

Exhibit 14

ILLINOIS DEPARTMENT OF CORRECTIONS
Parole Violation Report

106

Section A: Violation Details

Offender: ROBERT LINDSEY Alias: _____ ID#: K67188Parent Facility: SHERIDAN CC County of Violation: COOK Date of Birth: Program released to: _____ Level of Supervision: R3Gender: Male Female Race: FBI#: 941093CB7 I.R.#: 1158974 CCJ#: Release Date: 6-23-09 Sentence Exp. Date: 6-23-2011 Violation Date: 10-15-09

Custody Facility: _____ Custody Date: _____

Offense(s): POSSESSION OF A CONTROLLED SUBSTANCEIDOC Warrant # AP0910504 Date Warrant Issued: 10-15-09

Parolee ROBERT LINDSEY is currently on parole for the following offenses (list all mittimus offenses) MAN/DEL 01=15 GR COCAINE/AN 10-1-07; AMT NARC SCHED/I.II/SCH/HS/P 8-5-98; CARRY POSSESS FIREARM/2nd SUB 8-6-98 and was incarcerated from 10-2-07 to 9-30-08 The most recent parole violation(s) for which this warrant was issued/is being requested follows (include date, time, place and description of the violation; description and method of weapons used; identity and injury to victim(s); arrest date and arresting agency; criminal charges; ON 10-18-09 THIS AGENT BECAME AWARE OF THE FACT THAT ROBERT LINDSEY WAS ARRSTED BY CPD FOR POSSESSION FOR LESS THAN 15 GRAMS OF HEROIN. ACCORDING TO THE ARREST REPORT, OFFICERS CURBED VEHICLE IN WHICH THE VIOLATOR WAS SITTING ON THE PASSENGER SIDE OF THE VEHICLE AND WAS GIVEN AN ORDER TO EXIT SAID VEHICLE. AS THE VIOLATOR EXITED THE VEHICLE HE DROPPED A SMALL KNOTTED PLASTIC BAG CONTAINING SUSPECT HEROINE TO THE FLOOR. ROBERT LINDSEY IS IN VIOLATION OF MSR AGREEMENT# I AND II, IN THAT HE VIOLATED A CRIMINAL SATUTE AND WAS IN PO9 II, IN THAT HE VIOLATED A CRIMINAL STATUTE AND WAS IN POSSESSION OR USED NARCOTICS.

List all Arrests or Alleged Parole/Mandatory Supervised Release Violations or sanctions and the date of occurrence other than those in the above section (include date, time, place and description of the violation; description and method of weapons used; identity and injury to victim(s); arrest date and arresting agency; criminal charges; and custody/court/bond information): ACCORDING TO AMS HISTORY THERE HAVE BEEN NO RECENT ARREST.

Answer the following questions only if the offender has absconded:

Is this an instant absconder? No Yes Offender has been an absconder since (support in your narrative):

Did the offender make any contacts to AMS while an absconder? No Yes If yes, dates of contacts:

Community Adjustment: ROBERT LINDSEY'S COMMUNITY ADJUSTMENT HAS BEEN POOR IN THAT HE IS ON PAROLE AND DEALING HEROINE IN THE COMMUNITY.

Answer the following questions or provide the required information for all parolees. Offender currently resides with: DORETHY COLEMAN(MOTHER) (include description of others living with the parolee, such as wife, children, girlfriend, parents. It is mandatory to list any children under 18 living in the home, age, and the relationship of the parolee to those children.)

Where was the offender's approved host site? CHICAGO, IL Can the offender return to this host site? No Yes

If no, state why and also what other host site options does the Offender have?

Offender was employed at time of arrest/alleged violation with: N/A for week(s) month(s) year(s).

Did the offender attend school at time of arrest/alleged violation? No Yes If yes, level of education:

Special conditions for substance abuse and/or mental health and/or other programming by PRB or MSR Rule 15 (List each special condition, MSR Rule 15. referrals provided and date, and follow-up by agent. Specify the name and type of treatment program, where it was provided, if they had been attending regularly and if there were any progress reports - attach reports): CD, CG

Current and prior housing, substance abuse and/or mental health issues (include incarceration information if available):

Does parolee have:

State ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown	Social Security Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Unknown

Distribution: Offender; Releasing Authority; Offender's Case File;
Parent Field Services Representative; AMS;
Hearing Officer; if FOS, Interstate Compact

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If parolee does not have a valid State ID or Driver's License, list the referral dates for identification assistance: 10-2-09
Offender attending or enrolled in sex offender treatment with (provider): N/A at (address): for (length of time and progress - attach progress notes):

Is this current arrest or alleged violation a sex related offense? No Yes Relationship to victim:

List the offender's overall successes that will assist in providing support upon re-entry to the community:

- Supportive Immediate Family System
- Supportive Friends/Extended Relatives System
- Supportive Community Resources (List):
- Employable Skills (List):
- Unknown

Agent's Narrative for Community Adjustment and Complete Case Management Background (mandatory for all cases, including new arrests and cases of mandatory warrant issuance): ROBERT LINDSEY'S COMMUNITYADJUSTMENT HAS BEEN TERRIBLE, IN THAT, HE HAS OBVIOUSLY BEEN SELLING NARCOTICS WHICH IS A VIOLATION OF THE LAW AND PAROLE.

Agent's Institutional and Release Recommendation:

Is diversion recommended for this parolee ? No Yes Support your recommendation using the three (3) diversion criteria : DIVERSION IS NOT RECOMMENDED BECAUSE HE IS A SAFETY RISK AT THIS TIME BECAUSE OF HIS VIOLENT HISTORY WHICH INCLUDED A WEAPONS VIOLATION. ROBERT LINDSEY WOULD BE ABLE TO RETURN TO HIS ASSIGNED HOST-SITE WITH HIS MOTHER. IN ADDITION, THERE IS NOT AN APPROPRIATE SANCTION LEFT FOR THE VIOLATORS NARCOTICS POSSESSION CHARGE.

Recommended changes to current PRB orders and justification: THIS AGENT RECOMMENDS ELECTRONIC MONITORING FOR ROBERT LINDSEY. Recommended time to be served and justification:

Other recommendations and justification:

Attachments: Sanction Form Police Report Other (specify):

I hereby declare under the penalty of perjury that the foregoing description of alleged violations made by me in this violation report is true and correct to the best of my knowledge and belief.

AMANI DANIELS

F29

10-18-09

09

Print Parole Agent's Name

No.

Parole Agent's Signature

Date

Supervisor Comments (if any - supervisor must specifically review the diversion review recommendation and concur/non-concur):

H. Sanchez

B95

10/19/09

Print Parole Supervisor's Name

No.

Supervisor's Signature

Date

Section B: Notice of Charges must be completed at the same time this section is completed

ILLINOIS DEPARTMENT OF CORRECTIONS
Parole Violation Report

0106

10-19

ROBERT LINDSEY

K67188

ID#

Offender's Name

Section B: Notice of Charges of Alleged Parole or Mandatory Supervised Release Violations

You are hereby notified that, as detailed on this form, you are charged with having committed the following violations of your conditions of Parole or Mandatory Supervised Release Agreement:

- 1. Violation of any criminal statute.
- 2. Possession of a firearm or other dangerous weapon.
- 3. Failure to report to your agent.
- 4. Failure to permit the agent to visit at home, employment, or elsewhere as determined necessary.
- 5. Failure to attend or reside in a facility established for the instruction or residence of persons on parole or mandatory supervised release.
- 6. Failure to secure permission before visiting or writing a committed person in a Department facility.
- 7. Failure to report all arrests to an agent as soon as permitted by the arresting authority but in no event later than 24 hours after release from custody.
- 8. Failure to obtain permission of your agent before leaving the State of Illinois.
- 9. Failure to obtain permission of your agent before changing your residence or employment.
- 10. Failure to consent to search of your person, property, or residence under your control.
- 11. Use or possession of narcotics or other controlled substances in any form, or both, or any paraphernalia related to those substances, or failure to submit to a urinalysis test as instructed.
- 12. Frequenting places where controlled substances are illegally sold, used, distributed, or administered.
- 13. Knowingly associating with other persons on parole or mandatory supervised release without prior written permission of your agent or knowingly associating with persons who are members of an organized street gang.
- 14. Failure to provide true and accurate information, relating to your adjustment in the community while on parole or mandatory supervised release or to your conduct while incarcerated, in response to inquiries by your agent.
- 15. Failure to follow any specific instructions provided by your agent, specifically: ELECTRONIC MONITORING _____
- 16. Failure to comply with the following additional conditions of release: _____

You are entitled to a Preliminary Parole/Mandatory Supervised Release Violation Hearing before a neutral Hearing Officer to determine whether or not probable cause exists that you did commit one or more of the violations checked above. You may appear and speak on your own behalf at this hearing and you may retain an attorney to represent you at the hearing. You may present evidence to rebut the charges and you may make a written request in advance of the hearing to present witnesses who can provide relevant information or to question adverse witnesses. If probable cause on any new criminal charge is determined by the court prior to the hearing date, you are not entitled to a preliminary hearing.

Your preliminary hearing is now scheduled to be held on: 16-29, 2009 at 9:00 a.m. p.m.

at: NRG

Note: If probable cause is found at the preliminary parole revocation hearing, you may request the hearing officer recommend to the Prisoner Review Board that the parole violation warrant be withdrawn pending a final parole revocation hearing.

As an alternative to the scheduled hearing, you may exercise one of the following options by initialing the appropriate box:

A. **Postpone:** I request that my preliminary hearing be postponed for up to 30 days from today's date to permit me to obtain an attorney, witnesses, or documents. I understand that it is my responsibility to present these individuals or materials at my hearing on:

B. **Waive (Illinois Offenders Only):** I elect to waive my preliminary hearing with the understanding that I will be afforded a full revocation hearing before the Prisoner Review Board or Parole Board. This waiver does not indicate any admission of guilt to the above violations.

C. **Waive (Adult Interstate Compact Only):** I admit guilt and waive my preliminary hearing.

Initials

I have received a copy of this Notice of Charges:

Robert Lindsey

Offender's Signature

on X 10, 21, 09
Date

A copy of this notice was delivered to the alleged violator by:

Print Name

Williams

Title

C/O

Signature

on

10, 20, 09
Date