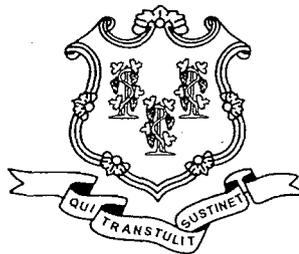


Governor

(203) 805-6601

Robert Farr
Chairman

FA
(203) 805-6651



BOARD OF PARDONS & PAROLES
55 West Main Street - Waterbury, CT 06702

August 2, 2007

The following information has been removed from the parole file for Joshua Kamisarjovsky in accordance with the Freedom of Information Act:

Connecticut State Police and NCIC Rap Sheets

Medical, Mental Health and Substance Abuse Score Information

Victim Identification Information

In addition, one page has been removed from this file pending further review by the State's Attorney's Office.

Robert Farr
Parole Supervisor

BOARD OF PARDONS AND PAROLES
HEARING CHRONOLOGY

Prepared 7/31/07

Kamisarijovsky, Joshua # 299047

Sentence: 9 YEARS w/ 6 YEARS SPECIAL PAROLE

- 10/10/02: Sentenced to 3 Years with 6 years special parole for Burg 2nd(5cts)(concurrent); 3 years Burg 3(concurrent) & 3 years Larc 3(2 cts)(concurrent).
- 12/10/02: Sentenced to 5 years for Burg 2nd (12cts)(concurrent); 4 years for Burg 2nd (consecutive) – Total sentence 9 years with 6 years special parole.
- 1/3/03: Sentenced to 3 years for Burg 2nd (concurrent).

Hearing Dates:

9/22/04 (FULL PANEL – Willard/Cybulski C.I.):

Panel Members: Mr. Robert Neil and Mr. Carl Eisenmann (Hearing Officer: P.O. Lopez)

- Voted to Parole effective 5/5/06 based on D.O.C. records that reflected a total effective sentence of 5 years with 6 years Special Parole (Parole Eligibility Date = 2/2/05 at 50%; END of Sentence date = 8/2/07).

NOTE: On 10/1/04, PA 04-234 became effective that allowed for all non-violent offenders (i.e. not designated 85%) to be reviewed through the Administrative Review without a Hearing Process)(previously ineligible and reason for full panel hearing);

NOTE: On 11/26/04, D.O.C. records audit resulted on re-calculation of sentence. D.O.C. records updated to reflect 9 years (New Parole Eligibility Date = 2/2/07; Sentence END = 8/2/2011). The Board was notified of this change that resulted in the following review:

12/17/2004 (ADMINISTRATIVE REVIEW/CASE REVIEW – Central Office)

Panel Members: Mr. Robert Neil, Mr. Cicero Booker and Pastor Patricia Brewer-McDaniel (Hearing Officer: P.O. Lopez).

Note: Review conducted Administratively as allowed by PA 04-234

- Panel revised the Voted to Parole date to 2/2/07 to coincide with corrected sentence and eligibility date.

Note: On 8/25/05, the D.O.C. records conducts file review based on a Connecticut Supreme Court Decision (Harris/Hunter/Cox) for jail credit re-allocation (213 days to 143 days). When made aware of the change in parole eligibility date, an Administrative Review was conducted as follows:

2/9/07 (ADMINISTRATIVE REVIEW/CASE REVIEW – Central Office)

Panel Members: Mr. Cicero Booker, Mr. Carl Eisenmann, and Ms. Wanda Mendez
(Hearing Officer: P.S. Johnson)

- Panel revised the Voted to Parole date to 4/10/07 to coincide with recalculated dates.

Special Conditions Ordered:

- 90 days Electronic Monitoring
- No contact with victim or victim's family
- No consumption of Alcohol

Disciplinary History

- None

Movement Chronology:

- 6/6/06 - Released to Community Release (Berman Treatment Center)
- 7/25/06 – Transfer to Silliman House
- 3/21/07 – Release to Re-entry Furlough
- 4/10/07 – Released to Parole

Salient Factor Score: No Score completed per current administration - would have been a "low risk" 4 due to first time offender and first incarceration.

INMATE DOC #: 0299047 NAME: KAMISARJOVSKY, JOSHUA R
DATE OF BIRTH: 08/10/1980 HAIR: BLACK EYES: BROWN
HEIGHT: 5 ft 09 in WEIGHT: 130 lbs RACE: W SEX: M
SRG: N/A SPMGT: [REDACTED]
PHOTO DATE: 06/06/2006 LOCATION: PO-CINTRON



Inmate Hearing History

Inmate Number . . : 00299047
Inmate Name . . : KAMISARJOVSKY, JOSHUA R

Admit Date	Elig Date	85%	Hearing Dt	LOC	Disp	Action Date	Par Eff Dt
03/11/2002	04/10/2007		02/09/2007	001 A	01	PAROLE CASE REVIEW - REVISE VTP (WTBY) - NO ALC	04/10/2007
03/11/2002	04/10/2007		12/17/2004	001 A	25	CASE REVIEW NEW VTP 2/2/2007	
03/11/2002	04/10/2007		09/22/2004	142 F	01	PAROLE (WATERBURY) - NO ALCOHOL- SPECIAL PAROLE TO FOLL	05/02/2006
----- More: -----							

08/01/2007 19:30:57

NAME: KAMISARJOVSKY, JOSHUA R NUMBER: 00299047 DOB: 08/10/1980
LOCATION: MCDGL/WLKR CI JURISDICTION: MCDGL/WLKR CI STATUS: SENTENCED
LOCATION ENTRY TYPE: RETURN FROM PAROLE WITH CHARGES DATE: 07/24/2007
OFFENSE: 53A102 BURGLARY, SECOND DEGREE CF BOND: 9999900
SENTENCE: MIN: 0 Y 0 M 0 D MAX: 9 Y 0 M 0 D DETAINERS:
RELEASE DATES: MIN: 00/00/0000 MAX: 10/10/2011 ESTIMATED:
SPECIAL MANAGEMENT:
DNA FELONY Y SWAB 09/06/2005 SEX OFFENDER REGISTRATION: N
RACE: WHITE SEX: MALE HAIR COLOR: BLACK EYES: BROWN
HEIGHT: 5 FT 09 IN WEIGHT: 130 LBS MARITAL STATUS: N DEPENDENTS: 1
EDUCATION LEVEL: 12 MILITARY: N MED INSURANCE: N MVD:
SSN: FBI #: 478747MB2 OTHER #: SPBI #: 00896990
BIRTHPLACE: VERNON CITIZENSHIP: UNITED STATES
HOME ADDRESS: 150 WILDERNESS TOWN: BRISTOL STATE: CT ZIP:

* * * * * EMERGENCY CONTACT INFORMATION * * * * *
NAME: JUDE KOMISARJEVSKY RELATION: MOTHER PH: 203 699 9755
STREET: 840 NO BROOKSVALE TOWN: CHESHIRE STATE: CT ZIP: 06410

PRIOR LOCATION: 4VD FILE LOCATION: 304 MED FILE:
INITIAL DOC ADMISSION: 03/11/2002 LATEST DOC ADMISSION: 03/11/2002
CR5L 08/01/2007 CT DEPT OF CORRECTION - FACE SHEET DISPLAY RT50 C3546 END

TRANSACTION: RT50 NUMBER: 00299047

CT DEPT OF CORRECTION

TIME SHEET

08/01/2007

NAME: KAMISARJOVSKY, JOSHUA R

NUMBER: 299047

SENT ID: 8

DKT #: H17B-CR-02-0015501-S

REF DKT: 17-15501B

SENT: 9 Y M D

OFF DATE: 02/16/2002

SENT START DATE: 12/20/2002

DET: NONE

OFF: 53A102 BURGLARY, SECOND DEGREE

ELIG PAROLE DATE: 04/10/2007

***** CURRENT TOTAL DAYS FOR THIS SENTENCE *****

JAIL CREDIT: 70

TIME SERVED: 0

DEADTIME: 0

POST DT	LOC	DAYS	ENTRY	REL DT	POST DT	LOC	DAYS	ENTRY	REL DT
08/25/05	135	143	JAIL CR -	10/10/11					
SC 11/04	JC	REVIEW	5/20/02-10/10/02						
12/20/02	125	213	JAIL CR	05/20/11					
3/11/02-10/10/02									
12/20/02	125	0	INITIAL	12/19/11					
H17B-CR02-15501-S; H17B-CR02-16172-S									

TRANS: RT56 NUMBER: 00299047

PAGE 1

MOVEMENTS NUMBER: 299047
FILE: CS4-WATERBURY

NAME: KAMISARJOVSKY, JOSHUA R PAGE 1
MED FILE:

	DATE	SEQ	LOCATION	JUR	STA
RETURN FROM PAROLE WITH CHARGES	7/24/2007	1	137 MCDGL/WLKR CI	137	G
RELEASE TO SUPERVISED PAROLE	3/21/2007	1	4VD PO-CINTRON	4P4	G
TRANSFER BETWEEN CR LOCATIONS	7/25/2006	1	27D SILLIMAN HOUS	401	G
RELEASE TO COMMUNITY RELEASE	6/06/2006	1	27E BERMAN TREATM	401	G
TRANSFER AMONG DOC LOCATIONS	8/23/2005	1	135 GATES CCI	135	G
TRANSFER AMONG DOC LOCATIONS	11/29/2004	1	112 ENFIELD CCI	112	G
TRANSFER AMONG DOC LOCATIONS	12/18/2003	1	142 WILLARD-CYBUL	142	G
TRANSFER AMONG DOC LOCATIONS	12/10/2003	1	137 MCDGL/WLKR CI	137	G
TRANSFER AMONG DOC LOCATIONS	11/19/2003	1	114 MCDGL/WLKR CI	114	G
TRANSFER AMONG DOC LOCATIONS	11/13/2003	1	142 WILLARD-CYBUL	142	G
SENTENCED BY COURT	1/03/2003	1	125 CHESHIRE CC	125	G
SENTENCED BY COURT	12/20/2002	1	125 CHESHIRE CC	125	G
START SERVING SENTENCE (1+)	10/10/2002	1	125 CHESHIRE CC	125	G
TRANSFER AMONG DOC LOCATIONS	5/07/2002	1	125 CHESHIRE CC	125	U
TRANSFER AMONG DOC LOCATIONS	4/26/2002	1	114 MCDGL/WLKR CI	114	U
NEW ENTRY, ACCUSED-CONTINUED	3/11/2002	1	121 HARTFORD CCC	121	U

CR5L 8/01/2007 CT DEPT OF CORRECTION - ALL MOVEMENTS-RT60 END

TRANSACTION: RT60 NUMBER: 00299047

DISCIPLINARY HISTORY

PAGE 001

NUMBER: 299047 NAME: KAMISARJOVSKY, JOSHUA R

TOTAL TICKETS: 0

CURRENT LOCATION: MCDGL/WLKR CI

DATE	SEQ	FCLTY	OFFENSE(S)	DISPOSITION(S)	AMOUNT(S)
------	-----	-------	------------	----------------	-----------

CR5L 08/01/07 CT DEPT OF CORRECTION - DISCIPLINARY HISTORY, RT67.

DISCIPLINARY DISPLAYS -

TRANSACTION: RT67 NUMBER: 00299047

CLASSIFICATION NUMBER: 00299047 NAME: KAMISARJOVSKY, JOSHUA R
TRANSACTION DATE: 07 25 2007 CLASSIFICATION TYPE: RI

		RISK			
ESCAPE	1	SEV/VIOL OF OFF	4	VIOLENCE HISTORY	1
LENGTH OF CNFNMT	.	DETAINEES	4		
DISCIPLINE	1	SEC RISK GROUP	1	OVERALL	4

MANAGEMENT SUBCODES:

XP HOLD DATE .. / .. /

TS HOLD DATE .. / .. /

COMMENT:

SFS:

HH HOLD DATE .. / .. /

INMATE NEEDS	RANK	SUBCODES
MEDICAL	1	...
MENTAL HEALTH	1	...
EDUCATION	1	...
ALCOHOL/DRUG	1	...
VOCATIONAL	3	MU...
SEXUAL TRTMNT	3	U.
COMM. RESOURCES	1	S....

DATE OF LAST R SCORE CHG 07/26/2007
% T.SERVED SINCE R SCORE CHG 0.33

ASSIGNED FACILITY - 137

DATE OF NEXT REGULAR REVUE 01/26/2008
LAST UPDATED BY CRC2312
ON 07/26/07 AT 14:42

CR5L CT DEPT OF CORRECTION CLASSIFICATION DISPLAY - RT77
TRANSACTION: RT77 NUMBER: 00299047

RISK HISTORY

NUMBER: 00299047 NAME: KAMISARJOVSKY, JOSHUA R

T Y P	DATE	ESC	SEV VIOL OFF	LEN OF VIOL	BOND PEND CONF	DET	DISC	SRG	OVER ALL	LAST CHANGE DATE	ACTION
RI	07 25 07	1	4	1	.	4	1	1	4	07 26 07	WARDEN
RR	01 05 07	1	2	1	3	1	1	1	1	01 05 07	WARDEN
RR	06 12 06	1	2	2	3	1	1	1	1	06 12 06	WARDEN
RR	03 15 06	1	2	1	3	1	1	1	1	03 15 06	WARDEN
RC	09 26 05	1	2	1	3	1	1	1	1	09 26 05	WARDEN
RP	08 05 05	1	2	1	3	1	1	1	2	08 16 05	WARDEN
RR	05 06 05	1	2	1	3	1	1	1	3	05 06 05	WARDEN
RI	01 03 05	1	2	1	3	1	1	1	3	01 03 05	WARDEN
RI	11 29 04	1	2	1	3	1	1	1	3	11 29 04	WARDEN
RR	11 24 04	1	2	1	2	1	1	1	2	11 24 04	WARDEN
RI	09 24 04	1	2	1	2	1	1	1	2	09 30 04	WARDEN
RI	06 21 04	1	2	1	2	1	1	1	2	06 21 04	WARDEN
RR	06 03 04	1	2	1	2	1	1	1	2	06 09 04	WARDEN
RR	11 25 03	1	2	1	2	1	1	1	2	12 05 03	WARDEN
RI	11 12 03	1	2	1	2	1	1	1	2	11 12 03	DRECTR
CR5L 08/01/07 CT DEPT OF CORRECTION - RISK HISTORY - RT78											

TRANSACTION: P/N NUMBER: 00299047

RISK HISTORY

PAGE 002

NUMBER: 00299047 NAME: KAMISARJOVSKY, JOSHUA R

T Y P	DATE	ESC	SEV VIOL OFF	LEN OF VIOL	BOND PEND CONF	DET	DISC	SRG	OVER ALL	LAST CHANGE DATE	ACTION
RR	06 09 03	1	2	1	2	1	1	1	2	06 20 03	WARDEN
RR	01 16 03	1	2	1	2	3	1	1	3	01 17 03	WARDEN
RI	11 06 02	1	2	1	2	4	1	1	4	11 22 02	WARDEN
RR	09 06 02	1	2	1	.	4	1	1	4	09 12 02	WARDEN
RI	05 03 02	1	2	1	.	4	1	1	4	05 03 02	DRECTR
IN	03 12 02	1	2	1	.	4	1	1	4	03 12 02	FINAL

CR5L 08/01/07 CT DEPT OF CORRECTION - RISK HISTORY - RT78

TRANSACTION: RT78 NUMBER: 00299047



STATE OF CONNECTICUT BOARD OF PARDONS AND PAROLES

Statement of Understanding and Agreement Conditions of Parole

Parole Name Kamisarhoovsky, Joshua Numbers CT 29904702 Release on 04/10/2007 or After OOS Hearing Date: 02/09/2007 Type of Release: DISCRETIONARY

- 1. Release. Direction. UPON RELEASE, YOU WILL REPORT TO YOUR ASSIGNED PAROLE OFFICER AS DIRECTED AND FOLLOW THE PAROLE OFFICER'S INSTRUCTIONS. YOU WILL REPORT TO YOUR PAROLE OFFICER IN PERSON, BY TELEPHONE AND IN WRITING WHENEVER AND WHEREVER THE PAROLE OFFICER DIRECTS.
2. Levels of Supervision. YOUR PAROLE OFFICER WILL ASSIGN YOU TO ONE OF SEVERAL LEVELS OF COMMUNITY SUPERVISION, DEPENDING ON YOUR CIRCUMSTANCE. THESE LEVELS OF COMMUNITY SUPERVISION MAY INCREASE DEPENDING UPON CHANGES IN CIRCUMSTANCES, AT THE DISCRETION OF THE PAROLE OFFICER, AND MAY INCLUDE RESIDENTIAL PLACEMENT, ELECTRONIC MONITORING, CURFEW, AVOIDANCE OF SPECIFIC GEOGRAPHICAL AREAS AND AVOIDANCE OF SPECIFIC SOCIAL CIRCUMSTANCES OR INDIVIDUALS.
3. Residence. YOU WILL LIVE IN A RESIDENCE APPROVED BY YOUR PAROLE OFFICER AND YOU WILL COORDINATE ANY CHANGES IN YOUR PLACE OF RESIDENCE THROUGH YOUR PAROLE OFFICER BEFORE MOVING. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR RESIDENCE AT ANY REASONABLE TIME.
4. Employment. YOU WILL SEEK, OBTAIN AND MAINTAIN EMPLOYMENT THROUGHOUT YOUR PAROLE TERM, OR PERFORM COMMUNITY SERVICE AS DIRECTED BY YOUR PAROLE OFFICER. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR PLACE OF EMPLOYMENT OR COMMUNITY SERVICE AT ANY REASONABLE TIME.
5. Marital/Domestic Status. YOU WILL KEEP YOUR PAROLE OFFICER INFORMED OF ANY CHANGES IN YOUR MARITAL OR DOMESTIC STATUS.
6. Firearms Prohibited. YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, FIREARMS, AMMUNITION, OR ANY OTHER WEAPON OR OBJECT THAT CAN BE USED AS A WEAPON.
7. SUBSTANCE ABUSE TREATMENT. YOU WILL PARTICIPATE IN AN ADDICTION SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER. YOU WILL ALSO SUBMIT TO RANDOM URINALYSIS FOR THE BALANCE OF YOUR PAROLE TERM.
8. MENTAL HEALTH TREATMENT. YOU MAY BE REQUIRED TO PARTICIPATE IN A MENTAL HEALTH SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER.
9. Drugs Prohibited. YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, ANY ILLEGAL DRUG, NARCOTIC, OR DRUG PARAPHENALIA.
10. Travel. YOU WILL NOT LEAVE THE STATE OF CONNECTICUT WITHOUT THE PRIOR PERMISSION OF YOUR PAROLE OFFICER
11. Obey All Laws. REPORT ANY ARREST. YOU WILL OBEY ALL LAWS, AND TO THE BEST OF YOUR ABILITY, FULFILL ALL YOUR LEGAL OBLIGATIONS, INCLUDING PAYMENT OF ALL APPLICABLE CHILD SUPPORT AND ALIMONY ORDERS. YOU WILL NOTIFY YOUR PAROLE OFFICER WITHIN 48 HOURS OF YOUR ARREST FOR ANY OFFENSE.
12. Gang Affiliation. YOU WILL NOT ASSOCIATE OR AFFILIATE WITH ANY STREET GANG, CRIMINAL ORGANIZATION OR ANY INDIVIDUAL MEMBERS THEREOF.
13. Statutory Release Criteria. YOUR RELEASE ON PAROLE IS BASED UPON THE PREMISE THAT THERE IS A REASONABLE PROBABILITY THAT YOU WILL LIVE AND REMAIN AT LIBERTY WITHOUT VIOLATING THE LAW AND THAT YOUR RELEASE IS NOT INCOMPATIBLE WITH THE WELFARE OF SOCIETY. IN THE EVENT THAT YOU ENGAGE IN CONDUCT IN THE FUTURE WHICH RENDERS THIS PREMISE NO LONGER VALID, THEN YOUR PAROLE WILL BE REVOKED OR MODIFIED ACCORDINGLY.

Alcoholic Beverage Consumption

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE NOT TO CONSUME ALCOHOLIC BEVERAGES AND YOU ARE PROHIBITED FROM ENTERING ANY ESTABLISHMENT WHERE THE PRIMARY PURPOSE IS THE SALE/SERVICE OF ALCOHOL.

Contact With Victims

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE TO HAVE NO CONTACT IN ANY MANNER WHATSOEVER WITH THE VICTIM OF YOUR OFFENSE(S) OR WITH THE MEMBERS OF THAT FAMILY

Electronic Monitoring

YOU WILL PARTICIPATE IN THE BOARD OF PAROLE ELECTRONIC MONITORING PROGRAM (EMP) FOR NINETY DAYS, THEREAFTER AT THE DISCRETION OF THE PAROLE OFFICER.

Parolee: _____ Date: _____

Witness: _____ Date: _____

Failure to comply with these conditions may result in the revocation of parole, and, if applicable, the loss of good conduct credits earned while in prison.

I have read or have had read to me, in my primary language, the conditions of parole release. I fully understand my obligations and agree to comply with these conditions of release on parole. In addition, I understand that these conditions shall apply to any term of special parole for which I may have been sentenced to serve.

ELECTRONIC SIGNATURES

Hearings Officer

Parole Officer

Name:

Shirley Bolsvert

Abigail Cintron

Signature:

Tracy Johnson

Abigail Cintron

Date of Signature:

02/09/2007

03/21/2007

Parolee: _____ Date: _____

Witness: _____ Date: _____

STATE OF CONNECTICUT
PAROLE SUMMARY

LAST: KAMISARJEVSKY

FIRST: JOSHUA

INMATE #: 299047

HEARING INFORMATION

FULL PANEL REVIEW

ELIGIBILITY DESIGNATION: 50%

PAROLE ELIGIBILITY DATE: 2-2-07

SENTENCE DISCHARGE DATE: 8/2/07

SPECIAL PAROLE YES

SP START DATE: 8/2/07

SP END DATE: 8/1/13

COMMENTS:

SPECIAL PAROLE

CURRENT SENTENCE INFORMATION

LOCATION: WILLARD-CYBULSKI CI 12-18-03

SENTENCE TYPE:

DEFINITE-SPECIAL PAROLE TERM

AGGREGATE SENTENCE: 5 YRS WITH 6 YRS SPECIAL PAROLE

CONTROLLING OFFENSE: BURG 2 (7-13-01) SENTENCE: 5 YRS (12-20-02)

SECONDARY OFFENSE (S)

- BURG 2 (2-22-02) 5 YRS CONC (12-20-02)
- BURG 2 (2-16-02) 5 YRS CONC (2-16-02)
- BURG 2 (8-20-01) 4 YRS (12-20-02)
- BURG 2 (7-12-01) 5 YRS (12-10-02)
- BURG 2 (11-14-01) 5 YRS CONC (12-20-02)
- BURG 2 (8-8-01) 5 YRS CONC (12-20-02)
- BURG 3 (8-20-01) 5 YRS CONC (12-20-02)
- BURG 2 (97-19-01) 5 YRS CONC (12-20-02)
- BURG 2 (7-19-01) 5 YRS CONC (12-20-02)
- BURG 2 (2-23-02) 5 YRS CONC (12-20-02)
- BURG 2 (7-14-01) 5 YRS CONC (12-20-02)
- BURG 2 (3-1-02) 3 YRS (1-3-03)
- BURG 2 (3-5-02) 3 YRS CONC (10-10-02)
- BURG 2 (3-5-02) 3 YRS CONC (10-10-02)
- LARCENY 3 (3-5-02) 3 YRS CONC (10-10-02)
- BURG 2 (6-16-01) 3 YRS CONC (10-10-02)
- BURG 2 (6-1-01 TO 7-30-01) 3 YRS CONC (10-10-02)
- BURG 2 (6-1-01 TO 7-30-01) 3 YRS CONC (10-10-02)
- BURG 2 (3-2-02) 3 YRS CONC (10-10-02)
- LARCENY 3 (3-2-02) 3 YRS CONC (10-10-02)

18 counts - Burg 2
1 count - Burg 3
2 counts Larceny 3

[Handwritten signature]

DETAINERS: NONE

OUT OF STATE CASES PENDING: NO

COMMENTS:

PERSONAL INFORMATION

DOB: 8-10-80

SEX: M

EDUCATION:

MR. KOMISARJEVSKY STATES THAT HE WAS HOME SCHOOLED AND OBTAINED HIS HIGH SCHOOL DIPLOMA IN 1996

EMPLOYMENT HISTORY:

2002 (5 MOS) CHESHIRE TREE CHESHIRE, CT- TREE CLIMBER

COMMENTS:

CURRENT OFFENSE OVERVIEW

SUMMARY OF OFFICIAL VERSION:

SUMMARY OF INMATE'S VERSION:

MR. LIMISARJEVSKY STATES THAT HE WOULD STEAL ITEMS (MONEY, ELECTRONICS, ETC) FROM UPSCALE HOMES FOR HIS CRYSTAL METH HABIT.

CODEFENDANTS:

- NONE

COMMENTS:

CRIMINAL HISTORY (INCLUDING PROBATION, PAROLE AND COMMUNITY RELEASE)

PRIOR CRIMINAL RECORD (LIST):

1. SEE RAPSHEET

COMMENTS:

INSTITUTIONAL HISTORY

OVERALL CLASSIFICATION LEVEL: 2 **DATE: 6-20-03**

❖ **SUBSTANCE ABUSE:**

MR. KAMISARJEVSKY STATES THAT HE WAS 14 YRS OLD WHEN HE STARTED TO SMOKE MARIJUANA. AT THE AGE OF 18/19 HE STARTED TO USE CRYSTAL METH AND COCAINE.

DRUG (S) OF CHOICE: CRYSTAL METH / COCAINE

❖ **MENTAL HEALTH:**

❖ **SEX OFFENDER:**

SX= 1

MH new

❖ SECURITY RISK GROUP: 1 - NO HISTORY OF MEMBERSHIP WITHIN THE DOC

COMMENTS:

DISCIPLINARY REPORTS CURRENT PERIOD OF CONFINEMENT: 0

LAST FIVE DISCIPLINARY REPORTS RECEIVED:

1. NONE

COMMENTS:

PROGRAM HISTORY

INSTITUTIONAL PROGRAMS CURRENT PERIOD OF CONFINEMENT:

- INMATE TO PROVIDE AT HEARING

PRIOR COMMUNITY BASED TREATMENT PROGRAM (S):

- INMATE TO PROVIDE AT HEARING

COMMENTS:

PAROLE PLAN

PROPOSED SPONSOR INFORMATION

LAST NAME: KOMISARJEVSKY

FIRST NAME: [REDACTED]

RELATIONSHIP: _____

STREET: 840 N. BROOKSVALE ROAD

APT: _____

FLA

CITY: CHESHIRE

STATE: CT

ZIP: _____

TELEPHONE NUMBER (INCLUDE AREA CODE): (203) 699-9755

PROPOSED EMPLOYMENT: WILL SEEK EMPLOYMENT

COMMENTS:

MR. KOMISARJEVSKY STATES THAT SPONSOR HAS THREE (3) CATS.

Moskov's Name

PREPARED BY: B. LOPEZ- PAROLE OFFICER

DATE: 9/16/04

STATUS SHEET

Please complete the items listed below for:

NAME: Kemisarjovsky, Joshua SSAN: 

1. Charges pending: ~~1st Degree Burglary~~

a. Name and complete address of court:

GA#17- Bristol
131 N. Main Street
Bristol, Ct. 06010
860-582-8111

b. Trial date: _____

2. Charge on which convicted: Burglary 2nd

a. Date of sentence: 12-30-02

b. Sentence imposed: 5-years

c. Institution of confinement: Willard-Cybulski CI
391 Shaker Rd. Enfield, Ct. 06032

3. Was a motion made for a new trial or appeal within the statutory period? _____

Sheryl Burnell
(Signature)

Off. Asst. 4-21-04
(Title) (Date)

(ATTACH A CHECKLIST TO EVERY DETAINER IF RESOLVABLE UNDER THE I.A.G.. FILE THE DETAINER, I.A.D. PAPERWORK, AND CHECKLIST IN SECTION 4 OF MASTER FILE. UPON RECEIPT, FILE FORM 9 IN SECTION 4 AND MOVE ALL OTHER I.A.D. FORMS TO SECTION 2.)

INMATE NAME: Joshua R. Kamisatjovsky NUMBER: 299047
 FACILITY: Cheshire CI

Detainer lodged by: Virginia - Northampton Sheriff's Dept.
(Law Enforcement Agency/Prosecutor)

on: 5/7/02 Date

Note: Sentenced 10/10/02; 12/20/02; 1/3/03

The following forms were received or completed on the dates noted.

	Date Received	Date Completed or Mailed	Comments	Completed By: Staff Signature
Form 1	3/6/03			
Form 2		3/19/03		Osborne
Form 3		↓		↓
Form 4		↓		↓
Certified Return Receipt Forms			7099 3400 0008 5953 1526 7099 3400 0008 5953 1519	↓
Form 5				
Form 6				
Form 7				
Form 8				
Form 9				
Package to the Interstate Compact Office as inmate refused to sign Form 2. (This consists of the detainer, RT50, RT60, Connecticut sentencing mittimus and time sheet and all I.A.D. forms on file.)				

Only some of the forms will be applicable, depending on the type of I.A.D. request.

6/5/03 Virginia lifted detainer lgo/125

From: Linda Osborne
To: Fortin, Michael
Date: 6/6/03 3:24PM
Subject: 299047 kamisarjovsky,joshua

IAD was filed in Virginia in March, 2003. Virginia has lifted their detainer and charges were "nolle prosequi" per Commonwealth's Attorney Bruce D. Jones, Jr. I have necessary paperwork in file. Detainer removed. He will not be going to VA after all. Please notify him that his Virginia cases has been resolved.

CC: Bartholomew, Rick



J.P. Robbins, Jr.
Sheriff

Office of the Sheriff

Northampton County

5427 Willow Oak Road • P.O. Box 68 • Eastville, Virginia 23347-0068
Telephone (757) 678-0495 • Fax (757) 678-0494



Fax Transmittal

To : Linda Osborne

From : Lt. Francis Williams

Date : June 5, 2003

Fax # : 203-250-2629

Northampton County Jail
P.O. Box 68
Eastville, Virginia 23347

Phone: (787) 678-0489 Fax: (757) 678-0491

Total Pages: (Including Cover Sheet) 1

Notes : In reference to Joseph Kamisharjouski #299047

we wish to remove Detainer that was placed on him.

If you have any questions please call me at (757) 678-0489

Commonwealth's Attorney

Northampton County
16399 Courthouse Road
P.O. Box 690
Eastville, Virginia 23347-0690

Telephone (757) 678-0455

FAX (757) 678-0456

May 8, 2003

Ms. Linda Osborne
Record Specialist
State of Connecticut
Cheshire Correctional Institution
Cheshire, CT 06410

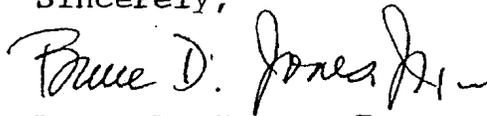
RE: Commonwealth v. Joshua R. Komisarjovsky CT#299047

Dear Ms. Osborne:

Today I entered a *nolle prosequi* in connection with our case against the above-referenced individual. Therefore it will not be necessary to deal with out case while he is in your institution.

Please don't hesitate to call with any questions.

Sincerely,


Bruce D. Jones, Jr.

BDJ, jr/mm

TRANSMISSION OK

TX/RX NO 4735
CONNECTION TEL 918602923453
SUBADDRESS
CONNECTION ID CENTRAL RECORDS
ST. TIME 06/04 13:50
USAGE T 00'36
PGS. 2
RESULT OK



RECORD DEPARTMENT
STATE OF CONNECTICUT

CHESHIRE CORRECTIONAL INSTITUTION
CHESHIRE, CONNECTICUT 06410

(203) 250-2617
250-2697

The information contained in this facsimile message is privileged and/or confidential and is intended only for use of the individual or entity named below. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address. Thank you.

TO: Interstate

FROM: Records Department
Cheshire Correctional Institute
900 Highland Avenue
Cheshire, CT 06410

DATE: 6/4/03

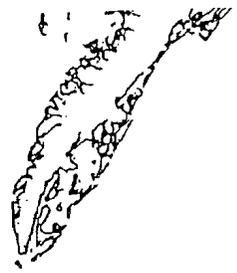
Do you consider this good enough to
remove detainee. IAD applied for 3/2003
in Northhampton County



J.P. Robbins, Jr.
Sheriff

Office of the Sheriff
Northampton County

5427 Willow Oak Road • P.O. Box 68 • Eastville, Virginia 23347-0068
Telephone (757) 678-0495 • Fax (757) 678-0494



Fax Transmittal

To: Walker Correctional Center

Attn: Records - Sylvia

From: Lt. Francis Williams

Date: 5-7-02

Fax #: 860-292-3565

Northampton County Jail
P.O. Box 68
Eastville, Virginia 23347

Phone: (787) 678-0464 Fax: (757) 678-0491

Total Pages: (Including Cover Sheet) 2

Notes: Please use this Capias as a
detainer for Joshua Komisarjevsky
299047. Please notify me
when he can be picked up
757-678-0458

CLERK OF COURT
JUNIOR HOUSE, ECHSHAMMILLE, VA 23041
STATE ADDRESS OF COURT

192-123, 192-306, 192-358
General District Court
Juvenile and Domestic Relations District Court

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth forthwith to arrest the Respondent; and to produce the Respondent in this Court when found, or as soon thereafter as this Court may be in session, to show cause, if any, why Respondent should not, pursuant to Va. Code § 18.2-456

serve the sentence/pay the fine previously suspended on for conviction of because of

have Respondent's recognizance/bail revoked for violation of conditions of release
be imprisoned, fined or otherwise punished for:

failure to appear in this Court on 03/21/02 01:30 PM DATE AND TIME
failure to pay fines and/or restitution or an installment thereof: \$00
failure to provide support as ordered: \$ per arrangement as of
failure to obey an order of this court ordering

have his or her driving privilege revoked for failure to timely pay the VASAP fee
have his or her VASAP participation revoked:
have his or her community-based probation revoked:
have his or her community-based probation revoked:

(Other explain) ON UNDEVELOPING CHARGE WAS RELEASED ON 25,000.00 SECURE!
The following information is provided to the Judicial Officer in determining bail:
DEFENDENT FAILED TO APPEAR FOR ARRAIGNMENT OR HAVE ATTORNEY NOTIFY COURT OF REPRESENTATION

CAPTIONED ON RETURN
CLERK MAGISTRATE

"I certify that the document to which this authentication is affixed is a true copy of a record in the Northampton County General District and Juvenile and Domestic Relations District Court that I have custody of the record and that I am the custodian of the record"

5/6/02 DATE
CLERK DEPUTY CLERK

CASE NO. 0102000102-01

ARREST THIS RESPONDENT

KOMISARJEUSKY, JOSHUA ANDREW
LAST NAME FIRST NAME MIDDLE NAME

840 NW BROOKSHALE RD

CHESTER, CT 06430

COMPLETE DATA BELOW IF KNOWN

RACE	SBX	BORN	HT.	WGT.	EYES	HAIR
M	M	02 10 80	5	130	BRN	BRN

SSN 045-82-4756

ATTACHMENT OF THE BODY
CAPIAS:

In connection with the case of
Commonwealth of Virginia
v/ In re.

JOSHUA ANDREW KOMISARJEUSKY

UNDERLYING CASE NO.
UNDERLYING CHARGE(S)

PCSS HARRISBURG W/ INTENT
EXECUTED by arresting the Respondent named above on this day

DATE AND TIME
ARRESTING OFFICER

BADGE NO., AGENCY AND JURISDICTION

SHERIFF

HEARING DATE AND TIME



RECORD DEPARTMENT
STATE OF CONNECTICUT

CHESHIRE CORRECTIONAL INSTITUTION
CHESHIRE, CONNECTICUT 06410

(203) 250-2617
250-2692

March 19, 2003

Office of the District Attorney
16399 Courthouse Road
Eastville, VA 23347

Attention: Bruce D. Jones, Jr., Commonwealth Attorney

Subject: Joshua R. Kamisarjovsky CT#299047
Northampton County Capias under Joshua Andrew Komisarjevsky

Dear Sir:

Attached please find I.A.D. Forms 2, 3, and 4 for the noted inmate regarding the detainers lodged against him from your jurisdiction. The inmate has requested disposition of the charge.

In accordance with the I.A.D., Article III, the inmate should be brought to trial in your state within 180 days from receipt of this request.

If you do not intend to accept temporary custody, please advise in writing as to what action you will take relative to the detainer.

The telephone number for this facility is 1-203-250-2617.

Sincerely,

A handwritten signature in cursive script that reads "Linda Osborne".

Linda Osborne
Record Specialist

cc: Clerk of the Court
Connecticut I.A.D. Administrator

In the case of an inmate's request for disposition under Article III, copies of this Form should be attached to all copies of Form 2. In the case of a request initiated by a prosecutor, this Form should be completed after the Governor has indicated his approval of the request for temporary custody or after the expiration of the 30 day period. Copies of this Form should then be sent to all officials who previously received copies of Form 3. One copy also should be given to the prisoner and one copy should be retained by the warden. Copies mailed to the prosecutor should be sent by certified or registered mail, return receipt requested.

Agreement on Detainers: Form 4

OFFER TO DELIVER TEMPORARY CUSTODY

Date: 2/13/2003

TO: Bruce D. Jones, Jr., Commonwealth Attorney Prosecuting Officer
(insert name and title, if known)
16399 Courthouse Road
(address)
Eastville, VA 23347
(city, state, zip code)

And to all other prosecuting officers and courts of jurisdictions listed below from which indictments, informations or complaint are pending.

RE: Joshua R. Kamisarjovsky Number 299047
(inmate)

Dear Sir:

Pursuant to the provisions of Article V of the Agreement on Detainers between this state and your state, the undersigned hereby offers to deliver temporary custody of the above named prisoner to the appropriate authority in your state in order that speedy and efficient prosecution may be had of the indictment, information or complaint which is (described in the attached inmate's request) (described in your request for custody of _____).

(date)

(The required Certificate of Inmate Status is enclosed.) (The required Certificate of Inmate Status was sent to you with our letter of _____).

(date)

If proceedings under Article IV(d) of the Agreement are indicated, an explanation is attached.

Indictments, informations, or complaints charging the following offenses also are pending against the inmate in your state and you are hereby authorized to transfer the inmate to custody of appropriate authorities in these jurisdictions for purposes of disposing of these indictments, informations or complaints.

Offense

County or Other Jurisdiction

Offense	County or Other Jurisdiction

If you do not intend to bring the inmate to trial, will you please inform us as soon as possible?

Kindly acknowledge.

cc: Clerk of the Court

rev. 4/97

Hector Rodriguez, Warden
(name and title of custodial authority)
BY: *Hector Rodriguez*
(Warden - Superintendent Director)

CHESHIRE CI
900 Highland Ave
Cheshire, CT 06410
RECORDS DEPT.

Memo

To: Joshua R. Kamisarjovsky #299047—NB6/640
From: Mrs. Osborne, Records Specialist **Date:** 02/27/03
Re: Virginia detainer

The Connecticut Department of Corrections, Cheshire CI, received a warrant, information, or complaint to be lodged against you as a detainer. Please find the relevant information, including your rights, listed on Form 1, attached.

If you want to request disposition of this matter pursuant to the Interstate Agreement on Detainers, please sign and date Form 2, attached, and return same to Cheshire Records Department.

Once we receive Form 2, we will forward Forms 3 and 4 to the Prosecutor and Court Clerk in 2nd Judicial District, Northampton County, Virginia.

Cc: file

by the warden. One copy, signed by the warden, should be retained by the prisoner.

Agreement on Detainers: Form 1

NOTICE OF UNTRIED INDICTMENT, INFORMATION OR COMPLAINT
AND OF RIGHT TO REQUEST DISPOSITION

Inmate Joshua R. Kamisarjovsky No. 299047 Inst. Cheshire CI

Pursuant to the Agreement on Detainers, you are hereby informed that the following are the untried indictments, informations, or complaints against you concerning which the undersigned has knowledge, and the source and contents of each.
Failure to Appear for Arraignment
Possession Marijuana w/intent

Northampton County, Virginia

You are hereby further advised that by the provisions of said Agreement you have the right to request the appropriate prosecuting officer of the jurisdiction in which any such indictment, information or complaint is pending and the appropriate court that a final disposition be made thereof. You shall then be brought to trial within 180 days, unless extended pursuant to provisions of the Agreement, after you have caused to be delivered to said prosecuting officer and said court written notice of the place of your imprisonment and your said request, together with a certificate of the custodial authority as more fully set forth in said Agreement. However, the court having jurisdiction of the matter may grant any necessary or reasonable continuance.

Your request for final disposition will operate as a request for final disposition of all untried indictments, informations or complaints on the basis of which detainers have been lodged against you from the state to whose prosecuting official your request for final disposition is specifically directed. Your request will also be deemed to be a waiver of extradition with respect to any charge or proceeding contemplated thereby or included therein and a waiver of extradition to the state of trial to serve any sentence there imposed upon you, after completion of your term of imprisonment in this state. Your request will also constitute a consent by you to the production of your body in any court where your presence may be required in order to effectuate the purposes of the Agreement on Detainers and a further consent voluntarily to be returned to the institution in which you are now confined.

Should you desire such a request for final disposition of any untried indictment, information or complaint, you are to notify Records Dept. of the institution in which you are confined.

You are also advised that under provisions of said Agreement the prosecuting officer of a jurisdiction in which any such indictment, information or complaint is pending may institute proceedings to obtain a final disposition thereof. In such event, you may oppose the request that you be delivered to such prosecuting officer or court. You may request the Governor of this state to disapprove any such request for your temporary custody but you cannot oppose delivery on the grounds that the Governor has not affirmatively consented to or ordered such delivery.

DATED: 2/14/2003

Hector Rodriguez, Warden
(insert name and title of custodial authority)

BY: *Hector Rodriguez*
Warden - Superintendent - Director

RECEIVED

DATE: X 3/6/03

INMATE'S SIGNATURE: *Joshua R. Kamisarjovsky* NO: 299047

... copies, if only one jurisdiction within the state involved has an indictment, information, or complaint pending. Additional copies will be necessary for prosecuting officials and clerks of court if detainers have been lodged by other jurisdictions within the state involved. One copy should be retained by the prisoner. One signed copy should be retained by the warden. Signed copies must be sent to the Agreement Administrator of the state which has the prisoner incarcerated, the prosecuting official of the jurisdiction which placed the detainer, and the clerk of the court which has jurisdiction over the matter. The copies for the prosecuting officials and the court must be transmitted by certified or registered mail, return receipt requested.

Agreement on Detainers: Form 2

INMATE'S NOTICE OF PLACE OF IMPRISONMENT AND REQUEST FOR DISPOSITION OF INDICTMENTS, INFORMATIONS OR COMPLAINTS

TO: Bruce D. Jones, Jr., Prosecuting Officer, 16399 Courthouse Road Eastville, VA 23347
(street, town, state)

2nd Judicial District, Court 757-678-0455
Northampton County (telephone number)

And to all other prosecuting officers and courts of jurisdictions listed below from which indictments, informations or complaints are pending.

You are hereby notified that the undersigned is now imprisoned in

Cheshire CI at 900 Highland Ave., Cheshire, CT 06410
(institution) (town and state)

and I hereby request that a final disposition be made of the following indictments, informations or complaints now pending against me:

Failure to appear for arraignment
Possession Marijuana w/intent

failure to take action in accordance with the Agreement on Detainers, to which your state is committed by law, will result in the invalidation of the indictments, informations or complaints.

I hereby agree that this request will operate as a request for final disposition of all untried indictments, informations or complaints on the basis of which detainers have been lodged against me from your state. I also agree that this request shall be deemed to be my waiver of extradition with respect to any charge or proceeding contemplated hereby or included herein, and a waiver of extradition to your state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state. I also agree that this request shall constitute a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purposes of the Agreement on Detainers and a further consent voluntarily to be returned to the institution in which I now am confined.

If jurisdiction over this matter is properly in another agency, court or officer, please designate the proper agency, court or officer and return this form to the sender.

The required Certificate of Inmate Status and Offer of Temporary Custody are attached.

DATED: X 3/6/03 Joshua R. Kamisarjovsky #299047
(inmate's name and number)
X Joshua R. Kamisarjovsky
(inmate's signature)

In the case of an inmate's request for disposition under Article III, copies of this Form should be attached to all copies of Form 2. In the case of a request initiated by a prosecutor under Article IV, copy of this Form should be sent to the prosecutor upon receipt by the warden of Form 5. Copies also should be sent to all other prosecutors in the same state who have lodged detainers against the inmate. A copy may be given to the inmate.

Agreement on Detainers: Form 3

CERTIFICATE OF INMATE STATUS

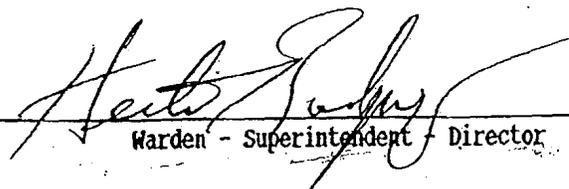
RE: Joshua R. Kamisarjovsky 299047 Cheshire CI 900 Highland Ave
(Inmate) (Number) (Institution) Cheshire, CT 0641
(Location)

Date of Birth 8/10/80

The (custodial authority) hereby certifies:

1. The term of commitment under which the prisoner above named is being held: 5 Years
2. The time already served: 339 Days
3. Time remaining to be served on the sentence: 1631 Days
4. The amount of good time earned: N/A
5. The date of parole eligibility of the prisoner: N/A
6. The decision of the Board of Parole relating to the prisoner: (if additional space is needed, use reverse side)
7. Maximum expiration date under present sentence: 8/2/2007
8. Detainers currently on file against this inmate from your state are as follows: Northampton County, Virginia

DATED: 2/13/2003 Hector Rodriguez, Warden
Custodial Authority

BY: 
Warden - Superintendent - Director

cc: Clerk of the Court

NAME: KAMISARJOVSKY, JOSHUA R NUMBER: 00299047 DOB: 08/10/1980
 LOCATION: WILLARD-CYBULSKI CI JURISDICTION: WILLARD-CYBUL STATUS: SENTENCED
 LOCATION ENTRY TYPE: TRANSFER AMONG DOC LOCATIONS DATE: 12/18/2003
 OFFENSE: 53A102 BURGLARY, SECOND DEGREE CF BOND: 0
 SENTENCE: MIN: 0 Y 0 M 0 D MAX: 5 Y 0 M 0 D DETAINERS:
 RELEASE DATES: MIN: 00/00/0000 MAX: 08/02/2007 ESTIMATED:
 SPECIAL MANAGEMENT: [REDACTED]
 DNA FELONY . SWAB DNA N DRWN CONFM
 RACE: WHITE SEX: MALE HAIR COLOR: BLACK EYES: BROWN
 HEIGHT: 5 FT 09 IN WEIGHT: 130 LBS MARITAL STATUS: N DEPENDENTS: 1
 EDUCATION LEVEL: 12 MILITARY: N MED INSURANCE: N MVD:
 SSN: [REDACTED] FBI #: 478747MB2 OTHER #: SPBI #: 00896990
 BIRTHPLACE: VERNON CITIZENSHIP: UNITED STATES
 HOME ADDRESS: 150 WILDERNESS TOWN: BRISTOL STATE: CT ZIP:

* * * * * EMERGENCY CONTACT INFORMATION * * * * *

NAME: [REDACTED] RELATION: [REDACTED] PH: [REDACTED]
 STREET: [REDACTED] TOWN: [REDACTED] STATE: [REDACTED] ZIP: [REDACTED]

PRIOR LOCATION: 137 FILE LOCATION: 142 MED FILE:
 INITIAL DOC ADMISSION: 03/11/2002 LATEST DOC ADMISSION: 03/11/2002
 CRNM 09/10/2004 CT DEPT OF CORRECTION - FACE SHEET DISPLAY RT50 C1109 END

TRANSACTION: [REDACTED] NUMBER: 00299047

55#

MOVEMENTS NUMBER: 299047 NAME: KAMISARJOVSKY, JOSHUA R PAGE 1
FILE: WILLARD-CYBULSKI CI MED FILE:

	DATE	SEQ	LOCATION	JUR	STA
TRANSFER AMONG DOC LOCATIONS	12/18/2003	1	142 WILLARD-CYBUL	142	G
TRANSFER AMONG DOC LOCATIONS	12/10/2003	1	137 MCDGL/WLKR CI	137	G
TRANSFER AMONG DOC LOCATIONS	11/19/2003	1	114 MCDGL/WLKR CI	114	G
TRANSFER AMONG DOC LOCATIONS	11/13/2003	1	142 WILLARD-CYBUL	142	G
SENTENCED BY COURT	1/03/2003	1	125 CHESHIRE CC	125	G
SENTENCED BY COURT	12/20/2002	1	125 CHESHIRE CC	125	G
START SERVING SENTENCE (1+)	10/10/2002	1	125 CHESHIRE CC	125	G
TRANSFER AMONG DOC LOCATIONS	5/07/2002	1	125 CHESHIRE CC	125	U
TRANSFER AMONG DOC LOCATIONS	4/26/2002	1	114 MCDGL/WLKR CI	114	U
NEW ENTRY, ACCUSED-CONTINUED	3/11/2002	1	121 HARTFORD CCC	121	U

CRNM 9/10/2004 CT DEPT OF CORRECTION - ALL MOVEMENTS- [REDACTED] END

TRANSACTION: [REDACTED] NUMBER: 00299047

RISK HISTORY

NUMBER: 00299047 NAME: KAMISARJOVSKY, JOSHUA R

T Y P	DATE	ESC	SEV VIOL OFF	LEN OF VIOL	BOND OF CONF	PEND DET	DISC	SRG	OVER ALL	LAST CHANGE DATE	ACTION
RI	06 21 04	1	2	1	2	1	1	1	2	06 21 04	WARDEN
RR	06 03 04	1	2	1	2	1	1	1	2	06 09 04	WARDEN
RR	11 25 03	1	2	1	2	1	1	1	2	12 05 03	WARDEN
RI	11 12 03	1	2	1	2	1	1	1	2	11 12 03	DRECTR
RR	06 09 03	1	2	1	2	1	1	1	2	06 20 03	WARDEN
RR	01 16 03	1	2	1	2	3	1	1	3	01 17 03	WARDEN
RI	11 06 02	1	2	1	2	4	1	1	4	11 22 02	WARDEN
RR	09 06 02	1	2	1	.	4	1	1	4	09 12 02	WARDEN
RI	05 03 02	1	2	1	.	4	1	1	4	05 03 02	DRECTR
IN	03 12 02	1	2	1	.	4	1	1	4	03 12 02	FINAL

CRNM 09/10/04 CT DEPT OF CORRECTION - RISK HISTORY - [REDACTED]

TRANSACTION: [REDACTED] NUMBER: 00299047

DISCIPLINARY HISTORY PAGE 001
NUMBER: 299047 NAME: KAMISARJOVSKY, JOSHUA R TOTAL TICKETS: 0
CURRENT LOCATION: WILLARD-CYBULSK

DATE	SEQ	FCLTY	OFFENSE(S)	DISPOSITION(S)	AMOUNT(S)
------	-----	-------	------------	----------------	-----------

CRNM 09/10/04 CT DEPT OF CORRECTION - DISCIPLINARY HISTORY, [REDACTED]
DISCIPLINARY DISPLAYS -
TRANSACTION: [REDACTED] NUMBER: 00299047

CLASSIFICATION NUMBER: 00299047 NAME: KAMISARJOVSKY, JOSHUA R
TRANSACTION DATE: 06 21 2004 CLASSIFICATION TYPE: RI

		RISK			
ESCAPE	1	SEV/VIOL OF OFF	2	VIOLENCE HISTORY	1
LENGTH OF CNFNMT	2	DETAINEES	1		
DISCIPLINE	1	SEC RISK GROUP	1	OVERALL	2

MANAGEMENT SUBCODES: N

COMMENT: REMOVE S SUBCODE PER MHU

INMATE NEEDS	RANK	SUBCODES	
MEDICAL	[REDACTED]	[REDACTED]	DATE OF LAST R SCORE CHG 06/20/2003
MENTAL HEALTH	[REDACTED]	[REDACTED]	& T.SERVED SINCE R SCORE CHG 29.67
EDUCATION	[REDACTED]	[REDACTED]	
ALCOHOL/DRUG	[REDACTED]	[REDACTED]	ASSIGNED FACILITY - 142
VOCATIONAL	3	MU	
SEXUAL TRTMNT	1	V.	DATE OF NEXT REGULAR REVUE 12/03/2004
RESIDENCE	1	121	LAST UPDATED BY CRC3079 ON 08/10/04 AT 11:54

CRNM CT DEPT OF CORRECTION CLASSIFICATION DISPLAY - [REDACTED]
TRANSACTION: [REDACTED] NUMBER: 00299047

*M.H.
MED*

JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a
TO: Any Proper Officer

INSTRUCTIONS TO CLERK
 Prepare a separate Mittimus for each file.
 TO OFFICER
 Original to receiving facility; return copy to court.

STATE OF CONNECTICUT
SUPERIOR COURT
 www.jud.state.ct.us



299047

DATE OF DISPOSITION
 12-20-02

DOCKET NO. G202-16181	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEGIN (if different)
NAME AND LOCATION OF RECEIVING FACILITY Det Cheshire		NAME AND LOCATION OF COURT CT 17 Bristol	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED 53a-102	1ST COUNT - STATUTE NO.	DATE OF OFFENSE 7-13-01	2ND COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO. Burg 2	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.

JUDGMENT MITTIMUS

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follow

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs CMC

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D.	ON (Date)	SURETY BOND AMOUNT
	<input type="checkbox"/> G.A.		

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) <i>[Signature]</i>	By Order of the Court	ON (Date) 12-20-02
--	-----------------------	-----------------------

RECEIVING FACILITY TIME STAMP 2002 DEC 20 P HARTFORD, CT 06120 177 WESTON STREET HARTFORD, CT 06120

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT
I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER	SIGNATURE OF RECEIVING OFFICER
---	-----------------------------	---------------------------------	--------------------------------



JUDGMENT CONTINUANCE

TO OFFICER

SUPERIOR COURT

www.jud.state.ct.us

FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a

Original to receiving facility; return copy to court.

TO: Any Proper Officer

299047

DATE OF DISPOSITION
12-20-02
DATE SENTENCE TO BEG.
(If different)

DOCKET NO. CR02-15500	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEG. (If different)
NAME AND LOCATION OF RECEIVING FACILITY DCC of Cheshire		NAME AND LOCATION OF COURT CA 17 Bristol	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED 53a-102	DATE OF OFFENSE 2-22-02	2ND COUNT - STATUTE NO.	DATE OF OFFENSE
<input type="checkbox"/> CRIME(S) CHARGED	DATE OF OFFENSE	4TH COUNT - STATUTE NO.	DATE OF OFFENSE
5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follow

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs CMC

JUDGMENT MITTIMUS

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D. ON (Date)	SURETY BOND AMOUNT
	<input type="checkbox"/> G.A.	

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) <i>[Signature]</i>	By Order of the Court <i>[Signature]</i>	ON (Date) 12-20-02
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RECEIVING FACILITY TIME STAMP

2002 DEC 20 11:45 AM

HARTFORD, CT 06120

STATE CORRECTION CENTER

SIGNATURE OF RECEIVING OFFICER

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER

SIGNATURE OF DELIVERING OFFICER

Prepare a separate Mittimus for each file.

JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
OF RELEASE UNDER 54-2a

Original to receiving facility; return copy to court.

TO: Any Proper Officer

299047

DATE OF DISPOSITION
12-20-02
DATE SENTENCE TO BEGIN
(If different)

DOCKET NO. CR02-15501 NAME OF DEFENDANT Joshua Komisarjevski DATE OF BIRTH 8-10-80

NAME AND LOCATION OF RECEIVING FACILITY Occ/Cheshire NAME AND LOCATION OF COURT Ct 17 Bristol

<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. <u>53a-102</u>	DATE OF OFFENSE <u>2-16-02</u>	2ND COUNT - STATUTE NO.	DATE OF OFFENSE
	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.	DATE OF OFFENSE
<input type="checkbox"/> CRIME(S) CHARGED				

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follow

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
<u>5 yrs</u>						<u>5 yrs</u>

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs to serve w/ 6 yrs. Special para
come w/ Pres Sent

JUDGMENT MITTIMUS

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-55a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) J.D. ON (Date) SURETY BOND AMOUNT
 G.A.

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) [Signature] By Order of the Court 12-20-02

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY
TITLE OF DELIVERING OFFICER SIGNATURE OF DELIVERING OFFICER

SIGNATURE OF RECEIVING OFFICER

JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
 OF RELEASE UNDER 54-2a

Prepare a separate Mittimus for each file.
 TO OFFICER



Original to receiving facility; return copy to court.

TO: Any Proper Officer

299047

DATE OF DISPOSITION
 12-20-02
 DATE SENTENCE TO BEGIN
 (If different)

DOCKET NO. C002-16172	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEGIN (If different)	
NAME AND LOCATION OF RECEIVING FACILITY Deerfield Cheshire		NAME AND LOCATION OF COURT Ct 17 Bristol		
<input checked="" type="checkbox"/> CRIME(S) CONVICTED <input type="checkbox"/> CRIME(S) CHARGED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 8-20-01	2ND COUNT - STATUTE NO.	DATE OF OFFENSE
	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
4 yrs						4 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

4 yrs w/ 6 yrs special parole

consec to C002-15501

JUDGMENT MITTIMUS

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)

First	Second	Third	Fourth	Fifth	Sixth	TOTAL UNPAID BALANCE

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D.	ON (Date)	SURETY BOND AMOUNT
	<input type="checkbox"/> G.A.		

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) Dawn Shennault	By Order of the Court 12-20-02	ON (Date)	RECEIVING FACILITY TIME STAMP
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ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER	SIGNATURE OF RECEIVING OFFICER
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Prepare a separate Mittimus for each file.
 TO OFFICER
 Original to receiving facility; return copy to court.

JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
 OF RELEASE UNDER 54-2a
TO: Any Proper Officer

299047

DATE OF DISPOSITION
 12-10-02
 DATE SENTENCE TO BEGIN
 (If different)

DOCKET NO. C102-16173	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80
NAME AND LOCATION OF RECEIVING FACILITY Det Cheshire		NAME AND LOCATION OF COURT CA17 Bristol
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 7-12-01
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follow

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs (me)

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) J.D. ON (Date) SURETY BOND AMOUNT
 G.A.

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *[Signature]* By Order of the Court ON (Date) 12-10-02

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER: SIGNATURE OF DELIVERING OFFICER: SIGNATURE OF RECEIVING OFFICER:



Prepare a separate *Mittimus* for each file.
 TO OFFICER

Original to receiving facility; return copy to court.

JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
 OF RELEASE UNDER 54-2a
TO: Any Proper Officer

299047

DATE OF DISPOSITION
 12-20-02
 DATE SENTENCE TO BEGIN
 (If different)

DOCKET NO. C002-16174	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEGIN (If different)
NAME AND LOCATION OF RECEIVING FACILITY DCC / Cheshire		NAME AND LOCATION OF COURT Ct 17 Bristol	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 11-14-01	2ND COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follow:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs (me)

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court)

<input type="checkbox"/> J.D.	ON (Date)	SURETY BOND AMOUNT
<input type="checkbox"/> G.A.		

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *Dun Thernault* By Order of the Court ON (Date) 12-20-02

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT
 I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER	SIGNATURE OF RECEIVING OFFICER
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Prepare a separate Mittimus for each file.
 TO OFFICER

Original to receiving facility; return copy to court.

JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
 OF RELEASE UNDER 54-2a

TO: Any Proper Officer

299047

DATE OF DISPOSITION
 12-20-02
 DATE SENTENCE TO BEG
 (If different)

DOCKET NO. 02-16175	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80
NAME AND LOCATION OF RECEIVING FACILITY DCC/Cheshire	NAME AND LOCATION OF COURT CA 17 Bristol	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 8-8-01
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follo

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs lme

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) _____

J.D. ON (Date) _____ SURETY BOND AMOUNT _____
 G.A.

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *Chun Sherni* By Order of the Court ON (Date) 12-20-02

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY _____

TITLE OF DELIVERING OFFICER _____ SIGNATURE OF DELIVERING OFFICER _____ SIGNATURE OF RECEIVING OFFICER _____

INSTRUCTIONS TO CLERK
Prepare a separate Mittimus for each file.
TO OFFICER

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us



JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
OF RELEASE UNDER 54-2a

Original to receiving facility; return copy to court.

TO: Any Proper Officer

299047

DATE OF DISPOSITION
12-20-07
DATE SENTENCE TO BEG
(If different)

DOCKET NO. C002-16176	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEG (If different)
NAME AND LOCATION OF RECEIVING FACILITY Acc/Cheshire		NAME AND LOCATION OF COURT Ct 17 Bristol	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-103	DATE OF OFFENSE 8-20-01	2ND COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follo

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs LMC

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.	Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.		
	TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D. <input type="checkbox"/> G.A.	ON (Date)

ORDER
BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) _____
By Order of the Court 12-20-07

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT
I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER
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INSTRUCTIONS TO CLERK
Prepare a separate Mittimus for each file.
TO OFFICER

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us



JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
OF RELEASE UNDER 54-2a

Original to receiving facility; return copy to court.

TO: Any Proper Officer

299047

DATE OF DISPOSITION
12-20-02
DATE SENTENCE TO BEGIN
(If different)

DOCKET NO. CROZ-16177	NAME OF DEFENDANT Joshua Komisarijevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEGIN (If different)	
NAME AND LOCATION OF RECEIVING FACILITY Dist Cheshire		NAME AND LOCATION OF COURT Ct 17 Bristol		
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 7-19-01	2ND COUNT - STATUTE NO.	DATE OF OFFENSE
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follow

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs (one)

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)

First	Second	Third	Fourth	Fifth	Sixth	TOTAL UNPAID BALANCE

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.	Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.		
	TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D. <input type="checkbox"/> G.A.	ON (Date)

ORDER
BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *[Signature]* By Order of the Court ON (Date) 12-20-02

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT
I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER	SIGNATURE OF RECEIVING OFFICER
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INSTRUCTIONS TO CLERK
Prepare a separate Mittimus for each file.
TO OFFICER
Original to receiving facility; return copy to court.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us



JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a
TO: Any Proper Officer

299047

DATE OF DISPOSITION
12-20-07
DATE SENTENCE TO BEG (If different)

DOCKET NO. 0202-16178	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEG (If different)	
NAME AND LOCATION OF RECEIVING FACILITY Det Cheshire		NAME AND LOCATION OF COURT Ct 17 Bristol		
<input checked="" type="checkbox"/> CRIME(S) CONVICTED <input type="checkbox"/> CRIME(S) CHARGED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 7-19-01	2ND COUNT - STATUTE NO.	DATE OF OFFENSE
	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follow

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs CMC

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)

TOTAL UNPAID BALANCE

First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN. Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) J.D. ON (Date) SURETY BOND AMOUNT
 G.A.

ORDER BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *[Signature]* By Order of the Court ON (Date) 12-20-07

RECEIVING FACILITY TIME STAMP
HARTFORD CORN. CENTER
177 WESTON STREET
HARTFORD, CT 06120
DEC 20 11:34

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT
I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY
TITLE OF DELIVERING OFFICER
SIGNATURE OF DELIVERING OFFICER

SIGNATURE OF RECEIVING OFFICER

INSTRUCTIONS TO CLERK

Prepare a separate Mittimus for each file.
TO OFFICER

Original to receiving facility; return copy to court.

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.state.ct.us



JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a

TO: Any Proper Officer

299047

DATE OF DISPOSITION
12-20-02
DATE SENTENCE TO BEG (If different)

DOCKET NO. C202-16179	NAME OF DEFENDANT Joshua Komisarcjewsky	DATE OF BIRTH 8-10-80	DATE OF DISPOSITION 12-20-02 DATE SENTENCE TO BEG (If different)	
NAME AND LOCATION OF RECEIVING FACILITY Deerfield, CT		NAME AND LOCATION OF COURT CT 17		
<input checked="" type="checkbox"/> CRIME(S) CONVICTED <input type="checkbox"/> CRIME(S) CHARGED	1ST COUNT - STATUTE NO. 53c-102	DATE OF OFFENSE 2-23-02	2ND COUNT - STATUTE NO.	DATE OF OFFENSE
	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs CMC

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)

First	Second	Third	Fourth	Fifth	Sixth	TOTAL UNPAID BALANCE

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) J.D. ON (Date) SURETY BOND AMOUNT
 G.A.

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *[Signature]* Order of the Court ON (Date) 12-20-02

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER

SIGNATURE OF DELIVERING OFFICER

RECEIVING FACILITY TIME STAMP

2002 DEC 20 P 4:11
HARTFORD, CT 06120
177 WESTON STREET
HARTFORD CORN. CENT.

INSTRUCTIONS TO CLERK
Prepare a separate Mittimus for each file.
TO OFFICER

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us



JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
OF RELEASE UNDER 54-2a

Original to receiving facility; return copy to court.

TO: Any Proper Officer

299047

DATE OF DISPOSITION
12-20-02
DATE SENTENCE TO BEG
(If different)

DOCKET NO. CR02-16180	NAME OF DEFENDANT Joshua Komisarjewsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEG (If different)	
NAME AND LOCATION OF RECEIVING FACILITY Accel Cheshire		NAME AND LOCATION OF COURT Ct 17 Bristol		
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 7-14-01	2ND COUNT - STATUTE NO.	DATE OF OFFENSE
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.	DATE OF OFFENSE
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.	DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
5 yrs						5 yrs

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

5 yrs CMC

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)

First	Second	Third	Fourth	Fifth	Sixth	TOTAL UNPAID BALANCE

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN. Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) J.D. ON (Date) SURETY BOND AMOUNT
 G.A.

ORDER BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *[Signature]* By Order of the Court ON (Date) 12-20-02

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER

SIGNATURE OF DELIVERING OFFICER

SIGNATURE OF RECEIVING OFFICER

RECEIVING FACILITY TIME STAMP
2002 DEC 20
HARTFORD CORN CENTER
177 WESTON STREET
HARTFORD, CT 06120

STATE OF CONNECTICUT
 SUPERIOR COURT



PC
 C-5

INSTRUCTIONS TO CLERK
 Prepare a separate Mittimus for each file.

TO OFFICER

Original to receiving facility; return copy to court.

- JUDGMENT
- CONTINUANCE
- FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a

DATE OF DISPOSITION: 1/3/10
 DATE SENTENCE TO BEGIN (//)

TO: Any Proper Officer

DOCKET NO. CR02-565947	NAME OF DEFENDANT KOMISARJEVSKY, Joshua	DATE OF BIRTH 8/10/80	DATE SENTENCE TO BEGIN (//)
NAME AND LOCATION OF RECEIVING FACILITY WALKER		NAME AND LOCATION OF COURT SUP. CT. GA #14, 101 LAFAYETTE ST., HARTFORD, CT.	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	FIRST COUNT - STATUTE NO. 530-102	DATE OF OFFENSE 3-1-02	SECOND COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED	FOURTH COUNT - STATUTE NO.	DATE OF OFFENSE	FIFTH COUNT - STATUTE NO.
			SIXTH COUNT - STATUTE NO.
			DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If a condition of probation sentence is suspended, show only terms to be served)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
3 years						3 year

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

JUDGMENT MITTIMUS

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____ days.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) _____

J.D. ON (Date) _____ SURETY BOND AMOUNT _____

G.A.

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is willful.

SIGNED (Assistant Clerk) _____

By Order of the Court

DATE SIGNED

1/3/10

RECEIVING FACILITY TIME STAMP

2003 JAN 3 - NVT 0002
 HARTFORD COR. CENTER
 177 WESTON STREET
 HARTFORD, CT 06120

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER

SIGNATURE OF DELIVERING OFFICER

SIGNATURE OF RECEIVING OFFICER

INSTRUCTIONS TO CLERK
 Prepare a separate Mittimus for each file.
 TO OFFICER
 Original to receiving facility; return copy to court.

STATE OF CONNECTICUT
SUPERIOR COURT
 www.jud.state.ct.us



JUDGMENT **CONTINUANCE**
 FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a

TO: Any Proper Officer

DATE OF DISPOSITION
10-10-02

DOCKET NO. <i>002-211366</i>	NAME OF DEFENDANT <i>Joshua Kamisarjevsky</i>	DATE OF BIRTH <i>8-10-80</i>	DATE SENTENCE TO BEGIN (If different)
NAME AND LOCATION OF RECEIVING FACILITY <i>New Haven</i>		NAME AND LOCATION OF COURT <i>117 54W. Main St Meriden</i>	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED <input type="checkbox"/> CRIME(S) CHARGED	1ST COUNT - STATUTE NO. <i>53a-102</i>	DATE OF OFFENSE <i>3-5-02</i>	2ND COUNT - STATUTE NO.
	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
<i>3 yrs</i>						<i>3 years</i>

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

3 years concurrent all files
6 years Special Parole

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.	Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.		
	TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D. ON (Date) <input type="checkbox"/> G.A.	SURETY BOND AMOUNT

ORDER
 BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk)	By Order of the Court	ON (Date)	RECEIVING FACILITY TIME STAMP
<i>[Signature]</i>		<i>10-10-02</i>	

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT
 I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY:	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER	SIGNATURE OF RECEIVING OFFICER

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39

INSTRUCTIONS TO CLERK
 Prepare a separate Mittimus for each file.
TO OFFICER
 Original to receiving facility; return copy to court.

STATE OF CONNECTICUT
SUPERIOR COURT
 www.jud.state.ct.us



JUDGMENT **CONTINUANCE**
 FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a

TO: Any Proper Officer

DATE OF DISPOSITION

10-10-02

DOCKET NO. <i>0002-211305</i>	NAME OF DEFENDANT <i>Joshua Komisarjevsky</i>	DATE OF BIRTH <i>8-10-80</i>	DATE SENTENCE TO BEGIN (If different)
NAME AND LOCATION OF RECEIVING FACILITY <i>New Haven</i>		NAME AND LOCATION OF COURT <i>10A 759 W. Main St Meriden</i>	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. <i>53a-102</i>	DATE OF OFFENSE <i>3-5-02</i>	2ND COUNT - STATUTE NO. <i>53a-104</i>
	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED			

DATE OF OFFENSE

DATE OF OFFENSE

DATE OF OFFENSE

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
<i>3 yrs</i>	<i>3 yrs</i>					<i>3 years</i>

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

3 years
3 years concurrent & concurrent all files
6 years Special Parole

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D. ON (Date)	SURETY BOND AMOUNT
	<input type="checkbox"/> G.A.	

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED Assistant Clerk _____
 By Order of the Court *10-10-02*

RECEIVING FACILITY TIME STAMP

0

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT
 I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER	SIGNATURE OF RECEIVING OFFICER

INSTRUCTIONS TO CLERK
 Prepare a separate Mittimus for each file.
 TO OFFICER
 Original to receiving facility; return copy to court.

STATE OF CONNECTICUT
 SUPERIOR COURT
 www.jud.state.ct.us



JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
 OF RELEASE UNDER 54-2a

TO: Any Proper Officer

DATE OF DISPOSITION
 10-10-07

DOCKET NO. 060-211364	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEGIN (If different)
NAME AND LOCATION OF RECEIVING FACILITY New Haven		NAME AND LOCATION OF COURT 097 St. W. Meriden St Meriden	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 6-16-01	2ND COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
3 yrs						3 years

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

3 years concurrent all files
 6 years Special Parole

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court) J.D. ON (Date) SURETY BOND AMOUNT
 G.A.

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) *[Signature]* By Order of the Court *[Signature]* ON (Date) 10-10-07

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER

SIGNATURE OF DELIVERING OFFICER

SIGNATURE OF RECEIVING OFFICER

RECEIVING FACILITY TIME STAMP

0
10
439

INSTRUCTIONS TO CLERK
 Prepare a separate Mittimus for each file.
 TO OFFICER

STATE OF CONNECTICUT
 SUPERIOR COURT
 www.jud.state.ct.us



Original to receiving facility; return copy to court.

JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
 OF RELEASE UNDER 54-2a

TO: Any Proper Officer

DATE OF DISPOSITION

10/00

DOCKET NO. 002-211363	NAME OF DEFENDANT Joshua Komisarjevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEGIN (if different)
NAME AND LOCATION OF RECEIVING FACILITY New Haven		NAME AND LOCATION OF COURT 117 54 William St Meriden	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-103	DATE OF OFFENSE 6-1-01 to 7-30-01	2ND COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
3 yrs						3 years

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

3 years concurrent all files
 6 years Special Parole

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)						TOTAL UNPAID BALANCE
First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.	Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.		
	TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D. ON (Date) <input type="checkbox"/> G.A.	SURETY BOND AMOUNT

ORDER	BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.	
	SIGNED (Assistant Clerk) <i>[Signature]</i>	By Order of the Court ON (Date) 10/00

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT		
I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.		
NAME AND LOCATION OF RECEIVING FACILITY	TITLE OF DELIVERING OFFICER	SIGNATURE OF DELIVERING OFFICER
		SIGNATURE OF RECEIVING OFFICER

RECEIVING FACILITY TIME STAMP
0 10 4 38

INSTRUCTIONS TO CLERK
Prepare a separate Mittimus for each file.
TO OFFICER
Original to receiving facility; return copy to court.

STATE OF CONNECTICUT
SUPERIOR COURT
www.jud.state.ct.us



JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS OF RELEASE UNDER 54-2a

TO: Any Proper Officer

DATE OF DISPOSITION

10-10-02

DOCKET NO. <i>002-211362</i>	NAME OF DEFENDANT <i>Joshua Kamisarczewski</i>	DATE OF BIRTH <i>8-10-80</i>	DATE SENTENCE TO BEGIN (if different)
NAME AND LOCATION OF RECEIVING FACILITY <i>New Haven</i>		NAME AND LOCATION OF COURT <i>007 St W. Meriden</i>	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. <i>53a-102</i>	DATE OF OFFENSE <i>6-1-01 to 7-30-01</i>	2ND COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows:

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
<i>3 yrs</i>						<i>3 years</i>

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

3 years concurrent all files
6 years Special Parole

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)

First	Second	Third	Fourth	Fifth	Sixth	TOTAL UNPAID BALANCE

The Defendant is entitled to sentence credit of _____
 The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D.	ON (Date)	SURETY BOND AMOUNT
	<input type="checkbox"/> G.A.		

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (As Assessor/Clerk)

By Order of the Court

ON (Date)

10-10-02

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER

SIGNATURE OF DELIVERING OFFICER

SIGNATURE OF RECEIVING OFFICER

01439

INSTRUCTIONS TO CLERK

Prepare a separate Mittimus for each file.
 TO OFFICER

Original to receiving facility; return copy to court.

STATE OF CONNECTICUT
 SUPERIOR COURT
 www.jud.state.ct.us



- JUDGMENT CONTINUANCE
 FAILURE TO MEET CONDITIONS
 OF RELEASE UNDER 54-2a

TO: Any Proper Officer

DATE OF DISPOSITION

10-10-02

DOCKET NO. 0602-211361	NAME OF DEFENDANT Joshua Komisarevsky	DATE OF BIRTH 8-10-80	DATE SENTENCE TO BEGIN (If different)
NAME AND LOCATION OF RECEIVING FACILITY New Haven		NAME AND LOCATION OF COURT 607, St W. Main St Meriden	
<input checked="" type="checkbox"/> CRIME(S) CONVICTED	1ST COUNT - STATUTE NO. 53a-102	DATE OF OFFENSE 3-2-02	2ND COUNT - STATUTE NO. 53a-124
	3RD COUNT - STATUTE NO.	DATE OF OFFENSE	4TH COUNT - STATUTE NO.
	5TH COUNT - STATUTE NO.	DATE OF OFFENSE	6TH COUNT - STATUTE NO.
<input type="checkbox"/> CRIME(S) CHARGED			

Whereas by a judgment of said court, said defendant was convicted of the above crime(s) and sentenced to imprisonment as follows

COUNTS AND TERMS (If execution of portion of sentence is suspended, show only time to be served.)						TOTAL EFFECTIVE SENTENCE
First	Second	Third	Fourth	Fifth	Sixth	
3y15	3y15					3 years

SPECIFY HERE ANY PERTINENT CONDITIONS, IF SENTENCES ARE CONSECUTIVE AND IF PROBATION WAS ORDERED.

3 years

3 years commur & all files

6 years Special Parole

(If a person under the age of 21 receives a reformatory sentence in accordance with section 18-65a or 18-73 of the General Statutes, in no event shall the term be longer than either the maximum term of imprisonment for the crime(s) committed or for a term of more than five (5) years.)

And said defendant pay to the State of Connecticut the amount of fines now unpaid as shown below and be committed to the above facility in default of payment of said fines. (A defendant may not be incarcerated for failing to pay fees or costs.)

COUNTS AND FINES (Show only unpaid portion of fines)

TOTAL UNPAID BALANCE

First	Second	Third	Fourth	Fifth	Sixth	

The Defendant is entitled to sentence credit of _____

The foregoing credit includes _____ days of credit for pretrial confinement at a police or courthouse lockup.

TRANSFER OR CONTIN.

Whereas it is ordered that said case be continued and/or transferred for future proceedings before said court.

TO BE HELD AT (Name and address of court)	<input type="checkbox"/> J.D. ON (Date)	SURETY BOND AMOUNT
	<input type="checkbox"/> G.A.	

ORDER

BY AUTHORITY OF THE STATE OF CONNECTICUT, you are hereby commanded to deliver said defendant to the custody of the Commissioner of Correction and/or the Warden or Administrator at the above facility and said Commissioner and/or Warden or Administrator is hereby commanded to receive and keep said defendant for the period fixed by said order or judgment of the court or until legally discharged, provided that when a defendant has been sentenced to a term of imprisonment and ordered to pay a fine, if the fine has not been paid by the time the sentence has been served, the defendant may not continue to be incarcerated unless the judicial authority has found that the defendant is able to pay the fine and that the defendant's nonpayment is wilful.

SIGNED (Assistant Clerk) _____ ON (Date) 10-10-02
 By Order of the Court

RECEIVING FACILITY TIME STAMP

ACKNOWLEDGMENT OF DELIVERY OF DEFENDANT

I delivered said defendant into the custody of the Commissioner of Correction and/or his agent and left this mittimus with him.

NAME AND LOCATION OF RECEIVING FACILITY

TITLE OF DELIVERING OFFICER: _____ SIGNATURE OF DELIVERING OFFICER: _____ SIGNATURE OF RECEIVING OFFICER: _____

0439

CONNECTICUT BOARD OF PAROLE

APPLICATION AND RELEASE OF INFORMATION FOR PAROLE CONSIDERATION.

I, Joshua Homisarjewski CJIS # 299047, serving a sentence of 5 years do hereby apply for parole consideration in accordance with Connecticut General Statutes.

IN APPLYING FOR PAROLE CONSIDERATION, YOU ACKNOWLEDGE THE FOLLOWING:

1. That the Board of Parole is required by law to notify the victim of my crime, or the legal representative of a deceased victim, of the date, time and place of my hearing if such notice has been requested, and that the victim or the victim's legal representative has the right to appear and testify at my hearing;
2. That if voted to parole, you understand that any misconduct prior to my conditional release could result in possible rescission of my parole.
3. That if released on parole, you shall remain in the legal custody and control of the Board of Parole until the expiration of the term or terms for which you were sentenced including any term of special parole;
4. That if your parole is revoked, you may be retained in the custody of the Commissioner of Correction for a period equal to the unexpired portion of your sentence or term of special parole at the date of the request or order for return, except that the Board of Parole may, in its discretion, determine that you shall forfeit any or all such earned good time, if applicable, or may be again paroled by said Board;
5. That you are eligible for restoration of electoral privileges upon completion of your sentence, including any period of parole or probation as well as upon satisfaction of any restitution or fines which may have been imposed. In order to apply for restoration, you must contact the Registrar of Voters of the municipality in which you reside; and
6. As part of the application process, you hereby permit the Board of Parole, its employees and agents, to have access to all records pertaining to your custody and medical care, including but not limited to, your pre-sentence investigation report, disciplinary reports, medical records and all other documents in the possession of the Department of Correction or any State agency.

IF GRANTED PAROLE, YOU AGREE TO ABIDE BY THE FOLLOWING CONDITIONS, AS WELL AS ANY ADDITIONAL CONDITIONS WHICH MAY BE IMPOSED:

1. Upon release, you will report to your assigned parole officer as directed and follow the parole officer's instructions. You will report to your parole officer in person, by telephone and in writing whenever and wherever the parole officer directs.
2. Your parole officer will assign you to one of several levels of community supervision, depending upon your circumstance. These levels of community supervision may increase depending upon changes in circumstances, at the discretion of the parole officer, and may include residential placement, electronic monitoring, curfew, avoidance of specific geographical areas and avoidance of specific social circumstances or individuals.
3. You will live in a residence approved by your parole officer and you will coordinate any changes in your place of residence through your parole officer before moving. Your parole officer has the right to visit your residence at any reasonable time.
4. You will seek, obtain and maintain employment throughout your parole term, or perform community service as directed by your parole officer. Your parole officer has the right to visit your place of employment or community service at any reasonable time.
5. You will keep your parole officer informed of any changes in your marital or domestic status.
6. You will not use, or have in your possession or control, firearms, ammunition, or any other weapon or object that can be used as a weapon.
7. You will participate in an addiction services evaluation and treatment as deemed appropriate. You will follow the instructions of the program staff and your parole officer and will not make any changes without the express permission of the program staff and your parole officer. You will also submit to random urinalysis for the balance of your parole term.
8. You may be required to participate in a mental health services evaluation and treatment as deemed appropriate. You will follow the instructions of the program staff and your parole officer and will not make any changes without the express permission of the program staff and your parole officer.
9. You will not use, or have in your possession or control, any illegal drug, narcotic or drug paraphernalia.
10. You will not leave the State of Connecticut without prior permission of your parole officer.
11. You will obey all laws, and to the best of your ability, fulfill all your legal obligations, including payment of all applicable child support and alimony orders. You will notify your parole officer within 48 hours of your arrest for any offense.
12. You will not associate or affiliate with any street gang, criminal organization or with any individual members thereof.
13. Your release on parole is based upon the premise that there is a reasonable probability that you will live and remain at liberty without violating the law and that your release is not incompatible with the welfare of society. In the event that you engage in conduct in the future which renders this premise no longer valid, then your parole will be revoked or modified accordingly.

Signed Joshua Homisarjewski Date 9-14-04

Witnessed B. Spiz - P.O.

WAIVER OF APPLICATION FOR PAROLE CONSIDERATION

I do not wish to be considered for parole at this time.

Signed _____ Date _____

Witnessed _____

NOTICE OF APPLICATION

5-3 (Page 1 of 2) Rev. 10-01
S.S. 54-227

STATE OF CONNECTICUT
OFFICE OF VICTIM SERVICES
JUDICIAL BRANCH
www.jud.state.ct.us

INSTRUCTIONS

1. Complete and sign the form and have a witness (a Commissioner of the Superior Court or a Department of Correction Official) sign acknowledging that you have provided notice.
2. You must submit the original of this notice with any application to the Board of Pardons, Board of Parole or Department of Correction for release, other than a furlough, from a correctional institution.
3. You must submit the original of this notice with any application to the sentencing court or judge for a reduction in sentence, with any application to the review division for a review of sentence, with any application pursuant to C.G.S. §51-251 for exemption from registration requirements of the Sex Offender Registry, or any application pursuant to C.G.S. §54-255 to restrict or remove restrictions on the disclosure of Sex Offender Registry information.
4. Send a copy of this notice to the Office of Victim Services and to the Department of Correction.
5. Retain a copy of this notice for your records.

Office of Victim Services, 31 Cooke Street, Plainville, CT 06062

Department of Correction - Victim Services Unit, 1151 East Street - South, Suffield, CT 06078

M (Name of Applicant) Joshua Homisarjevsky	JD/GA COURT LOCATION WHERE APPLICATION FILED	DOCKET NO.
E (Name of Defendant)	DEPARTMENT OF CORRECTION NUMBER (if known) #299047	DEFENDANT'S DATE OF BIRTH (if known) 8-10-80

NOTICE:

undersigned states as follows:

I am the applicant referred to above.

The information set forth above is true and accurate and is made a part of this Notice as more fully set forth herein.

I have filed an application with the: ("X" one)

- Board of Pardons.
- Board of Parole.
- Department of Correction for release other than a furlough.
- Sentencing Court or Judge for a reduction in sentence.
- Sentence Review Division for a review of sentence.
- Court for exemption from sex offender requirements of section 54-251 of the Connecticut General Statutes.
- Court for an order restricting the dissemination of sex offender information pursuant to section 54-255 of the Connecticut General Statutes or removing such restriction.

I understand that, in accordance with section 54-227 of the Connecticut General Statutes, my application, as set forth in paragraph 3 above, can not be accepted unless I provide proof that I have given notice to the Office of Victim Services and to the Department of Correction, at the above addresses, that I have filed the application.

I provided a copy of this Notice to the Office of Victim Services, 31 Cooke Street, Plainville, Connecticut 06062, on the date and manner specified below:

DATE PROVIDED (Victim Services)	"X" ONE <input type="checkbox"/> SENT BY FIRST CLASS MAIL, POSTAGE PAID <input checked="" type="checkbox"/> HAND DELIVERED <input type="checkbox"/> OTHER (Specify)
--	---

and to the Department of Correction - Victim Services Unit, 1151 East Street - South, Suffield, Connecticut 06078, on the date and in the manner specified below.

DATE PROVIDED (Dept. of Correction)	"X" ONE <input type="checkbox"/> SENT BY FIRST CLASS MAIL, POSTAGE PAID <input checked="" type="checkbox"/> HAND DELIVERED <input type="checkbox"/> OTHER (Specify)
--	---

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact the Office of Victim Services at 1-800-822-8428.

NEO (Applicant) Joshua Homisarjevsky	ON (Date) 9-14-04
--	-----------------------------

WITNESS STATEMENT

knowledge that the applicant noted above provided a copy of this Notice of Application to the Office of Victim Services and the Department of Correction in the manner specified above.

NEO (Commissioner of the Superior Court/Corrections Official) B. Lopez	ON (Date) 9-14-04	TITLE Parole Officer
--	-----------------------------	--------------------------------

BOARD OF PAROLE
Victim Review

RE: Joshua R. Kamisarjovsky # 29904#
Inmate Name Inmate Number

The above-referenced offense information has been reviewed and:

- DOES NOT meet Victim Outreach criteria
- MEETS Victim Outreach criteria due to:
 - Victim's Death
 - Domestic Violence (sk)
 - Other (explain)
Burglary 2
 - Sex Offense

*Robert
Victor #*

Please forward this information to the Victim Services Coordinator upon scheduling for a parole hearing.

Victim Name : 

JOHN G. ROWLAND
GOVERNOR

Michael L. Mullen
Chairman

State of Connecticut

TELEPHONE
(203) 805-6605

FAX
(203) 805-6652



BOARD OF PAROLE

55 West Main Street, Suite 520, Waterbury, CT 06702

Date: 03/14/03
To: CHESHIRE POLICE DEPARTMENT
Address: 500 HIGHLAND AVENUE, CHESHIRE, CT 06410
Attn: RECORDS DIVISION

In regard to parole eligibility, the Board of Parole requires document
convictions in order to ensure making an accurate evaluation of parole e
documentation, please send a copy of the ARRESTING OFFICER'S
noted above. Thank you.

current felony
ve no

*SB #
5 Victims
Name*

Inmate Name: KAMISARJOVSKY, JOSF
CJIS: 299047
DOB: 08/10/1980
SSN: [REDACTED]
Case Number: 02003570
Arrest Date: 05/20/2002
Charges: BURGLARY 2
Docket: CR02-0211366-S

Sincerely,

A handwritten signature in black ink, appearing to read "William Ramirez".

William Ramirez
Board of Parole, Hearings Division



Connecticut Board of Parole
Special Parole Acknowledgment Sheet

Name: KAMISARJEVSKY, JOSHUA
CJIS No. 299047

Special Parole Start Date: 08/02/07
Period of Special Parole: 6 YEARS
0 MONTHS
0 DAYS

PAROLE SUPERVISION END DATE: 08/01/13

I understand that I will be supervised on SPECIAL PAROLE until:

August 1, 2013

and that violation of the conditions of my parole may result in reincarceration.

I ALSO AGREE TO ABIDE BY THE FOLLOWING CONDITIONS, AS WELL AS ANY ADDITIONAL CONDITIONS WHICH MAY BE IMPOSED:

- 1. Upon release, you will report to your assigned parole officer as directed and follow the parole officer's instructions. You will report to your parole officer in person, by telephone and in writing whenever and wherever the parole officer directs.
2. Your parole officer will assign you to one of several levels of community supervision, depending upon your circumstance. These levels of community supervision may increase depending upon changes in circumstances, at the discretion of the parole officer, and may include residential placement, electronic monitoring, curfew, avoidance of specific geographical areas and avoidance of specific social circumstances or individuals.
3. You will live in a residence approved by your parole officer and you will coordinate any changes in your place of residence through your parole officer before moving. Your parole officer has the right to visit your residence at any reasonable time.
4. You will seek, obtain and maintain employment throughout your parole term, or perform community service as directed by your parole officer. Your parole officer has the right to visit your place of employment or community service at any reasonable time.
5. You will keep your parole officer informed of any changes in your marital or domestic status.
6. You will not use, or have in your possession or control, firearms, ammunition, or any other weapon or object that can be used as a weapon.
7. You will participate in an addiction services evaluation and treatment as deemed appropriate. You will follow the instructions of the program staff and your parole officer and will not make any changes without the express permission of the program staff and your parole officer. You will also submit to random urinalysis for the balance of your parole term.
8. You may be required to participate in a mental health services evaluation and treatment as deemed appropriate. You will follow the instructions of the program staff and your parole officer and will not make any changes without the express permission of the program staff and your parole officer.
9. You will not use, or have in your possession or control, any illegal drug, narcotic or drug paraphernalia.
10. You will not leave the State of Connecticut without prior permission of your parole officer.
11. You will obey all laws, and to the best of your ability, fulfill all your legal obligations, including payment of all applicable child support and alimony orders. You will notify your parole officer within 48 hours of your arrest for any offense.
12. You will not associate or affiliate with any street gang, criminal organization or with any individual members thereof.
13. Your release on parole is based upon the premise that there is a reasonable probability that you will live and remain at liberty without violating the law and that your release is not incompatible with the welfare of society. In the event that you engage in conduct in the future which renders this premise no longer valid, then your parole will be revoked or modified accordingly.

Signature of Josh Kamisarjevsky
KAMISARJEVSKY, JOSHUA

9-20-07
Date

Signature of B. Lopez - P.O.
Parole Officer/Witness

9-20-04
Date

Case No. [REDACTED]

CHESHIRE POLICE DEPARTMENT

Initial Incident Report

ORI No. [REDACTED]

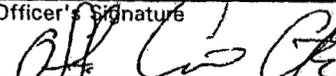
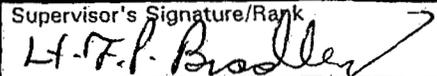
Date Reported 03/05/2002	Day TUE	Time Reported 08:57	Date Occurred 03/04/2002	Day MON	Time Occurred 23:00	Location of Incident [REDACTED]	Subse 071
-----------------------------	------------	------------------------	-----------------------------	------------	------------------------	------------------------------------	--------------

Incident/Offense(s) 1) B&E RES NOFORC NGT 2) THFT RESID < \$200	Atmpt/Compl? COMPLETED	Family Violence? NO	Gang Related? NO	Bias Involved? NONE
---	---------------------------	------------------------	---------------------	------------------------

INVOLVED PERSONS/BUSINESSES

Type VICTIM	Name (Last, First, Middle Initial) [REDACTED]	Sex FEMALE	Race WHITE	D.o.B. [REDACTED]	Age [REDACTED]		
Address [REDACTED]		Town/State [REDACTED]	Telephone [REDACTED]	Ethnic Origin [REDACTED]			
Type SUSPECT	Name (Last, First, Middle Initial) SUBJECT, UNKNOWN	Sex UNKNWN	Race UNKNWN	D.o.B. [REDACTED]	Age [REDACTED]		
Address [REDACTED]		Town/State [REDACTED]	Telephone [REDACTED]	Ethnic Origin UNKNWN			
Social Security No.	Height	Weight	Hair Color	Eye Color	Build	Complexion	Scars, Marks, Tattoos, etc.

VEHICLES/PROPERTY

Property Status STOLEN	Property Type POCKETBOOK/PURSE	Make	Model	Color BLACK	Serial No. [REDACTED]
Owner Applied No.	Evidence No.	Est. Value 100	Date Recovered	Disposition	
Property Status STOLEN	Property Type CURRENCY	Make	Model	Color	Serial No.
Owner Applied No.	Evidence No.	Est. Value 100	Date Recovered	Disposition	
Property Status STOLEN	Property Type CREDIT CARD	Make VISA	Model	Color	Serial No. [REDACTED]
Owner Applied No.	Evidence No.	Est. Value	Date Recovered	Disposition	
Property Status STOLEN	Property Type CREDIT CARD	Make COSTCO	Model	Color	Serial No. [REDACTED]
Owner Applied No.	Evidence No.	Est. Value	Date Recovered	Disposition	
Property Status STOLEN	Property Type CREDIT CARD	Make FIRST	Model UNION	Color	Serial No.
Owner Applied No.	Evidence No.	Est. Value	Date Recovered	Disposition	
Property Status STOLEN	Property Type DRIVERS LICENSE	Make [REDACTED]	Model [REDACTED]	Color	Serial No.
Owner Applied No.	Evidence No.	Est. Value	Date Recovered	Disposition	
Property Status STOLEN	Property Type PHONE-CELLULAR	Make	Model	Color SILVER	Serial No.
Owner Applied No.	Evidence No.	Est. Value 150	Date Recovered	Disposition	
Property Status STOLEN	Property Type MERCEDES EMBLEM	Make	Model	Color	Serial No.
Owner Applied No.	Evidence No.	Est. Value	Date Recovered	Disposition	
Investigating Officer COTE, CHRIS OFF (566)	Officer's Signature 	Date 3/5/02	Supervisor's Signature/Rank 		

Case No. [REDACTED]

CHESHIRE POLICE DEPARTMENT

Initial Incident Report

ORI No. [REDACTED]

MODUS OPERANDI

Structure Type RESIDENCE	Residence Type SINGLE FAMILY	Entry Point REAR	Entry Location DOOR	Exit Point REAR	Exit Location DOOR	Entry Method NO FORCE
Security Type NONE	Lock Type UNKNOWN/NA	Target 1 CASH	Target 2	Target 3	Evidence NO	
Weapon 1 Type UNKNOWN/NA	Weapon 1 Description	Weapon 2 Type	Weapon 2 Description	Photographs? NO	Fingerprints? NO	

CASE MANAGEMENT

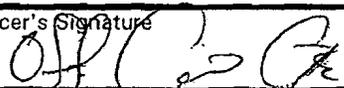
Referrals						
Case Status ACTIVE	Status Date 03/05/2002	Exceptional Clearance Reason NOT APPLICABLE	Photographs?	Fingerprints?	Statements?	Tapes

NARRATIVE

ON 03-05-02 AT 0857 HOURS I RESPONDED TO [REDACTED] ON A RESIDENTIAL BURGLARY THAT OCCURRED OVERNIGHT. UPON ARRIVAL I SPOKE TO THE COMPLAINANT [REDACTED]. [REDACTED] STATED THAT HER HUSBAND WOKE UP AT 0600 HOURS AND SHE WOKE UP AT 0700 HOURS. [REDACTED] STATED THAT WHEN SHE GOT UP SHE NOTICED THE SLIDING GLASS DOOR AT THE REAR OF THE HOUSE WAS OPEN SLIGHTLY. [REDACTED] THOUGHT IT WAS AN OVERSIGHT AND CLOSED THE DOOR. [REDACTED] WAS THEN UNABLE TO LOCATE HER POCKETBOOK. A SHORT TIME LATER [REDACTED] RECEIVED A PHONE CALL FROM HER NEIGHBOR [REDACTED]. [REDACTED] TOLD [REDACTED] THAT HER HOUSE HAD BEEN BURGLARIZED OVERNIGHT. [REDACTED] THEN REALIZED THAT HER HOUSE HAD ALSO BEEN BURGLARIZED. [REDACTED] STATED THAT SHE AND HER HUSBAND WENT TO BED AT APPROXIMATELY 2300 HOURS ON 03-04-02. (REFER TO CASE # [REDACTED] REFERENCE [REDACTED] BURGLARY). [REDACTED] STATED HER POCKETBOOK CONTAINED APPROXIMATELY \$100 CASH, TWO CREDIT CARDS, A BANK DEBIT CARD, HER DRIVERS LICENSE, AND A SILVER CELLULAR PHONE WITH A MERCEDES BENZ EMBLEM ON IT. REFER TO THE PROPERTY SECTION OF THIS REPORT FOR DETAILS. THE POCKETBOOK WAS DESCRIBED AS BLACK LEATHER WITH BRAIDED HANDLES AND A SNAP CLASP. THERE WAS NO SIGN OF FORCE USED TO ENTER THE HOUSE. IT APPEARS THAT THE POINT OF ENTRY AND EXIT WAS THE REAR SLIDING GLASS DOOR. [REDACTED] STATED THAT THE SLIDING DOOR IS USUALLY LOCKED BUT THAT IT IS POSSIBLE SOMEONE FORGOT TO LOCK IT. THE RESIDENCE DOES NOT HAVE A SECURITY SYSTEM. THE RESIDENCE IS A SINGLE FAMILY HOUSE CONSISTING OF TWO FLOORS AND A BASEMENT BELOW GROUND. [REDACTED] STATED HER POCKETBOOK WAS ON A SHELF NEAR THE FRONT DOOR ON THE FIRST FLOOR. [REDACTED] REPORTED HER CREDIT AND DEBIT CARDS AND HER CELLULAR PHONE STOLEN TO THE RESPECTIVE COMPANIES. [REDACTED] DEBIT CARD WAS NOT USED AFTER 2300 HOURS ON 03-04-02. [REDACTED] STATED SHE WOULD CONTACT ME IF THE OTHER CARDS OR THE CELLULAR PHONE WERE USED AFTER 2300 HOURS ON 03-04-02. DETECTIVE SGT. SAGE AND DETECTIVE BOUCHER RESPONDED TO THE SCENE AND DUSTED THE REAR DOOR FOR FINGERPRINTS WITHOUT SUCCESS. I SPOKE TO SEVERAL NEIGHBORS AND ASKED IF ANYTHING SUSPICIOUS HAD BEEN OBSERVED. NO SUSPICIOUS ACTIVITY WAS REPORTED.

Investigating Officer
COTE, CHRIS OFF (566)

Officer's Signature



Date

3/5/02

Supervisor's Signature/Rank



Case No. [REDACTED]

CHESHIRE POLICE DEPARTMENT

Initial Incident Report

ORI No. [REDACTED]

NOTARIZATION

The undersigned, an officer of the Cheshire Police Department, having been duly sworn, deposes and says: That I am the officer who prepared the attached police report pertaining to this Case Number, that the information contained therein was secured as a result of: (1) my personal observation and knowledge; or (2) information relayed to me by other members of my police department or of another organized police department; or (3) information secured by myself or another member of an organized police department from the person or persons named or identified therein, as indicated in the attached report; that the report is an accurate statement of the information so received by me.

Attest: Officer (Written Signature)

Off Chris Cote

Officer (Name and ID No.)

COTE, CHRIS OFF (566)

Date

3/5/02

Subscribed and sworn to me on this 5th day of March 2002 State of Connecticut, County of New Haven.

Supervisor's Written Signature

Lt. F.P. Bradley

Supervisor (print name)

F.P. Bradley

Rank

Lt.

CHESHIRE POLICE DEPARTMENT
PROPERTY LOSS / DAMAGE REPORT

Page 1 of 1

Case Number
02003570

Fill out completely and legibly. If you don't know \$ value, give best estimate. Owner Applied Number refers to a number, such as Operators License # or Social Security #, which has been etched or marked on the item of property.

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Stolen	Pocketbook			Black	\$100
Serial Number	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Stolen	CASH				\$100 (PARTY)
Serial Number	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Stolen	Credit Card	Visa			
Serial Number - #CC#	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Stolen	Credit Card	Costco Wholesale			
Serial Number ACCT #	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Stolen	Debit Card	First Union Bank			
Serial Number	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Stolen	Drivers license				
Serial Number	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Stolen	Cellular Phone			Silver	\$150
Serial Number	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Serial Number	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Serial Number	Owner Applied Number		Police Use Only		

Stolen/Damaged	Item	Make	Model	Color	\$ Value Lost or Damaged
Serial Number	Owner Applied Number		Police Use Only		

I affirm that the information reported herein is accurate and true to the best of my knowledge and I am aware that Falsely Reporting An Incident or Making a False Statement to a Police Officer is a crime under the Connecticut General Statutes.

Print Name: [Redacted] Signature: [Redacted] Date: 3/5/02

Case No. [REDACTED]

CHESHIRE POLICE DEPARTMENT

Supplement Report No. 2

ORI No. [REDACTED]

Date of Report 05/21/2002	Time of Report 17:05	Investigating Officer BOUCHER, D OFF	Original Incident B&E RES NOFORC NGT	Date Occurred 03/04/200
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ARRESTEES

Arrestee Name KOMISARJEVSKY, JOSHUA		Adult/Juvenile ADULT	Sex MALE	Race WHITE	D.o.B. 08/10/1980	Ethnic Origin NONHISPANIC	ID No. 2438
Address 840 N BROOKSVALE RD			Town/State CHESHIRE	CSBI No.	FBI No. 478747MB2		
Arrest Type SUMMONS	Arrest Date 05/20/2002	Time 09:00	Arrest Location 500 HIGHLAND AV	Subsector 200	Infraction No.	Misdemeanor No.	UAR No.
Charge(s) 1) BURGLARY 2ND 2) LARC 5 FROM BLDG		Connecticut Statute 53a-102 53a-125a	Class F-C M-B	Court Date 05/20/200 05/20/200			

CASE MANAGEMENT

Referrals:

Case Status CLEARED BY ARREST	Status Date 03/05/2002	Exceptional Clearance Reason NOT APPLICABLE	Photographs?	Fingerprints?	Statements?	Tapes
----------------------------------	---------------------------	--	--------------	---------------	-------------	-------

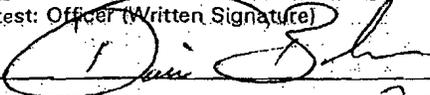
NARRATIVE

ON MAY 20, 2002 THIS WRITER SERVED AN ACTIVE ARREST WARRANT ON KOMISARJEVSKY AT MERIDEN SUPERIOR COURT. KOMISARJEVSKY WAS CHARGED WITH THE ABOVE LISTED CRIMES, AND WAS TURNED OVER TO THE DEPARTMENT OF CORRECTIONS WHERE HE IS IN CUSTODY FOR OTHER CHARGES.

THE ARREST WARRANT WAS PREPARED AFTER A LENGHTY INVESTIGATION CONDUCTED SEVERAL MONTHS AGO IN WHICH KOMISARJEVSKY WAS FOUND RESPONSIBLE FOR SEVERAL CHESHIRE HOMES BEING BURGLARIZED.

NOTARIZATION

The undersigned, an officer of the Cheshire Police Department, having been duly sworn, deposes and says: That I am the officer who prepared the attached police report pertaining to this Case Number, that the information contained therein was secured as a result of: (1) my personal observation and knowledge; or (2) information relayed to me by other members of my police department or of another organized police department; or (3) information secured by myself or another member of an organized police department from the person or persons named or identified therein, as indicated in the attached report, that the report is an accurate statement of the information so received by me.

Attest: Officer (Written Signature) 	Officer (Name and ID No.) BOUCHER, D OFF (554)	Date 5-21-02
--	---	-----------------

Subscribed and sworn to me on this 21 day of 05	2002 State of Connecticut, County of New Haven.
---	---

Supervisor's Written Signature 	Supervisor (print name) Det Lt M Cress	Rank LT
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CHESHIRE POLICE DEPARTMENT

Supplement Report No. 1

ORI No. [REDACTED]

Date of Report 03/12/2002	Time of Report 16:34	Investigating Officer BOUCHER, D OFF	Original Incident B&E RES NOFORC NGT	Date Occurred 03/04/2002
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INVOLVED PERSONS/BUSINESSES

Type SUSPECT	Name (Last, First, Middle Initial) KOMISARJEVSKY, JOSHUA	Sex MALE	Race WHITE	D.o.B. 08/10/1980	Age 2
Address 150 WILDNERNESS WAY		Town/State BRISTOL		Telephone	
Social Security No.		Height	Weight	Hair Color	Eye Color
		Build SMALL		Complexion MEDIUM	
Scars, Marks, Tattoos, etc.					

VEHICLES/PROPERTY

Property Status EVIDENCE	Property Type POCKETBOOK/PURSE	Make DESMO	Model	Color BLACK	Serial No.
Owner Applied No.	Evidence No. 020088	Est. Value	Date Recovered	Disposition	

CASE MANAGEMENT

Referrals

Case Status ACTIVE	Status Date 03/05/2002	Exceptional Clearance Reason NOT APPLICABLE	Photographs?	Fingerprints?	Statements?	Tapes?
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NARRATIVE

ON MARCH 8, 2002 WRITER AND DET. SGT. SAGE RESPONDED TO 150 WILDERNESS WAY TO ASSIST THE STATE POLICE WITH A SEARCH OF THE ABOVE RESIDENCE. CHESHIRE DETECTIVES WERE LOOKING FOR EVIDENCE INSIDE THE HOME FROM CHESHIRE BURGLARIES.

DURING THE COURSE OF THE SEARCH THE SUSPECT JOSHUA KOMISARJEVSKY WAS COOPERATIVE WITH SEVERAL DIFFERENT LAW ENFORCEMENT AGENCIES. KOMISARJEVSKY GAVE BRISTOL DETECTIVES A VOLUNTARY WRITTEN STATEMENT DETAILING HIS INVOLVEMENT IN SEVERAL BURGLARIES, INCLUDING CHESHIRE BURGLARIES. DURING THE STATEMENT KOMISARJEVSKY STATED THAT ON THE MORNING OF MARCH 5, 2002 HE WENT INTO A HOUSE ON [REDACTED] THAT WAS ON THE EAST SIDE OF THE ROAD. KOMISARJEVSKY STATED HE ENTERED THE HOUSE THROUGH AN UNLOCKED REAR SLIDING DOOR. KOMISARJEVSKY FIRST OBSERVED A PURSE THROUGH A WINDOW INSIDE THIS HOME. KOMISARJEVSKY TOOK THE PURSE, STOLE FORTY DOLLARS FROM IT, AND STATED THE PURSE WAS STILL AT HIS HOUSE IN BRISTOL THAT THE POLICE WERE SEARCHING.

WRITER AND DET. SGT. SAGE THEN RETRIEVED THIS PURSE FROM A GARBAGE BAG INSIDE A GARBAGE CONTAINER IN THE GARAGE. INSIDE THE PURSE WAS PERSONAL PAPERS OF THE COMPLAINANT [REDACTED] CREDIT CARDS, AND A CELL PHONE. SAID PURSE WAS SEIZED AS EVIDENCE, BROUGHT TO CHESHIRE POLICE HEADQUARTERS, AND WAS TAGGED WITH PROPERTY CONTROL # [REDACTED]. SAID EVIDENCE IS BEING KEPT IN THE DETECTIVE DIVISION EVIDENCE LOCKERS.

Investigating Officer
BOUCHER, D OFF (554)

Officer's Signature

Det. D. Boucher

Date

3-12-02

Supervisor's Signature/Blank

Det. G. M. Luen

CHESHIRE POLICE DEPARTMENT

Supplement Report No. 1

NARRATIVE

ON MARCH 9, 2002 DET. SGT. SAGE BROUGHT KOMISARJEVSKY TO CHESHIRE TO IDENTIFY HOMES HE HAD BROKEN INTO. KOMISARJEVSKY IDENTIFIED [REDACTED] AS THE HOUSE HE STOLE THE PURSE FROM.

ON MARCH 10, 2002 KOMISARJEVSKY GAVE DET. SGT. SAGE A VOLUNTARY WRITTEN STATEMENT DETAILING SEVERAL BURGLARIES, INCLUDING THIS ONE. KOMISARJEVSKY STATED THAT AFTER TAKING THE ABOVE MENTIONED PURSE HE STOLE TWENTY DOLLARS FROM IT. KOMISARJEVSKY ALSO STATED THAT DURING THE COURSE OF THIS BURGLARY HE PARKED HIS WHITE TOYOTA PICK-UP TRUCK ON NORTH TIMBER LANE AT THE END OF THE STREET. KOMISARJEVSKY DID SEE A CAR LEAVE ONE OF THE HOUSES ON [REDACTED] AND DRIVE BY HIM REAL SLOWLY. KOMISARJEVSKY STATED THAT HE HID NEAR HIS TRUCK AS THIS CAR DROVE BY.

WRITER NOTES THAT ON MARCH 5, 2002 A WITNESS CONTACTED POLICE HEADQUARTERS INQUIRING ABOUT SUSPICIOUS ACTIVITY HE OBSERVED THAT MORNING AT 0350 HRS. WHILE LEAVING HIS HOME FOR WORK. THE WITNESS OBSERVED A WHITE PICK-UP TRUCK PARKED AT THE END OF NORTH TIMBER LANE OFF THE ROAD.

WRITER NOTES THAT THE TOTAL VALUE OF ITEMS REPORTED TO THE CHESHIRE POLICE DEPARTMENT BY THE COMPLAINANT OF [REDACTED] IS \$350.00.

BASED ON THE ABOVE INVESTIGATION WRITER IS PREPARING AN ARREST WARRANT FOR JOSHUA KOMISARJEVSKY FOR BURGLARY SECOND DEGREE 53a-123, AND LARCENY FIFTH DEGREE 53A-125a.

NOTARIZATION

The undersigned, an officer of the Cheshire Police Department, having been duly sworn, deposes and says: That I am the officer who prepared the attached police report pertaining to this Case Number, that the information contained therein was secured as a result of: (1) my personal observation and knowledge; or (2) information relayed to me by other members of my police department or of another organized police department; or (3) information secured by myself or another member of an organized police department from the person or persons named or identified therein, as indicated in the attached report, that the report is an accurate statement of the information so received by me.

Attest: Officer (Written Signature)

Det. [Signature] 584

Officer (Name and ID No.)

BOUCHER, D OFF. (554)

Date

3-12-02

Subscribed and sworn to me on this

12 day of 03

2002 State of Connecticut, County of New Haven.

Supervisor's Written Signature

Det. Lt. [Signature] 006

Supervisor (print name)

Det. Lt. M. Cress

Rank

CT

Inmate Hearing History

Inmate Number . . : 00299047
Inmate Name . . : KAMISARJOVSKY, JOSHUA R

Page 1 of 1

Admit Date Elig Date 85% Hearing Dt LOC Disp Action Date Par Eff Dt

03/11/2002 04/10/2007 02/09/2007 001 A 01 PAROLE
CASE REVIEW - REVISE VTP (WTBY) - NO ALC

04/10/2007

03/11/2002 04/10/2007 12/17/2004 001 A 25 CASE REVIEW
NEW VTP 2/2/2007

05/02/2006

03/11/2002 04/10/2007 09/22/2004 142 F 01 PAROLE
(WATERBURY) - NO ALCOHOL- SPECIAL PAROLE TO FOLL

More:

07/24/2007 11:11:08 P230

MOVEMENTS NUMBER: 299047 NAME: KAMISARJOVSKY, JOSHUA R PAGE 1
FILE: HH4 WATERBURY MED FILE:

	DATE	SEQ	LOCATION	JUR	STA
RELEASE TO SUPERVISED PAROLE	3/21/2007	1	4VD PO-CINTRON	4P4	G
TRANSFER BETWEEN CR LOCATIONS	7/25/2006	1	27D SILLIMAN HOUS	401	G
RELEASE TO COMMUNITY RELEASE	6/06/2006	1	27E BERMAN TREATM	401	G
TRANSFER AMONG DOC LOCATIONS	8/23/2005	1	135 GATES CCI	135	G
TRANSFER AMONG DOC LOCATIONS	11/29/2004	1	112 ENFIELD CCI	112	G
TRANSFER AMONG DOC LOCATIONS	12/18/2003	1	142 WILLARD-CYBUL	142	G
TRANSFER AMONG DOC LOCATIONS	12/10/2003	1	137 MCDGL/WLKR CI	137	G
TRANSFER AMONG DOC LOCATIONS	11/19/2003	1	114 MCDGL/WLKR CI	114	G
TRANSFER AMONG DOC LOCATIONS	11/13/2003	1	142 WILLARD-CYBUL	142	G
SENTENCED BY COURT	1/03/2003	1	125 CHESHIRE CC	125	G
SENTENCED BY COURT	12/20/2002	1	125 CHESHIRE CC	125	G
START SERVING SENTENCE (1+)	10/10/2002	1	125 CHESHIRE CC	125	G
TRANSFER AMONG DOC LOCATIONS	5/07/2002	1	125 CHESHIRE CC	125	U
TRANSFER AMONG DOC LOCATIONS	4/26/2002	1	114 MCDGL/WLKR CI	114	U
NEW ENTRY, ACCUSED-CONTINUED	3/11/2002	1	121 HARTFORD CCC	121	U

CWNW 7/24/2007 CT DEPT OF CORRECTION - ALL MOVEMENTS- [REDACTED] END

TRANSACTION: [REDACTED] NUMBER: 00299047

CONNECTICUT BOARD OF PARDONS & PAROLES

Hearing Disposition Form

INMATE NAME: Kamisaryosky, Joshua NUMBER: 299047
HEARING DATE AND LOCATION: 29-07 Neo INMATE LOCATION: S. Quinn
PANEL: Booker, Eisenmann, Mendez HEARING OFFICER: T. Johnson

TYPE OF RELEASE: DISCRETIONARY SPECIAL PAROLE ESP MEDICAL PAROLE
TYPE OF HEARING: FULL PANEL REVIEW ADMINISTRATIVE REVIEW CASE REVIEW
 REVOCATION HEARING RESCISSION HEARING COURTESY HEARING

THE BOARD TOOK THE FOLLOWING ACTION (initialed by a check mark): Modify

PAROLED EFFECTIVE: 4-10-07 RESIDENCE: Cheshire
(ON OR AFTER) (CITY/TOWN) 3/11/29c

Additional Conditions Required:

Parole to the State of _____
 Parole to Detainer (specify) _____ 09 Residential Treatment Program
 Contingent upon Continued Participation of _____ 19 EMP (Electronic Monitoring Program) 90 days / 1e
 Mental Health Treatment _____ 28 No Driving
(Specify type) No Contact With Victim/Family
 Mental Health Evaluation and Treatment as Deemed Necessary No Consumption of Alcoholic Beverages
 OTHER: _____
 Recommend DOC Residential Treatment Program

DENIED; No New Parole Hearing (see below for reasons)
 DENIED; New Parole Hearing Date: _____ (See below for reasons)
 REVOKED; No New Parole Hearing (FORFEITURE OF S.G.T.; _____)
 New Parole Hearing Date: _____
 AND RE PAROLED EFFECTIVE: _____ (See above for conditions)
 RESCINDED; No New Parole Hearing
 New Parole Hearing Date: _____
 AND RE PAROLED EFFECTIVE: _____ (See above for conditions)
 REINSTATED
 ESP ELIGIBLE; Eligibility Date: _____ Hearing Date: _____
 SPECIAL PAROLE TO FOLLOW; Review Date: 10-10-11
 CONTINUED: _____

DENIAL REASONS: DUE TO THE FOLLOWING, THE PANEL HAS CONCLUDED THAT YOU DO NOT MEET THE STATUTORY CRITERIA FOR PAROLE (reasons indicated by a check mark):

Nature and/or Circumstances of the Current Offense Injury and /or impact on the Victim(s) or the Victim's Family
 Inadequate Institutional Program Participation Poor Institutional Adjustment
 Criminal History Deemed Inappropriate for outpatient Sex Offender Treatment
 Poor performance while on (indicated by circle): Probation / Parole / Community Release
 Current Offense Committed while on (indicated by circle): Probation / Parole / Community Release
 OTHER: (Additional Reasons for Denial; Panel Recommendations; or Reasons for a Continuance): _____

RISK ASSESSMENT SCORE: _____ GUIDELINE RANGE ACCEPTED (circle one): Y or N (If NO, check reason why)

* AGGRAVATING FACTORS: Use or Presence of a Deadly Weapon Multiple Victims
 Pattern of Increasingly Serious Crimes Serious Juvenile Criminal History Victim Opposition
 Little/No Program Participation Poor Institutional Behavior Nature of the Offense

* MITIGATING FACTORS: Significant Program Participation Victim Support
 Previous Successful Releases Passive/Minor Participation

* OTHER: _____

CONNECTICUT BOARD OF PAROLE

Hearing Disposition Form

INMATE NAME: Kamisarijevsky, Joshua NUMBER: 299047
HEARING DATE AND LOCATION: 12-17-04 / AR-WTBY INMATE LOCATION: Enfield CT
PANEL: Neil / Booker / McDaniel HEARING OFFICER: Lopez

TYPE OF RELEASE: _____ DISCRETIONARY _____ SPECIAL PAROLE _____ ESP _____ MEDICAL PAROLE
TYPE OF HEARING: _____ FULL PANEL REVIEW _____ ADMINISTRATIVE REVIEW _____ CASE REVIEW
_____ REVOCATION HEARING _____ RESCISSION HEARING _____ COURTESY HEARING

THE BOARD TOOK THE FOLLOWING ACTION (initialed by a check mark):

PAROLED EFFECTIVE: 2-2-07 RESIDENCE Cheshire
(ON OR AFTER) (CITY/TOWN)

Additional Conditions Required:

_____ Parole to the State of _____ Residential Treatment Program
_____ Parole to Detainer (specify) _____ EMP (Electronic Monitoring Program) 90 days after
_____ Contingent upon Continued Participation of _____ No Driving
Program at _____ No Contact With victims or victims family
Mental Health Treatment _____ No Consumption of Alcoholic Beverages
(Specify type) Recommend DOC Residential Treatment Program 3/11-0
_____ Mental Health Evaluation and Treatment as Deemed Necessary _____ OTHER: _____

_____ DENIED; No New Parole Hearing (see below for reasons)
_____ DENIED; New Parole Hearing Date: _____ (See below for reasons)
_____ REVOKED; _____ No New Parole Hearing (_____ FORFEITURE OF S.G.T.; _____)
_____ New Parole Hearing Date: _____
_____ AND RE PAROLED EFFECTIVE: _____ (See above for conditions)
_____ RESCINDED; _____ No New Parole Hearing
_____ New Parole Hearing Date: _____
_____ AND RE PAROLED EFFECTIVE: _____ (See above for conditions)
_____ REINSTATED
_____ ESP ELIGIBLE; Eligibility Date: _____ Hearing Date: _____
 SPECIAL PAROLE TO FOLLOW; Review Date: _____
_____ CONTINUED: _____

DENIAL REASONS: DUE TO THE FOLLOWING, THE PANEL HAS CONCLUDED THAT YOU DO NOT MEET THE STATUTORY CRITERIA FOR PAROLE (reasons indicated by a check mark):

_____ Nature and/or Circumstances of the Current Offense _____ Injury and /or impact on the Victim(s) or the Victim's Family
_____ Inadequate Institutional Program Participation _____ Poor Institutional Adjustment
_____ Criminal History _____ Deemed Inappropriate for outpatient Sex Offender Treatment
_____ Poor performance while on (indicated by circle): Probation / Parole / Community Release
_____ Current Offense Committed while on (indicated by circle): Probation / Parole / Community Release
_____ OTHER: (Additional Reasons for Denial; Panel Recommendations; or Reasons for a Continuance): _____

RISK ASSESSMENT SCORE: _____ GUIDELINE RANGE ACCEPTED (circle one): Y or N (if NO, check reason why)

* AGGRAVATING FACTORS: _____ Use or Presence of a Deadly Weapon _____ Multiple Victims
_____ Pattern of Increasingly Serious Crimes _____ Serious Juvenile Criminal History _____ Victim Opposition
_____ Little/No Program Participation _____ Poor Institutional Behavior _____ Nature of the Offense
* MITIGATING FACTORS: _____ Significant Program Participation _____ Victim Support
_____ Previous Successful Releases _____ Passive/Minor Participation

* OTHER: _____

CONNECTICUT BOARD OF PAROLE

Hearing Disposition Form



INMATE NAME: Kamisariovsky, Joshua NUMBER: 299047
 HEARING DATE AND LOCATION: 9-22-04 / wil-Cyb INMATE LOCATION: wil-Cyb
 PANEL: Neil / Eisenmann HEARING OFFICER: lopez

TYPE OF RELEASE: DISCRETIONARY SPECIAL PAROLE ESP MEDICAL PAROLE
 TYPE OF HEARING: FULL PANEL REVIEW ADMINISTRATIVE REVIEW CASE REVIEW
 REVOCATION HEARING RESCISSION HEARING COURTESY HEARING

THE BOARD TOOK THE FOLLOWING ACTION (initialed by a check mark):

.....
 PAROLED EFFECTIVE: 5/26/06 RESIDENCE: Cheshire 3/11/28
(ON OR AFTER) (5-2-06) (CITY/TOWN) W-76

Additional Conditions Required:
 Parole to the State of _____ Residential Treatment Program
 Parole to Detainer (specify) _____ 09 EMP (Electronic Monitoring Program) 90 days
 Contingent upon Continued Participation of _____ 19 No Driving
 Program at _____ 29 No Contact With victims or victim's family
 Mental Health Treatment _____ No Consumption of Alcoholic Beverages
(Specify type) _____ Recommend DOC Residential Treatment Program
 Mental Health Evaluation and Treatment as Deemed Necessary _____ OTHER: _____

.....
 DENIED; No New Parole Hearing (see below for reasons)
 DENIED; New Parole Hearing Date: _____ (See below for reasons)
 REVOKED; _____ No New Parole Hearing (_____ FORFEITURE OF S.G.T.; _____)
 _____ New Parole Hearing Date: _____
 AND RE PAROLED EFFECTIVE: _____ (See above for conditions)
 RESCINDED; _____ No New Parole Hearing
 _____ New Parole Hearing Date: _____
 AND RE PAROLED EFFECTIVE: _____ (See above for conditions)
 REINSTATED
 ESP ELIGIBLE; Eligibility Date: _____ Hearing Date: _____
 SPECIAL PAROLE TO FOLLOW; Review Date: _____
 CONTINUED:

.....
DENIAL REASONS: DUE TO THE FOLLOWING, THE PANEL HAS CONCLUDED THAT YOU DO NOT MEET THE STATUTORY CRITERIA FOR PAROLE (reasons indicated by a check mark):
 Nature and/or Circumstances of the Current Offense Injury and /or impact on the Victim(s) or the Victim's Family
 Inadequate Institutional Program Participation Poor Institutional Adjustment
 Criminal History Deemed Inappropriate for outpatient Sex Offender Treatment
 Poor performance while on (indicated by circle): Probation / Parole / Community Release
 Current Offense Committed while on (indicated by circle): Probation / Parole / Community Release
 OTHER: (Additional Reasons for Denial; Panel Recommendations; or Reasons for a Continuance): _____

.....
RISK ASSESSMENT SCORE: _____ GUIDELINE RANGE ACCEPTED (circle one): Y or N (If NO, check reason why)
 * AGGRAVATING FACTORS: Use or Presence of a Deadly Weapon Multiple Victims
 Pattern of Increasingly Serious Crimes Serious Juvenile Criminal History Victim Opposition
 Little/No Program Participation Poor Institutional Behavior Nature of the Offense
 * MITIGATING FACTORS: Significant Program Participation Victim Support
 Previous Successful Releases Passive/Minor Participation

.....
 # OTHER: _____

Time Calculator

Number: 299047
Sentence Start Date: 12/20/2002
Sentence Term: Years: 9 Months: 0 Days: 0
Days to be Served: 3287
Jail Credit: 70
Time Served: 0
Deadline: 0
50% PE Date: 4/10/2007
75% PE Date: 7/10/2009
85% PE Date: 5/4/2010

Date Calculator

Later Date: []
Earlier Date: []
Days Inclusive: #VALUE!
Months Inclusive: #VALUE!

Time Calculator

Number:
Sentence Start Date:
Sentence Term: Years Months Days
Days to be Served:
Jail Credit:
Time Served:
Deadtime:
50% PE Date:
75% PE Date:
85% PE Date:

Date Calculator

Later Date:
Earlier Date:
Days Inclusive:
Months Inclusive:



Connecticut Board of Parole
Special Parole Acknowledgment Sheet

Name: Kamisarjevsky, Joshua
CJIS No. 290047

Special Parole Start Date: 10/10/11
Period of Special Parole: 6 YEARS
0 MONTHS
0 DAYS

PAROLE SUPERVISION END DATE: 10/08/17

I understand that I will be supervised on SPECIAL PAROLE until:

October 8, 2017

and that violation of the conditions of my parole may result in reincarceration.

I ALSO AGREE TO ABIDE BY THE FOLLOWING CONDITIONS, AS WELL AS ANY ADDITIONAL CONDITIONS WHICH MAY BE IMPOSED:

- 1. Upon release, you will report to your assigned parole officer as directed and follow the parole officer's instructions. You will report to your parole officer in person, by telephone and in writing whenever and wherever the parole officer directs.
2. Your parole officer will assign you to one of several levels of community supervision, depending upon your circumstance. These levels of community supervision may increase depending upon changes in circumstances, at the discretion of the parole officer, and may include residential placement, electronic monitoring, curfew, avoidance of specific geographical areas and avoidance of specific social circumstances or individuals.
3. You will live in a residence approved by your parole officer and you will coordinate any changes in your place of residence through your parole officer before moving. Your parole officer has the right to visit your residence at any reasonable time.
4. You will seek, obtain and maintain employment throughout your parole term, or perform community service as directed by your parole officer. Your parole officer has the right to visit your place of employment or community service at any reasonable time.
5. You will keep your parole officer informed of any changes in your marital or domestic status.
6. You will not use, or have in your possession or control, firearms, ammunition, or any other weapon or object that can be used as a weapon.
7. You will participate in an addiction services evaluation and treatment as deemed appropriate. You will follow the instructions of the program staff and your parole officer and will not make any changes without the express permission of the program staff and your parole officer. You will also submit to random urinalysis for the balance of your parole term.
8. You may be required to participate in a mental health services evaluation and treatment as deemed appropriate. You will follow the instructions of the program staff and your parole officer and will not make any changes without the express permission of the program staff and your parole officer.
9. You will not use, or have in your possession or control, any illegal drug, narcotic or drug paraphernalia.
10. You will not leave the State of Connecticut without prior permission of your parole officer.
11. You will obey all laws, and to the best of your ability, fulfill all your legal obligations, including payment of all applicable child support and alimony orders. You will notify your parole officer within 48 hours of your arrest for any offense.
12. You will not associate or affiliate with any street gang, criminal organization or with any individual members thereof.
13. Your release on parole is based upon the premise that there is a reasonable probability that you will live and remain at liberty without violating the law and that your release is not incompatible with the welfare of society. In the event that you engage in conduct in the future which renders this premise no longer valid, then your parole will be revoked or modified accordingly.

Kamisarjevsky, Joshua

Date

Parole Officer/Witness

Date

Inmate Hearing History

Inmate Number . . : 00299047
Inmate Name . . : KAMISARJOVSKY, JOSHUA R

Page 1 of 1

Admit Date	Elig Date	85%	Hearing Dt	LOC	Disp	Action Date	Par Eff Dt
03/11/2002	04/10/2007		12/17/2004	001 A	25	CASE REVIEW	
			NEW VTP 2/2/2007				
03/11/2002	04/10/2007		09/22/2004	142 F	01	PAROLE	05/02/2006
			(WATERBURY)			- NO ALCOHOL-	SPECIAL PAROLE TO FOLI

More: -----

02/01/2007 08:08:45

NAME: KAMISARJOVSKY, JOSHUA R NUMBER: 00299047 DOB: 08/10/1980
 LOCATION: ENFIELD CCI JURISDICTION: ENFIELD CCI STATUS: SENTENCED
 LOCATION ENTRY TYPE: TRANSFER AMONG DOC LOCATIONS DATE: 11/29/2004
 OFFENSE: 53A102 BURGLARY, SECOND DEGREE CF BOND: 0
 SENTENCE: MIN: 0 Y 0 M 0 D MAX: 9 Y 0 M 0 D DETAINERS:
 RELEASE DATES: MIN: 00/00/0000 MAX: 08/02/2011 ESTIMATED:
 SPECIAL MANAGEMENT: 
 DNA FELONY Y SWAB DNA N DRWN CONFM
 RACE: WHITE SEX: MALE HAIR COLOR: BLACK EYES: BROWN
 HEIGHT: 5 FT 09 IN WEIGHT: 130 LBS MARITAL STATUS: N DEPENDENTS: 1
 EDUCATION LEVEL: 12 MILITARY: N MED INSURANCE: N MVD:
 SSN:  FBI #: 478747MB2 OTHER #: SPBI #: 008969
 BIRTHPLACE: VERNON CITIZENSHIP: UNITED STATES
 HOME ADDRESS: 150 WILDERNESS TOWN: BRISTOL STATE: CT ZIP:

* * * * * EMERGENCY CONTACT INFORMATION * * * * *

NAME:  RELATION:  PH: 
 STREET:  TOWN:  STATE: CT ZIP: 

PRIOR LOCATION: 142 FILE LOCATION: 112 MED FILE:
 INITIAL DOC ADMISSION: 03/11/2002 LATEST DOC ADMISSION: 03/11/2002
 BPPC 12/17/2004 CT DEPT OF CORRECTION - FACE SHEET DISPLAY RT50 C4527 E

TRANSACTION:  NUMBER: 00299047



Inmate Hearing History

Inmate Number . . : 00299047
Inmate Name . . : KAMISARJOVSKY, JOSHUA R

Page 1 of

Admit Date	Elig Date	85%	Hearing Dt	LOC	Disp	Action Date	Par Eff
03/11/2002	04/10/2007		12/17/2004	001 A	25	CASE REVIEW NEW VTP 2/2/2007	
							05/02/200
03/11/2002	04/10/2007		09/22/2004	142 F	01	PAROLE (WATERBURY) - NO ALCOHOL- SPECIAL PAROLE TO FOL	

More:

01/31/2007 16:36:12



State of Connecticut
Board of Parole

Statement of Understanding and Agreement

CONDITIONS OF PAROLE

NAME KAMISARJOVSKY, JOSHUA CJIS NO. 299047 RELEASE ON OR AFTER 2/02/07

1. **RELEASE DIRECTION.** UPON RELEASE, YOU WILL REPORT TO YOUR ASSIGNED PAROLE OFFICER AS DIRECTED AND FOLLOW THE PAROLE OFFICER'S INSTRUCTIONS. YOU WILL REPORT TO YOUR PAROLE OFFICER IN PERSON, BY TELEPHONE AND IN WRITING WHENEVER AND WHEREVER THE PAROLE OFFICER DIRECTS.
2. **LEVELS OF SUPERVISION.** YOUR PAROLE OFFICER WILL ASSIGN YOU TO ONE OF SEVERAL LEVELS OF COMMUNITY SUPERVISION DEPENDING UPON YOUR CIRCUMSTANCE. THESE LEVELS OF COMMUNITY SUPERVISION MAY INCREASE DEPENDING UPON CHANGES IN CIRCUMSTANCES, AT THE DISCRETION OF THE PAROLE OFFICER, AND MAY INCLUDE RESIDENTIAL PLACEMENT, ELECTRONIC MONITORING, CURFEW, AVOIDANCE OF SPECIFIC GEOGRAPHICAL AREAS AND AVOIDANCE OF SPECIFIC SOCIAL CIRCUMSTANCES OR INDIVIDUALS.
3. **RESIDENCE.** YOU WILL LIVE IN A RESIDENCE APPROVED BY YOUR PAROLE OFFICER AND YOU WILL COORDINATE ANY CHANGES IN YOUR PLACE OF RESIDENCE THROUGH YOUR PAROLE OFFICER BEFORE MOVING. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR RESIDENCE AT ANY REASONABLE TIME.
4. **EMPLOYMENT.** YOU WILL SEEK, OBTAIN AND MAINTAIN EMPLOYMENT THROUGHOUT YOUR PAROLE TERM, OR PERFORM COMMUNITY SERVICE AS DIRECTED BY YOUR PAROLE OFFICER. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR PLACE OF EMPLOYMENT OR COMMUNITY SERVICE AT ANY REASONABLE TIME.
5. **MARITAL/DOMESTIC STATUS.** YOU WILL KEEP YOUR PAROLE OFFICER INFORMED OF ANY CHANGES IN YOUR MARITAL OR DOMESTIC STATUS.
6. **FIREARMS PROHIBITED.** YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, FIREARMS, AMMUNITION, OR ANY OTHER WEAPON OR OBJECT THAT CAN BE USED AS A WEAPON.
7. **SUBSTANCE ABUSE TREATMENT.** YOU WILL PARTICIPATE IN AN ADDICTION SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER. YOU WILL ALSO SUBMIT TO RANDOM URINALYSIS FOR THE BALANCE OF YOUR PAROLE TERM.
8. **MENTAL HEALTH TREATMENT.** YOU MAY BE REQUIRED TO PARTICIPATE IN A MENTAL HEALTH SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER.
9. **DRUGS PROHIBITED.** YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, ANY ILLEGAL DRUG, NARCOTIC OR DRUG PARAPHERNALIA.
10. **TRAVEL.** YOU WILL NOT LEAVE THE STATE OF CONNECTICUT WITHOUT PRIOR PERMISSION OF YOUR PAROLE OFFICER.
11. **OBEY ALL LAWS. REPORT ANY ARREST.** YOU WILL OBEY ALL LAWS, AND TO THE BEST OF YOUR ABILITY, FULFILL ALL YOUR LEGAL OBLIGATIONS, INCLUDING PAYMENT OF ALL APPLICABLE CHILD SUPPORT AND ALIMONY ORDERS. YOU WILL NOTIFY YOUR PAROLE OFFICER WITHIN 48 HOURS OF YOUR ARREST FOR ANY OFFENSE.
12. **GANG AFFILIATION.** YOU WILL NOT ASSOCIATE OR AFFILIATE WITH ANY STREET GANG, CRIMINAL ORGANIZATION OR WITH ANY INDIVIDUAL MEMBERS THEREOF.
13. **STATUTORY RELEASE CRITERIA.** YOUR RELEASE ON PAROLE IS BASED UPON THE PREMISE THAT THERE IS A REASONABLE PROBABILITY THAT YOU WILL LIVE AND REMAIN AT LIBERTY WITHOUT VIOLATING THE LAW AND THAT YOUR RELEASE IS NOT INCOMPATIBLE WITH THE WELFARE OF SOCIETY. IN THE EVENT THAT YOU ENGAGE IN CONDUCT IN THE FUTURE WHICH RENDERS THIS PREMISE NO LONGER VALID, THEN YOUR PAROLE WILL BE REVOKED OR MODIFIED ACCORDINGLY.

14. **ADDITIONAL CONDITIONS:** YOU ALSO MUST ABIDE BY THE FOLLOWING INDIVIDUAL CONDITIONS:

YOU ARE REQUIRED TO PARTICIPATE IN THE BOARD OF PAROLE ELECTRONIC MONITORING PROGRAM (EMP) FOR NINETY DAYS.

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE TO HAVE NO CONTACT IN ANY MANNER WHATSOEVER WITH THE VICTIMS OF YOUR OFFENSE(S) OR WITH THE VICTIM'S FAMILY.

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE NOT TO CONSUME ALCOHOLIC BEVERAGES AND YOU ARE PROHIBITED FROM ENTERING ANY ESTABLISHMENT WHERE THE PRIMARY PURPOSE IS THE SALE/SERVICE OF ALCOHOL.

FAILURE TO COMPLY WITH THESE CONDITIONS MAY RESULT IN THE REVOCATION OF PAROLE, AND, IF APPLICABLE, THE LOSS OF GOOD CONDUCT CREDITS EARNED WHILE IN PRISON.

I HAVE READ OR HAVE HAD READ TO ME, IN MY PRIMARY LANGUAGE, THE CONDITIONS OF PAROLE RELEASE. I FULLY UNDERSTAND MY OBLIGATIONS AND AGREE TO COMPLY WITH THESE CONDITIONS OF RELEASE ON PAROLE. IN ADDITION, I UNDERSTAND THAT THESE CONDITIONS SHALL APPLY TO ANY TERM OF SPECIAL PAROLE FOR WHICH I MAY HAVE BEEN SENTENCED TO SERVE.

Parolee	Date	Witness	Date
<i>B. Lopez - P.O.</i>	<i>1-13-05</i>	CASE REVIEW @ CENTRAL OFFICE	12/17/04
For the Board of Parole	Date	Hearing Location	Date



State of Connecticut
Board of Parole

Statement of Understanding and Agreement

CONDITIONS OF PAROLE

NAME KAMISARJEVSKY, JOSHUA CJIS NO. 299047 RELEASE ON OR AFTER 5/02/2006

1. **RELEASE DIRECTION.** UPON RELEASE, YOU WILL REPORT TO YOUR ASSIGNED PAROLE OFFICER AS DIRECTED AND FOLLOW THE PAROLE OFFICER'S INSTRUCTIONS. YOU WILL REPORT TO YOUR PAROLE OFFICER IN PERSON, BY TELEPHONE AND IN WRITING WHENEVER AND WHEREVER THE PAROLE OFFICER DIRECTS.
2. **LEVELS OF SUPERVISION.** YOUR PAROLE OFFICER WILL ASSIGN YOU TO ONE OF SEVERAL LEVELS OF COMMUNITY SUPERVISION, DEPENDING UPON YOUR CIRCUMSTANCE. THESE LEVELS OF COMMUNITY SUPERVISION MAY INCREASE DEPENDING UPON CHANGES IN CIRCUMSTANCES, AT THE DISCRETION OF THE PAROLE OFFICER, AND MAY INCLUDE RESIDENTIAL PLACEMENT, ELECTRONIC MONITORING, CURFEW, AVOIDANCE OF SPECIFIC GEOGRAPHICAL AREAS AND AVOIDANCE OF SPECIFIC SOCIAL CIRCUMSTANCES OR INDIVIDUALS.
3. **RESIDENCE.** YOU WILL LIVE IN A RESIDENCE APPROVED BY YOUR PAROLE OFFICER AND YOU WILL COORDINATE ANY CHANGES IN YOUR PLACE OF RESIDENCE THROUGH YOUR PAROLE OFFICER BEFORE MOVING. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR RESIDENCE AT ANY REASONABLE TIME.
4. **EMPLOYMENT.** YOU WILL SEEK, OBTAIN AND MAINTAIN EMPLOYMENT THROUGHOUT YOUR PAROLE TERM, OR PERFORM COMMUNITY SERVICE AS DIRECTED BY YOUR PAROLE OFFICER. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR PLACE OF EMPLOYMENT OR COMMUNITY SERVICE AT ANY REASONABLE TIME.
5. **MARITAL/DOMESTIC STATUS.** YOU WILL KEEP YOUR PAROLE OFFICER INFORMED OF ANY CHANGES IN YOUR MARITAL OR DOMESTIC STATUS.
6. **FIREARMS PROHIBITED.** YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, FIREARMS, AMMUNITION, OR ANY OTHER WEAPON OR OBJECT THAT CAN BE USED AS A WEAPON.
7. **SUBSTANCE ABUSE TREATMENT.** YOU WILL PARTICIPATE IN AN ADDICTION SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER. YOU WILL ALSO SUBMIT TO RANDOM URINALYSIS FOR THE BALANCE OF YOUR PAROLE TERM.
8. **MENTAL HEALTH TREATMENT.** YOU MAY BE REQUIRED TO PARTICIPATE IN A MENTAL HEALTH SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER.
9. **DRUGS PROHIBITED.** YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, ANY ILLEGAL DRUG, NARCOTIC OR DRUG PARAPHERNALIA.
10. **TRAVEL.** YOU WILL NOT LEAVE THE STATE OF CONNECTICUT WITHOUT PRIOR PERMISSION OF YOUR PAROLE OFFICER.
11. **OBEY ALL LAWS. REPORT ANY ARREST.** YOU WILL OBEY ALL LAWS, AND TO THE BEST OF YOUR ABILITY, FULFILL ALL YOUR LEGAL OBLIGATIONS, INCLUDING PAYMENT OF ALL APPLICABLE CHILD SUPPORT AND ALIMONY ORDERS. YOU WILL NOTIFY YOUR PAROLE OFFICER WITHIN 48 HOURS OF YOUR ARREST FOR ANY OFFENSE.
12. **GANG AFFILIATION.** YOU WILL NOT ASSOCIATE OR AFFILIATE WITH ANY STREET GANG, CRIMINAL ORGANIZATION OR WITH ANY INDIVIDUAL MEMBERS THEREOF.
13. **STATUTORY RELEASE CRITERIA.** YOUR RELEASE ON PAROLE IS BASED UPON THE PREMISE THAT THERE IS A REASONABLE PROBABILITY THAT YOU WILL LIVE AND REMAIN AT LIBERTY WITHOUT VIOLATING THE LAW AND THAT YOUR RELEASE IS NOT INCOMPATIBLE WITH THE WELFARE OF SOCIETY. IN THE EVENT THAT YOU ENGAGE IN CONDUCT IN THE FUTURE WHICH RENDERS THIS PREMISE NO LONGER VALID, THEN YOUR PAROLE WILL BE REVOKED OR MODIFIED ACCORDINGLY.
14. **ADDITIONAL CONDITIONS.** YOU ALSO MUST ABIDE BY THE FOLLOWING INDIVIDUAL CONDITIONS:

YOU ARE REQUIRED TO PARTICIPATE IN THE BOARD OF PAROLE ELECTRONIC MONITORING PROGRAM (EMP) FOR NINETY DAYS.

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE TO HAVE NO CONTACT IN ANY MANNER WHATSOEVER WITH THE VICTIMS OF YOUR OFFENSE(S) OR WITH THE VICTIM'S FAMILY.

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE NOT TO CONSUME ALCOHOLIC BEVERAGES AND YOU ARE PROHIBITED FROM ENTERING ANY ESTABLISHMENT WHERE THE PRIMARY PURPOSE IS THE SALE/SERVICE OF ALCOHOL.

FAILURE TO COMPLY WITH THESE CONDITIONS MAY RESULT IN THE REVOCATION OF PAROLE, AND, IF APPLICABLE, THE LOSS OF GOOD CONDUCT CREDITS EARNED WHILE IN PRISON.

I HAVE READ OR HAVE HAD READ TO ME, IN MY PRIMARY LANGUAGE, THE CONDITIONS OF PAROLE RELEASE. I FULLY UNDERSTAND MY OBLIGATIONS AND AGREE TO COMPLY WITH THESE CONDITIONS OF RELEASE ON PAROLE. IN ADDITION, I UNDERSTAND THAT THESE CONDITIONS SHALL APPLY TO ANY TERM OF SPECIAL PAROLE FOR WHICH I MAY HAVE BEEN SENTENCED TO SERVE.

Parolee	Date	Witness	Date
<u>B. Lopez - P.O.</u>	<u>10-1-04</u>	<u>FULL PANEL @ WILLARD-CYBULSKI CI</u>	<u>9/22/2004</u>
For the Board of Parole	Date	Hearing Location	Date


**STATE OF CONNECTICUT
BOARD OF PARDONS AND PAROLES**

Statement of Understanding and Agreement
Conditions of Parole

Parole Name	Kamisarhoovsky, Joshua	Numbers	CT 29904702 OOS	Release on	04/10/2007 or After
Hearing Location:	Central Office	Hearing Date:	02/09/2007	Type of Release:	DISCRETIONARY

1. **Release. Direction.** UPON RELEASE, YOU WILL REPORT TO YOUR ASSIGNED PAROLE OFFICER AS DIRECTED AND FOLLOW THE PAROLE OFFICER'S INSTRUCTIONS. YOU WILL REPORT TO YOUR PAROLE OFFICER IN PERSON, BY TELEPHONE AND IN WRITING WHENEVER AND WHEREVER THE PAROLE OFFICER DIRECTS.
2. **Levels of Supervision.** YOUR PAROLE OFFICER WILL ASSIGN YOU TO ONE OF SEVERAL LEVELS OF COMMUNITY SUPERVISION DEPENDING ON YOUR CIRCUMSTANCE. THESE LEVELS OF COMMUNITY SUPERVISION MAY INCREASE DEPENDING UPON CHANGES IN CIRCUMSTANCES, AT THE DISCRETION OF THE PAROLE OFFICER, AND MAY INCLUDE RESIDENTIAL PLACEMENT ELECTRONIC MONITORING, CURFEW, AVOIDANCE OF SPECIFIC GEOGRAPHICAL AREAS AND AVOIDANCE OF SPECIFIC SOCIAL CIRCUMSTANCES OR INDIVIDUALS.
3. **Residence.** YOU WILL LIVE IN A RESIDENCE APPROVED BY YOUR PAROLE OFFICER AND YOU WILL COORDINATE ANY CHANGE IN YOUR PLACE OF RESIDENCE THROUGH YOUR PAROLE OFFICER BEFORE MOVING. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR RESIDENCE AT ANY REASONABLE TIME.
4. **Employment.** YOU WILL SEEK, OBTAIN AND MAINTAIN EMPLOYMENT THROUGHOUT YOUR PAROLE TERM, OR PERFORM COMMUNITY SERVICE AS DIRECTED BY YOUR PAROLE OFFICER. YOUR PAROLE OFFICER HAS THE RIGHT TO VISIT YOUR PLACE OF EMPLOYMENT OR COMMUNITY SERVICE AT ANY REASONABLE TIME.
5. **Marital/Domestic Status.** YOU WILL KEEP YOUR PAROLE OFFICER INFORMED OF ANY CHANGES IN YOUR MARITAL OR DOMESTIC STATUS.
6. **Firearms Prohibited.** YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, FIREARMS, AMMUNITION, OR ANY OTHER WEAPON OR OBJECT THAT CAN BE USED AS A WEAPON.
7. **SUBSTANCE ABUSE TREATMENT.** YOU WILL PARTICIPATE IN AN ADDICTION SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER. YOU WILL ALSO SUBMIT TO RANDOM URINALYSIS FOR THE BALANCE OF YOUR PAROLE TERM.
8. **MENTAL HEALTH TREATMENT.** YOU MAY BE REQUIRED TO PARTICIPATE IN A MENTAL HEALTH SERVICES EVALUATION AND TREATMENT AS DEEMED APPROPRIATE. YOU WILL FOLLOW THE INSTRUCTIONS OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER AND WILL NOT MAKE ANY CHANGES WITHOUT THE EXPRESS PERMISSION OF THE PROGRAM STAFF AND YOUR PAROLE OFFICER.
9. **Drugs Prohibited.** YOU WILL NOT USE, OR HAVE IN YOUR POSSESSION OR CONTROL, ANY ILLEGAL DRUG, NARCOTIC, OR DRUG PARAPHENALIA.
10. **Travel.** YOU WILL NOT LEAVE THE STATE OF CONNECTICUT WITHOUT THE PRIOR PERMISSION OF YOUR PAROLE OFFICER.
11. **Obey All Laws.** REPORT ANY ARREST. YOU WILL OBEY ALL LAWS, AND TO THE BEST OF YOUR ABILITY, FULFILL ALL YOUR LEGAL OBLIGATIONS, INCLUDING PAYMENT OF ALL APPLICABLE CHILD SUPPORT AND ALIMONY ORDERS. YOU WILL NOTIFY YOUR PAROLE OFFICER WITHIN 48 HOURS OF YOUR ARREST FOR ANY OFFENSE.
12. **Gang Affiliation.** YOU WILL NOT ASSOCIATE OR AFFILIATE WITH ANY STREET GANG, CRIMINAL ORGANIZATION OR ANY INDIVIDUAL MEMBERS THEREOF.
13. **Statutory Release Criteria.** YOUR RELEASE ON PAROLE IS BASED UPON THE PREMISE THAT THERE IS A REASONABLE PROBABILITY THAT YOU WILL LIVE AND REMAIN AT LIBERTY WITHOUT VIOLATING THE LAW AND THAT YOUR RELEASE IS NOT INCOMPATIBLE WITH THE WELFARE OF SOCIETY. IN THE EVENT THAT YOU ENGAGE IN CONDUCT IN THE FUTURE WHICH RENDERS THIS PREMISE NO LONGER VALID, THEN YOUR PAROLE WILL BE REVOKED OR MODIFIED ACCORDINGLY.

Alcoholic Beverage Consumption

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE NOT TO CONSUME ALCOHOLIC BEVERAGES AND YOU ARE PROHIBITED FROM ENTERING ANY ESTABLISHMENT WHERE THE PRIMARY PURPOSE IS THE SALE/SERVICE OF ALCOHOL.

Contact With Victims

THROUGHOUT YOUR PERIOD ON PAROLE, YOU ARE TO HAVE NO CONTACT IN ANY MANNER WHATSOEVER WITH THE VICTIM OF YOUR OFFENSE(S) OR WITH THE MEMBERS OF THAT FAMILY

Electronic Monitoring

YOU WILL PARTICIPATE IN THE BOARD OF PAROLE ELECTRONIC MONITORING PROGRAM (EMP) FOR NINETY DAYS, THEREAFTER AT THE DISCRETION OF THE PAROLE OFFICER.

Parolee: _____ Date: _____

Witness: _____ Date: _____

Kamisarjevsky, Joshua # 299047

Time Calculator			
299047	12/20/2002		
		5	0
	1826		0
	139		
	0		
	0		
	1/31/2005		
	5/2/2006		
	11/1/2006		

Date Calculator	
Later date	
Earlier date	
Days inclusive	#VALUE!
Months inclusive	#VALUE!

NOTICE TO ATTENDEES AT BOARD OF PAROLE HEARINGS

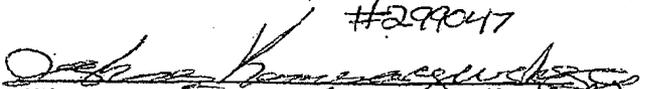
By determination of the courts and the Freedom of Information Commission, these hearings are to be open to attendance by all members of the general public including the members of the media.

In addition, should any member of the general public request information as to what had transpired at any meeting, they would be entitled to share such information, considered to be public information, as limited by statute.

During the course of the hearing, the Panel Members may vote to go to executive session in order to discuss information that should not require disclosure as public information, including but not limited to, medical, psychiatric or psychological records and reports, identities of the victims of sexual assaults, identities of informants, and any other sensitive material regarding persons that are not involved in the public aspects of the case in discussion.

If you have any questions concerning the above, please bring your questions to the attention of the panel prior to the start of the hearing.

#299047


9-22-04
 (Signature) (INMATE NUMBER) (Date)

AVISO A LOS PRESENTES EN LA AUDENCIA DE JUNTA DE PAROLE

Por determinacion de las cortes y la Comision de Libertad de Informacion, estas audiencias (reuniones) estan abiertas para el publico en general incluyendo la prensa, por lo tanto allos pueden asistir a estas reuniones.

Por-consiguiente, cualquier miembro del publico en general que solicite informacion acerca de lo ocurrido en cualquier reunion, ellos tendran derecho a obteneria. Esto se considera informacion publica, limitada por los estatutos de la ley.

Durante el transcurso de la audiencia, los miembros del panel pueden votar en que se lieve acabo una sesion ejecutiva para poder discutir informacion que no puede ser descubierta publicamente. Esto incluye pero no se limita a: informacion medica, reportes psiquiatricos o psicoogicos, identificacion de victimas de asaltos sexuales, identificacion sensstive relacionada con personas que no estan envueltas en los aspectos publico del caso en discusion.

Si usted tiene alguna pregunta con respecto a lo antes mencionado, favor de Informario a los miembros del panel antes de que la audiencia (reunion) comienze.

 (Firma) (NUMERO DEL PRESO) (Fecha)

Joshua Komisarjevsky

CONNECTICUT BOARD OF PARDONS & PAROLES
Hearing Disposition Form

INMATE NAME: Kamisaryovsky, Joshua NUMBER: 299047
HEARING DATE AND LOCATION: 29-07 New Inmate Location: Sullivan
PANEL: Booker, Eisenmann, Mendez HEARING OFFICER: T. Johnson

TYPE OF RELEASE: DISCRETIONARY SPECIAL PAROLE ESP MEDICAL PAROL
TYPE OF HEARING: FULL PANEL REVIEW ADMINISTRATIVE REVIEW X CASE REVIEW
REVOCATION HEARING RESCISSION HEARING COURTESY HEARING

THE BOARD TOOK THE FOLLOWING ACTION (initialed by a check mark):

X PAROLED EFFECTIVE: 4-10-07 (ON OR AFTER) RESIDENCE: Cheshire (CITY/TOWN) 3/11/20

Additional Conditions Required:

Parole to the State of Residential Treatment Program
Parole to Detainer (specify) 09 X EMP (Electronic Monitoring Program) 90 days/d
Contingent upon Continued Participation of No Driving
Program at 19 X No Contact With Victim/Family
Mental Health Treatment 29 X No Consumption of Alcoholic Beverages
(Specify type) Recommend DOC Residential Treatment Program
Mental Health Evaluation and Treatment as Deemed Necessary OTHER:

DENIED; No New Parole Hearing (see below for reasons)
DENIED; New Parole Hearing Date: (See below for reasons)
REVOKED; No New Parole Hearing (FORFEITURE OF S.G.T.;)
New Parole Hearing Date:
AND RE PAROLED EFFECTIVE: (See above for conditions)
RESCINDED; No New Parole Hearing
New Parole Hearing Date:
AND RE PAROLED EFFECTIVE: (See above for conditions)
REINSTATED
ESP ELIGIBLE; Eligibility Date: Hearing Date:
X SPECIAL PAROLE TO FOLLOW; Review Date: 10-10-11
CONTINUED:

DENIAL REASONS: DUE TO THE FOLLOWING, THE PANEL HAS CONCLUDED THAT YOU DO NOT MEET THE STATUTORY CRITERIA FOR PAROLE (reasons indicated by a check mark):

Nature and/or Circumstances of the Current Offense Injury and/or impact on the Victim(s) or the Victim's Family
Inadequate Institutional Program Participation Poor Institutional Adjustment
Criminal History Deemed Inappropriate for outpatient Sex Offender Treatment
Poor performance while on (indicated by circle): Probation / Parole / Community Release
Current Offense Committed while on (indicated by circle): Probation / Parole / Community Release
OTHER: (Additional Reasons for Denial; Panel Recommendations; or Reasons for a Continuance):

RISK ASSESSMENT SCORE: GUIDELINE RANGE ACCEPTED (circle one): Y or N (If NO, check reason why)

* AGGRAVATING FACTORS: Use or Presence of a Deadly Weapon Multiple Victims
Pattern of Increasingly Serious Crimes Serious Juvenile Criminal History Victim Opposition
Little/No Program Participation Poor Institutional Behavior Nature of the Offense
* MITIGATING FACTORS: Significant Program Participation Victim Support
Previous Successful Releases Passive/Minor Participation

* OTHER:

(A 'C' PRECEDING A DOCKET NUMBER SIGNIFIES THE CURRENT CONTROLLING SENTENCE)

1E	NUMBER	DOCKET NUMBER	OFFENSE DATE	SENTENCE DATE	DOCKET SENTENCE (MONTHS)	OFFENSE CODE	OFFENSE TRANSLATION	CHARGE SENTENCE (MONTHS)
HISARJOVSKY, JOSHUA R	299047	7-211361B	02MAR2002	10OCT2002	36.0	53A102	BURGLARY, SECOND DEGREE	CF 36.0
						53A124	LARCENY, THIRD DEGREE	DF 36.0
		07-211362B	30JUL2001	10OCT2002	36.0	53A102	BURGLARY, SECOND DEGREE	CF 36.0
		07-211363B	30JUL2001	10OCT2002	36.0	53A103	BURGLARY, THIRD DEGREE	DF 36.0
		07-211364B	16JUN2001	10OCT2002	36.0	53A102	BURGLARY, SECOND DEGREE	CF 36.0
		07-211365B	05JUN2002	10OCT2002	36.0	53A102 53A124	BURGLARY, SECOND DEGREE LARCENY, THIRD DEGREE	CF 36.0 DF 36.0
		C 07-211366B	05MAR2002	10OCT2002	36.0	53A102	BURGLARY, SECOND DEGREE	CF 36.0

Cheshire

6 yr. spec PAR

Rec 50%

Ⓟ

[Signature]

mom

REDACT
RAP

I & E Solutions

September 20, 2004

State of Connecticut
Parole Board
Willard Correctional Institution
Enfield, CT

To Whom It May Concern:

Re: Joshua Komisarjevsky, #299047

My painting company, I & E Solutions, is willing to offer employment to Joshua Komisarjevsky upon his release from Willard Correctional Institution. I have known Joshua for several years and have been in contact with him throughout his incarceration. I feel he has made a tremendous effort to rehabilitate himself and feel he would contribute to my company.

Sincerely,

[Redacted signature]

[Redacted address line 1]

[Redacted address line 2]

365 Oxbow Drive, Torrington, CT 06790 860-496-7757
Reg. #581591