

Exhibit 15

State of Illinois
PRISONER REVIEW BOARD ORDER

Date: November 4, 2010

Name Lindsey, Robert	Number K67188	Facility Hill	Docket No. VC
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To the Warden –

The following order is your authority to release this individual on parole to the custody and supervision of the Office of Community Supervision, or continue to hold as indicated. If parole is ordered, said order is subject to being vacated prior to release to parole. Any release is contingent upon execution of Parole or Mandatory Supervised Release Agreement.

<p>X PAROLE/MANDATORY SUPERVISED RELEASE REVOCATION</p> <p><input type="checkbox"/> Found not to be a violator</p> <p><input type="checkbox"/> Declared a violator as of <u>10/15/09</u> on</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Statutory Parole <input checked="" type="checkbox"/> Mandatory Supervised Release <input type="checkbox"/> Parole </p> <p><input checked="" type="checkbox"/> Parole or release revoked</p> <p style="margin-left: 20px;"><input type="checkbox"/> Continued to _____</p> <p><input type="checkbox"/> Parole or release continued</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effective _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> Effective when plans are approved</p> <p style="margin-left: 20px;"><input type="checkbox"/> Subject to Condition(s) listed below</p> <p><input type="checkbox"/> Hearing continued to _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> For further information <input type="checkbox"/> For Court Disposition <input type="checkbox"/> At inmate's request <input type="checkbox"/> For Violation Report </p>	<p>Violator Rationale The inmate named has violated parole or Mandatory Supervised Release because the inmate:</p> <p><input checked="" type="checkbox"/> Committed the criminal offense of <u>PCS</u></p> <p style="margin-left: 20px;"><u>2ur</u></p> <p><input checked="" type="checkbox"/> Violated condition(s) <u>1+11</u></p> <p style="margin-left: 20px;">of the Parole or Release Agreement.</p> <p><input type="checkbox"/> Violated condition(s) _____</p> <p style="margin-left: 20px;">of your Special Order.</p> <p><input type="checkbox"/> Absconded.</p> <p><input type="checkbox"/> Failed to report or falsified report(s).</p> <p>Evidence Relied Upon</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Counselor's Report <input type="checkbox"/> Police Report <input type="checkbox"/> Witnesses testimony <input type="checkbox"/> Own Admission </p>	<p><input type="checkbox"/> PAROLE</p> <p><input type="checkbox"/> Parole granted effective when</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Parole plans are approved <input type="checkbox"/> Minimum is served <input type="checkbox"/> Eligible </p> <p><input type="checkbox"/> Subject to regular conditions and</p> <p style="margin-left: 20px;"><input type="checkbox"/> Subject to condition(s) listed below</p> <p><input type="checkbox"/> Parole denied, continued to _____</p> <p><input type="checkbox"/> Hearing continued to _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Psychiatric Report requested <input type="checkbox"/> For verification of parole plans <input type="checkbox"/> At inmate's request </p> <p><input type="checkbox"/> Release date offer attached to and made a part of this order.</p> <p><input type="checkbox"/> See Rationale attached to and made a part of this Order</p> <p>Order of _____</p> <p style="margin-left: 20px;"> <input type="checkbox"/> Amended <input type="checkbox"/> Stayed <input type="checkbox"/> Vacated </p>
<p>The Board finds that this evidence is sufficient because:</p> <p style="margin-left: 20px;"><u>Caution</u></p>		
<p style="text-align: center;">SPECIAL ORDER:</p> <p>YOU ARE OBLIGATED TO THE GENERAL RULES GOVERNING PAROLEES OR MANDATORY SUPERVISED RELEASEES AND THE FOLLOWING SPECIAL ORDER(S):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> Substance Abuse Counseling (CD)</p> <p><input type="checkbox"/> Outpatient Mental Health Counseling (CP)</p> <p><input type="checkbox"/> Electronic Monitoring (CE) for a period of _____</p> <p><input type="checkbox"/> No Victim Contact (CT) _____</p> <p><input type="checkbox"/> Be released to the warrant or detainer against you. If the charge or charges on which the warrant or detainer is based are dismissed you shall be returned to an institution of the Department of Corrections for further consideration by the Board. (CW)</p> <p><input type="checkbox"/> Other: (CO) _____</p> </div> <div style="width: 45%;"> <p><input type="checkbox"/> Anger Management Counseling (CG)</p> <p><input type="checkbox"/> Sex Offender Counseling (CX)</p> </div> </div>		

PRISONER REVIEW BOARD:

Distribution: Board; Institution File; Resident; Clinical or Parole Services

IL 578-0011(7/08)