Case #: \_\_\_\_\_

Instant Offense: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_

Criminal History: F \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_ Known Sub. Abuser: Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Education: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

POSSIBLE REASONS FOR DENIAL:

GRD:

<input type="checkbox"/> Extensive Criminal History	<input type="checkbox"/> Violation of Probation
<input type="checkbox"/> Violent Criminal History	<input type="checkbox"/> Violation of Parole
<input type="checkbox"/> Multi-State criminal history	<input type="checkbox"/> History of Bench Warrants
<input type="checkbox"/> Serious/Violent Nature of Instant Offense	<input type="checkbox"/> INS Hold
<input type="checkbox"/> Failure to comply with Court mandate	<input type="checkbox"/> Outstanding Warrant
<input type="checkbox"/> Open case pending	<input type="checkbox"/> Waiver of 70.40
<input type="checkbox"/> Failure to benefit from previous Incarceration.	<input type="checkbox"/> Lack of Verifiable residence
<input type="checkbox"/> Failure to benefit from previous Probation	<input type="checkbox"/> Out-of-State residence
<input type="checkbox"/> Failure to benefit from previous Parole	<input type="checkbox"/> Consecutive Sentences
<input type="checkbox"/> Number of arrests within a short period of time	
Other _____	

Prepared: \_\_\_\_\_ Eileen F. Sullivan, Director

Supplemental Investigation \_\_\_\_\_ Raul Russi, Chairman  
(Date)

Conditional Release Review \_\_\_\_\_  
(Date)

Approved  Denied \_\_\_\_\_, Raul Russi, Chairman  
 Approved  Denied \_\_\_\_\_, Amy Ianora, Commissioner  
 Approved  Denied \_\_\_\_\_, Irene Prager, Commissioner  
 Approved  Denied \_\_\_\_\_, Jeanne Hammock, Commissioner



THE CITY OF NEW YORK  
CONDITIONAL RELEASE COMMISSION

Name of Applicant: Valdella, Guy  
NYSID #: 3959873J CRC Case #: 46683

Instant Offense: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_

Criminal History: F M V \_\_\_\_\_ Known Sub. Abuser: Yes No

Age: 59 Education: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: Male Female

POSSIBLE REASONS FOR DENIAL: \_\_\_\_\_ GRD: 2/18/05

<input type="checkbox"/> Extensive Criminal History	<input type="checkbox"/> Violation of Probation
<input type="checkbox"/> Violent Criminal History	<input type="checkbox"/> Violation of Parole
<input type="checkbox"/> Multi-State criminal history	<input type="checkbox"/> History of Bench Warrants
<input checked="" type="checkbox"/> Serious/Violent Nature of Instant Offense	<input type="checkbox"/> INS Hold
<input type="checkbox"/> Failure to comply with Court mandate	<input type="checkbox"/> Outstanding Warrant
<input type="checkbox"/> Open case pending	<input type="checkbox"/> Waiver of 70.40
<input type="checkbox"/> Failure to benefit from previous Incarceration.	<input type="checkbox"/> Lack of Verifiable residence
<input type="checkbox"/> Failure to benefit from previous Probation	<input type="checkbox"/> Out-of-State residence
<input type="checkbox"/> Failure to benefit from previous Parole	<input type="checkbox"/> Consecutive Sentences
<input type="checkbox"/> Number of arrests within a short period of time	
Other _____	

Prepared: ESD Eileen F. Sullivan, Director

Supplemental Investigation \_\_\_\_\_ Raul Russi, Chairman  
(Date)

Conditional Release Review \_\_\_\_\_  
(Date)

Approved  Denied [Signature], Raul Russi, Chairman  
 Approved  Denied [Signature], Amy Ianora, Commissioner  
 Approved  Denied [Signature], Irene Prager, Commissioner  
 Approved  Denied [Signature], Jeanne Hammock, Commissioner

THE CITY OF NEW YORK  
CONDITIONAL RELEASE COMMISSION

Name of Applicant: D. Di Toro, Doctor

NYSID #: 3445745M CRC Case #: 46680

Instant Offense: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_

Criminal History: F \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_ Known Sub. Abuser: Yes \_\_\_\_\_ No \_\_\_\_\_

Age: 52 Education: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: Male Female \_\_\_\_\_

POSSIBLE REASONS FOR DENIAL: \_\_\_\_\_ GRD: 12/19

<input type="checkbox"/> Extensive Criminal History	<input type="checkbox"/> Violation of Probation
<input type="checkbox"/> Violent Criminal History	<input type="checkbox"/> Violation of Parole
<input type="checkbox"/> Multi-State criminal history	<input type="checkbox"/> History of Bench Warrants
<input type="checkbox"/> Serious/Violent Nature of Instant Offense	<input type="checkbox"/> INS Hold
<input type="checkbox"/> Failure to comply with Court mandate	<input type="checkbox"/> Outstanding Warrant
<input type="checkbox"/> Open case pending	<input type="checkbox"/> Waiver of 70.40
<input type="checkbox"/> Failure to benefit from previous Incarceration.	<input type="checkbox"/> Lack of Verifiable residence
<input type="checkbox"/> Failure to benefit from previous Probation	<input type="checkbox"/> Out-of-State residence
<input type="checkbox"/> Failure to benefit from previous Parole	<input type="checkbox"/> Consecutive Sentences
<input type="checkbox"/> Number of arrests within a short period of time	
Other _____	

Prepared: [Signature] Eileen F. Sullivan, Director

Supplemental Investigation \_\_\_\_\_ Raul Russi, Chairman  
(Date)

Conditional Release Review

(Date) \_\_\_\_\_

Approved  Denied [Signature] Raul Russi, Chairman

Approved  Denied [Signature] Amy Ianora, Commissioner

Approved  Denied [Signature] Irene Prager, Commissioner

Approved  Denied [Signature] Jeanne Hammock, Commissioner

THE CITY OF NEW YORK  
CONDITIONAL RELEASE COMMISSION

Name of Applicant: Lopez, Manuel  
NYSID #: 19255294 CRC Case #: 46682  
Instant Offense: conspiracy  F  M  V  
Criminal History: F O M D V O Known Sub. Abuser: Yes  No   
Age: 67 Education: \_\_\_\_\_ Race: L Gender: Male Female

POSSIBLE REASONS FOR DENIAL:

GRD: 12/11

<input type="checkbox"/> Extensive Criminal History	<input type="checkbox"/> Violation of Probation
<input type="checkbox"/> Violent Criminal History	<input type="checkbox"/> Violation of Parole
<input type="checkbox"/> Multi-State criminal history	<input type="checkbox"/> History of Bench Warrants
<input type="checkbox"/> Serious/Violent Nature of Instant Offense	<input type="checkbox"/> INS Hold
<input type="checkbox"/> Failure to comply with Court mandate	<input type="checkbox"/> Outstanding Warrant
<input type="checkbox"/> Open case pending	<input type="checkbox"/> Waiver of 70.40
<input type="checkbox"/> Failure to benefit from previous Incarceration.	<input type="checkbox"/> Lack of Verifiable residence
<input type="checkbox"/> Failure to benefit from previous Probation	<input type="checkbox"/> Out-of-State residence
<input type="checkbox"/> Failure to benefit from previous Parole	<input type="checkbox"/> Consecutive Sentences
<input type="checkbox"/> Number of arrests within a short period of time	
Other _____	

Prepared: [Signature] Eileen F. Sullivan, Director

Supplemental Investigation \_\_\_\_\_ Raul Russi, Chairman  
(Date)

Conditional Release Review \_\_\_\_\_  
(Date)

Approved  Denied \_\_\_\_\_, Raul Russi, Chairman *-recused per [Signature]*  
 Approved  Denied \_\_\_\_\_, Amy Ianora, Commissioner  
 Approved  Denied \_\_\_\_\_, Irene Prager, Commissioner  
 Approved  Denied [Signature], Jeanne Hammock, Commissioner



**EXHIBIT 4**

2<sup>nd</sup> review  
Sept 22<sup>nd</sup>

THE CITY OF NEW YORK  
CONDITIONAL RELEASE COMMISSION

Name of Applicant: Yelilla, Guy

NYSID #: \_\_\_\_\_ CRC Case #: 46683

Instant Offense: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_

Criminal History: F M V \_\_\_\_\_ Known Sub. Abuser: Yes \_\_\_\_\_ No \_\_\_\_\_

Age: \_\_\_\_\_ Education: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

POSSIBLE REASONS FOR DENIAL:	GRD:
<input type="checkbox"/> Extensive Criminal History	<input type="checkbox"/> Violation of Probation
<input type="checkbox"/> Violent Criminal History	<input type="checkbox"/> Violation of Parole
<input type="checkbox"/> Multi-State criminal history	<input type="checkbox"/> History of Bench Warrants
<input type="checkbox"/> Serious/Violent Nature of Instant Offense	<input type="checkbox"/> INS Hold
<input type="checkbox"/> Failure to comply with Court mandate	<input type="checkbox"/> Outstanding Warrant
<input type="checkbox"/> Open case pending	<input type="checkbox"/> Waiver of 70.40
<input type="checkbox"/> Failure to benefit from previous Incarceration.	<input type="checkbox"/> Lack of Verifiable residence
<input type="checkbox"/> Failure to benefit from previous Probation	<input type="checkbox"/> Out-of-State residence
<input type="checkbox"/> Failure to benefit from previous Parole	<input type="checkbox"/> Consecutive Sentences
<input type="checkbox"/> Number of arrests within a short period of time	
Other _____	

Prepared: [Signature] Eileen F. Sullivan, Director

Supplemental Investigation \_\_\_\_\_ Raul Russi, Chairman  
(Date)

Conditional Release Review \_\_\_\_\_  
(Date)

Approved  Denied [Signature], Raul Russi, Chairman

Approved  Denied \_\_\_\_\_, Amy Ianora, Commissioner

Approved  Denied [Signature], Irene Prager, Commissioner

Approved  Denied \_\_\_\_\_, Jeanne Hammock, Commissioner

*nl terms*

*approved  
via phone  
9/22 - EDS.*

*revised*

2<sup>nd</sup> Review  
Sept. 22<sup>nd</sup>

THE CITY OF NEW YORK  
CONDITIONAL RELEASE COMMISSION

Name of Applicant: Del Toro, Hector

NYSID #: \_\_\_\_\_ CRC Case #: 46680

Instant Offense: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_ V \_\_\_\_\_

Criminal History: F M V \_\_\_\_\_ Known Sub. Abuser: Yes No \_\_\_\_\_

Age: \_\_\_\_\_ Education: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: Male Female \_\_\_\_\_

POSSIBLE REASONS FOR DENIAL:	GRD:
<input type="checkbox"/> Extensive Criminal History	<input type="checkbox"/> Violation of Probation
<input type="checkbox"/> Violent Criminal History	<input type="checkbox"/> Violation of Parole
<input type="checkbox"/> Multi-State criminal history	<input type="checkbox"/> History of Bench Warrants
<input type="checkbox"/> Serious/Violent Nature of Instant Offense	<input type="checkbox"/> INS Hold
<input type="checkbox"/> Failure to comply with Court mandate	<input type="checkbox"/> Outstanding Warrant
<input type="checkbox"/> Open case pending	<input type="checkbox"/> Waiver of 70.40
<input type="checkbox"/> Failure to benefit from previous Incarceration.	<input type="checkbox"/> Lack of Verifiable residence
<input type="checkbox"/> Failure to benefit from previous Probation	<input type="checkbox"/> Out-of-State residence
<input type="checkbox"/> Failure to benefit from previous Parole	<input type="checkbox"/> Consecutive Sentences
<input type="checkbox"/> Number of arrests within a short period of time	
Other _____	

Prepared: [Signature] Eileen F. Sullivan, Director

Supplemental Investigation \_\_\_\_\_ Raul Russi, Chairman  
(Date)

Conditional Release Review \_\_\_\_\_ (Date)

Approved  Denied [Signature], Raul Russi, Chairman

Approved  Denied \_\_\_\_\_, Amy Ianora, Commissioner

Approved  Denied [Signature], Irene Prager, Commissioner

Approved  Denied \_\_\_\_\_, Jeanne Hammock, Commissioner

[Signature]



September 16, 2004

Ms. Eileen Sullivan  
Director of Conditional Release  
New York City Department of Probation  
33 Beaver Street  
New York, NY 10004

Dear Ms. Sullivan and Board Members:

I am writing this letter in an attempt to explain my personal feelings in a way that cannot be conveyed by my attorneys. I believe my prior application addressed the issues of my sorrow for my crime and my return to a law abiding life with a new found respect for the law as a result of my experience.

I write this letter as I have almost completed three months of incarceration. As you know I am not in a "Club Fed" but on Rikers Island in maximum security/protective custody that is almost the same punishment as solitary confinement. I live in a small cell, an actual cage that allows no one access to me. I am in this cell 22 hours a day on weekends and 18 hours a day on weekdays. While it is for my own safety it is extremely lonely and intense. I feel very sad and depressed. Even my daily trips for my diabetes treatment require my being escorted in hand and leg shackles by a captain and isolation from other inmates, which further depresses me.

As I advised you in my last letter I have been totally demoralized and humiliated. I am constantly in fear of doing or saying the wrong thing. I dwell all day and night on what my life has become. Walking around in shackles, being subjected to strip searches and cell searches, having my wife and children searched when they desire to see me, the fear of my daily interactions with possibly violent prisoners and the constant pressure of not saying or doing the wrong thing when a guard yells out orders or during prison counts.

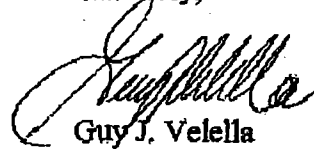
I have been totally dehumanized. I can not take this much longer. I cry in my cell at night before I try to sleep. Once I start to fall asleep I jump up feeling that I can't breathe. I can only sleep a few hours at a time as I usually wake up gasping for air. Once awake I often lie there listening to my heart beat fearing that I am going to have a heart attack. I cry in my cell in the morning when I wake up. I can't control my thoughts and emotions. I forget what I did from one day to the next. When I have the chance to talk to my wife or attorneys, they tell me that I constantly repeat what I said in prior conversations. I don't do this intentionally. I just don't remember what I said. I feel as though I am going to break down.

Please allow me to begin to start my life over by releasing me from this nightmare. I am willing to accept any additional alternatives this Board deems appropriate as a condition of my release such as:

- a) House Arrest
- b) Probation with Restrictions
- c) Community Service

Please help me. Please contact me if you need any other information. Thank you for your time and consideration.

Sincerely,



Guy J. Velella