



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
 Nellie M. Gorbea, *Secretary of State*

**Rules and Regulations Filing Form**

**1. Agency Name and Address**

**Parole Board, Sex Offender Community Notification Unit**  
 40 Howard Ave.

**2. Title of Rule**

Parole Board Sex Offender Community Notification Unit Guidelines 2014

**3. Statutory Source of Authority**

11-37.1

**4. Concise Explanatory Statement - §42-35-2.6**

The purpose of this adoption of the Rhode Island Parole Board 2014 Guidelines and the Sex Offender Community Notification Guidelines is to establish the procedures for assessing risk in determining whether to grant or deny parole, and establishes the procedures for notifying a community of registered sexual offenders.

**5. Type of Filing**

Emergency Rules	
A1. Emergency 120-day initial - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment of ERLID: <input type="checkbox"/> Repeal of ERLID:	A2. Emergency 60-day renewal - §42-35-2.10 <input type="checkbox"/> Adoption <input type="checkbox"/> Amendment <input type="checkbox"/> Repeal Indicate ERLID of 120-day initial:
Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:	

Final Rules		
<input type="checkbox"/> B1. Amendment - §42-35-3(a) <input type="checkbox"/> C. Technical Revision	<input checked="" type="checkbox"/> B2. Adoption - §42-35-3(a) <input type="checkbox"/> D. Direct Final Rule - §42-35-2.11	<input type="checkbox"/> B3. Repeal - §42-35-3(a)
Expires ERLID: 7266 If B1 or C, please indicate new, amended, deleted, or revised sections:		

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8:03/26/2014  
 Date of Public Hearing - §42-35-2.8:05/06/2014  
 End of Comment Period - §42-35-2.8 :05/06/2014

**7. Agency Additional Information - Web Page**

http://

**8. Certification**

*I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,*

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Notary Public  
 Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_