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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

LOREN A.N. BUDDRESS
CHIEF PROBATION OFFICER

U.S. COURT HOUSE
450 GOLDEN GATE AVENUE
SUITE #17-6884
POST OFFICE BOX 38057
SAN FRANCISCO, CA 94102-3487

TEL: 415-438-7540
FAX: 415-438-7572



EXCELLENCE IN PROBATION SERVICES

PLEASE REPLY TO:

1301 CLAY STREET
SUITE 220S
OAKLAND, CA 94612-5206

TEL: 510-637-3600
FAX: 510-637-3625

May 17, 1999

Mr. Phillip Craig Garrido
1554 Walnut Ave.
Antioch, CA 94509

Dear Mr. Garrido:

This letter is intended to confirm the **Early Termination** of your term of Parole effective March 9, 1999. You will be happy to know that you are no longer obligated to report to the U.S. Probation Office.

I want to thank you for your cooperation over this period of supervision and I hope that you will continue to do well.

If there is anything we can help you with in the future, do not hesitate to contact our office.

Best Regards.

MARK MESSNER
Sr. U.S. Probation Officer

MM/rmv

NDC:43

Linda Dillon

PG00113

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
PROBATION OFFICE

LOREN A.N. BUDDRESS
CHIEF PROBATION OFFICER

U.S. COURT HOUSE
150 GOLDEN GATE AVENUE
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OFFICE OF PROBATION SERVICES

PLEASE REPLY TO:

1301 CLAY STREET
SUITE 2205
OAKLAND, CA 94612-5206

TEL: 510-637-3600
FAX: 510-837-3625

May 17, 1999

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1554 Walnut Ave.
Antioch, CA 94509

Dear Mr. Garrido:

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Best Regards.

MARK MESSNER
Sr. U.S. Probation Officer

MM:rmv

NDC:43

Linda Dillon

GARRIDO, Phillip Craig

36377-136

Date Sentence

Imposed: 3/11/1977

Date Supervision Began: 1/20/1988

District of


Supervision: Northern California

The Commission has issued the following order:

YOU ARE HEREBY DISCHARGED FROM PAROLE

By this action, you are no longer under the jurisdiction of the U.S. Parole Commission.

After a thorough review of your case, the Commission has decided that you are deserving of an early discharge. You are commended for having responded positively to supervision and for the personal accomplishment(s) you have made. The Commission trusts that you will continue to be a productive citizen and obey the laws of society.


Raymond E. Essex
Administrator

March 9, 1999
Date

Parolee Copy

U.S. Probation Officer Copy

File Copy

Original - Central File
County - Subject
File - Prison
Name - Date, etc

NEVADA BOARD OF PAROLE COMMISSIONERS

N.S.P. Number 12954
L#88/89-0163
CC#-318964
CODE: 88-26-97

PAROLE AGREEMENT

Carson City Nevada August 26th 1988

On the 11th day of April 1977 Phillip Garrido was sentenced by Honorable Roy L. Tarvinon District Judge of the Second Judicial District Court in and for the county of Washoe State of Nevada, to imprisonment in the Nevada State Prison System, for the crime of Forcible Rape for a term of LIFE

The Board of Parole Commissioners, by virtue of the authority vested in it by the laws of the State of Nevada, hereby authorizes the Director of the Department of Prisons to allow said Phillip Garrido on the 26th day of August 1988 or as soon thereafter as a satisfactory program can be arranged and approved by the Department of Parole, to go upon parole outside the prison buildings and enclosure, subject to the following conditions:

- 1. RELEASE: Upon release from the institution, you are to go directly to the program approved by the Department of Parole, and shall report to the Parole Officer or other person designated by the Department.
2. RESIDENCE: You shall not change your place of residence without first obtaining permission from your Parole Officer, in each instance.
3. OUT-OF-STATE TRAVEL: You shall not leave the State without first obtaining written permission, from your Parole Officer.
4. EMPLOYMENT AND/OR PROGRAM: You shall seek and maintain employment, or maintain a program approved by the Department of Parole and not change such employment or program without first obtaining permission.
5. REPORTS: You are required to submit a written monthly report to your supervising Parole Officer on the first of each month on form supplied by the Department of Parole. This report shall be true and correct in all respects; in addition, you shall report as directed by your Parole Officer.
6. INTOXICANTS: You shall not drink or partake of any alcoholic beverages (to excess). Upon request by any Parole or Peace Officer, you shall submit to a medically recognized test for blood alcohol content. Failure to so submit shall constitute a violation of your parole. Test results of .10 blood alcohol or higher shall be sufficient proof of excess.
7. SEARCH: You shall submit to a search of your person, automobile, or place of residence, by a Parole Officer, at any time of the day or night without a warrant, upon reasonable cause as ascertained by the Parole Officer.
8. NARCOTICS: You shall not use, purchase nor possess any narcotic drugs, nor any dangerous drugs, unless first prescribed by a licensed physician; you shall submit to narcotic or drug testing as required by any Parole Officer.
9. WEAPONS: You shall not possess, own, carry, or have under your control any type of weapon.
10. ASSOCIATES: Former inmates of penal institutions and individuals of bad reputation shall be avoided unless permission is granted by the Department. You shall not correspond with persons confined in penal institutions, unless specific written permission has previously been granted.
11. COOPERATION: You shall, at all times, cooperate with your Parole Officer and your behavior shall justify the opportunity granted to you by this parole. You shall always consult your Parole Officer and obtain his permission before entering into a contract of marriage, or going into debt, or purchasing a motor vehicle (proof of liability insurance will be required). Whenever problems arise, or you do not understand what is expected of you, consult with your Parole Officer as it is his/her responsibility to help you in the interpretation of the conditions of this parole.
12. LAWS AND CONDUCT: You shall comply with all municipal, county, state and federal laws, and ordinances; and conduct yourself as a good citizen.

13. SPECIAL CONDITIONS OF YOUR PAROLE 1. California Only 2. Maintain Steady Employment 3. Search 4. Drug Testing 5. [Redacted] 6. Must Comply With Federal Parole Program As Follows: Must Complete Federal Community Treatment Program 14. YOUR PAROLE EXPIRATION DATE IS LIFE

15. CREDITS: You shall receive no credit, whatsoever, on this sentence should you be absent from supervision at any time and be considered an absconder.

This parole is granted to and accepted by you, subject to the conditions stated herein, and with the knowledge that the Board of Parole Commissioners have the power, at any time, in case of violation of the conditions of parole to cause your detention and/or return to prison. Your right to vote has been revoked and may be restored upon Honorable Discharge for parole.

[Signature of Susan H. Reed]
Susan H. Reed
Chief Parole Officer
Date August 26th 1988

APPROVED BY THE BOARD OF PAROLE COMMISSIONERS

AGREEMENT BY PAROLEE

I do hereby waive extradition to the State of Nevada from any state in the United States, and from any territory or country outside the continental United States, and also agree that I will not contest any effort to return me to the United States or to the State of Nevada.

I have read or had read to me, the following conditions of my parole, and I fully understand them and I agree to abide by and strictly follow them. I fully understand the penalties involved should I in any manner violate the foregoing conditions.

PAROLEE Phillip Garrido

Witness AB MacPherson Prison Reintegrative
Dated 8-26-88

STATE OF CALIFORNIA
TRANSFER INVESTIGATION REQUEST / TRAVEL PERMIT /
INTERSTATE FORM I / OBIS NOTIFICATION
 CDC 1233 (1/92)

DEPARTMENT OF CORRECTIONS
 DATE: 7-16-01

PRE-PAROLE TRANSFER INVESTIGATION REQUEST TRANSFER INVESTIGATION REQUEST VISITATION PERMIT NOTICE OF TRANSFER / CORRECTION / RESIDENCE CHANGE

TO: (RECEIVING STATE) _____ COMMITMENT OFFENSE _____ DOB _____

CDC NUMBER: I 18140 NAME (LAST, FIRST, MI): Garrido, Phillip PAROLE DATE: _____ DISCHARGE DATE: _____ SUPERVISION LEVEL: _____

I TO: _____ REGION / UNIT _____
 ADDRESS _____

II FROM: _____ REGION / UNIT _____
 UNIT OR INSTITUTION ADDRESS: _____
 WILL LEAVE (LOCATION): _____ ON (DATE): _____ AND RETURN ON (DATE): _____ SUBJECT _____ DATE _____
 WAS NOT WAS INSTRUCTED TO REPORT TO YOU ON:
 LIVE WITH _____ HOME ADDRESS AND COUNTY _____ PHONE NUMBER _____

III CURRENT INMATE / PAROLEE LOCATION _____ PROPOSED EMPLOYMENT (NAME, ADDRESS, AND PHONE NUMBER) _____
 STATUS KNOWN BY _____ STATUS UNKNOWN _____
 ADJUSTMENT TO DATE / COMMENTS: _____
 PAROLE AGENT OR CORRECTIONAL COUNSELOR'S NAME _____ TELEPHONE NUMBER _____ UNIT OR INSTITUTION SUPERVISOR'S SIGNATURE _____
 APPROVED BY: _____

IV IF BETWEEN COUNTIES, THIS REQUEST IS BASED ON THE CRITERIA CHECKED BELOW (FOR CALIFORNIA USE ONLY):

1. NEED TO PROTECT PERSON 6. INTERSTATE CASE 9. RETURNING TO COUNTY OF COMMITMENT
 2. SERIOUSNESS OR HIGH NOTORIETY 7. FULL-TIME TRAINING OR EDUCATION PROGRAM 10. PROTECT PERSON PER 667.5(C) P.C. DETERMINATION
 3. LAST LEGAL RESIDENCE 8. P.C. 2960 CASE
 4. MAINTAINED STRONG FAMILY TIES 5. VERIFIED EMPLOYMENT

V FOR USE BY RECEIVING UNIT

RECEIVING AGENT ASSIGNED TO INVESTIGATE	DATE ASSIGNED	DUE DATE	COMMENTS
RECEIVING AGENT'S RECOMMENDATION <input type="checkbox"/> APPROVAL (BASED ON CRITERIA # _____) <input type="checkbox"/> DENIAL OF TRANSFER			
PAROLE AGENT'S SIGNATURE	DATE		
RECEIVING UNIT SUPERVISOR'S RECOMMENDATION <input type="checkbox"/> APPROVAL (BASED ON CRITERIA # _____) <input type="checkbox"/> DENIAL OF TRANSFER			
UNIT SUPERVISOR'S SIGNATURE	DATE		
RECEIVING PAROLE ADMINISTRATOR'S DECISION <input type="checkbox"/> APPROVAL (BASED ON CRITERIA # _____) <input type="checkbox"/> DENIED			
PAROLE ADMINISTRATOR'S SIGNATURE	DATE		

VI OBIS NOTIFICATION

NOTICE OF: 1. TRANSFER 2. CORRECTION 3. COUNTY CHANGE EFFECTIVE DATE: 07-16-01

UNIT	COUNTY OF RESIDENCE	UNIT	COUNTY OF RESIDENCE
<u>Con II</u>		<u>Con I</u>	
AGENT		AGENT	
<u>Fulbright</u>		<u>Despain</u>	
UNIT SUPERVISOR		UNIT SUPERVISOR	
<u>Rizo</u>		<u>Haywood</u>	
INTERSTATE SUPERVISION IN (STATE): _____		INTERSTATE SUPERVISION IN (STATE): <u>ALL</u>	<input type="checkbox"/> DEPORT

Sarah E. Waite

I. DISABILITY IDENTIFICATION

Staff (AOR, CCI, or BCPA) completing this portion of the BPT 1073 shall review all relevant and reasonably available central file/field file information prior to first contact with the inmate/parolee involved in a parole proceeding or related event. (If a BPT 1073 has been previously completed and in file, and there are no noted changes, staff are to conduct a BPT 1073 review Section IV of this form.)

Type of Parole Proceeding or related event: One time screening only.

There are no disability related documents in the central file/field file verifying a disability or need for accommodation.

Documentation indicates an accommodation is required by the inmate/parolee to effectively participate in the parole proceeding (enter type, i.e., ASL interpreter, staff assistance (effective communication), assistive device or accessible hearing location): _____

(If ASL or Language interpreter is required, or assistive device is unavailable, staff must immediately fax this form and supporting documents to the BPT ADA Compliance Unit (ADACU) at (916) 324-7604. If applicable, accommodation must be provided during contact with inmate/parolee.)

The following disability related documents contained in the central file/ field file verify a disability or need for accommodation? (Check the appropriate box and attach document(s) to this form)

a. CDC 1845

d. CDC 128 C

Other Paro Letter in French

b. CDC 128-C1

e. CDC 611

c. CDC 128-C2

f. CDC XXX (TABE Score 625)

CLAUDE DESPAIN
Staff Name & Title (Please print)

Claude Despain
Staff Signature

602-6570
Phone Number

6-20-01
Date

II. NOTICE & INMATE REQUEST FOR ACCOMMODATION

Staff (DHA, CCI or BCPA) serving the BPT 1073 at initial contact shall read the following paragraphs to the inmate/parolee and complete Section III.

This is to notice you that you have been scheduled for or undergoing a (type of parole proceeding) 1 time screening. The Americans with Disabilities Act (ADA) is a law that protects people with disabilities. A disability is a condition that makes it hard for you to see, hear, breathe, talk, learn, think, work, or take care of yourself without help. If you are disabled, you cannot be left out of places, parole proceedings, or other events because of your disability. You have the right to help in preparing for, getting to, and talking and understanding what is said at a parole proceeding. If you cannot read or understand something about a parole proceeding because of your disability, you can ask staff for help now.

If you have a disability and you do not get help for your disability or you disagree with the help staff provided to you, you can make a complaint by filling out a BPT 1074 Form (Request for Reasonable Accommodation - Grievance.)

(Inmate/Parolee to complete this portion, if able. If inmate/parolee unable, staff are to assist):

1. I do not have a disability.

2. I have a disability but do not need help at my parole proceeding.

3. I request help at my parole proceeding because of my disability.

What is your disability? (Check the box, which best fits your disability).

a. Walking

Seeing

Other (describe) _____

b. Hearing

Reading

Talking

Understanding

What kind of help do you need for your parole proceeding (Check the box for the type of help)?

Staff Assistance (help reading, understanding, or talking)

Language Interpreter (Type) _____

A lawyer to help me

Sign language interpreter (Type) _____

Help walking or wheelchair

Hearing device (Type) _____

Visual aids/optical device (Type) _____

Phillip Garrido
(Inmate/Parolee sign here)

6/20/01
(Date)

I 18140

IP Garrido

M. R. Rodriguez

RECEIVED

JAN 15 2008

CONCORD UNIT

Over the next few weeks changes will be taking place concerning my personal development, you will need to update your records. Also, I will be starting to conduct meetings at

4393
Hillcrest Ave
Antioch Ca 94531

The room is in a good location and is housed in a medium sized new restaurant.

The media will be attending and though I will try to keep it under control before it goes worldwide people will be talking and its important that you have a report in my files that complete your awareness to the facts. It will be simple as this is protected under the First Amendment and is a part of my rights and belief in God. This will allow you to handle the next phase professionally a well known lawyer will be preparing to end this long-term parole and you will need an official report for him.

This is a simple matter that needs your immediate attention in order to cover the records. Simply contact these people and confirm for yourself that the documents are in fact true according to the people who signed the statements. As you know I have all the legal ends covered but your end is in the open and I worry you may be caught off guard

Please remember this fight is against satan and he is trying to slow you down because it is a part of what will be taking place.

I have good news for you, knowing that you hate these violent acts as much as I do, formerly I was under minded by my past behavior and now I am fully recovered by way of Gods freedom to examine my mind assuring this is so. So please waste no more time as these people know me on a professional basis and are witness to the facts and not on my past behaviors. They are not interested in questioning you as I informed them you work for the state of California and you're just confirming the facts. They will treat you with full respect and honor your needs to know.

RECEIVED

JAN 15 2008

CONCORD UNIT

Sincerely
Phillip Garrido

