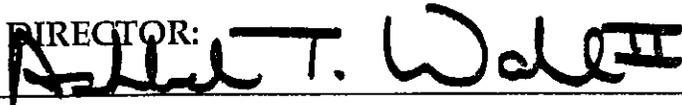


RHODE ISLAND DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE

	POLICY NUMBER: 20.01 DOC	EFFECTIVE DATE: 03/12/98	PAGE 1 OF 14
	REPEALS: 5.06.04-2	DIRECTOR: 	
SECTION: RELEASE		SUBJECT: INMATE FURLOUGHS	
REFERENCES: ACA Standard #'s 3-4390, temporary release programs; 3-4392, escorted leaves into community; 3-4444 (community furloughs); RIDOC policy #'s 1.17.01-3, Inmate Marriages; 5.13.09-3, Security and Control of Inmates at Outside Hospitals		AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10(v), Powers of the director; § 42-56-18, Inmate furloughs; § 42-56-21, Labor of prisoners committed for criminal offense, qui tam, penal action, or failure to give recognizance	

Inmate/Public Access - Yes

I. PURPOSE:

To outline the policy, procedures, and regulations relative to the granting of furloughs to inmates committed to the Rhode Island Department of Corrections (RIDOC), Adult Correctional Institutions (ACI).

II. POLICY:

- A. It is the policy of the RIDOC that the Classification Board, by a vote of at least three (3) of the five (5) members, and upon the approval of the Director or designee, may allow a person committed to the ACI to leave that place on furlough within or without the State of Rhode Island, provided that during the period of the furlough, the person so furloughed shall be deemed to remain committed to confinement to the ACI.
- B. Furloughs may be granted for a period not to exceed fourteen (14) days in any 6-month period for any of the following purposes:

Public Notice: 12/21/97	Public Hearing: 01/20/98	 Last Filed 02/20/98
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RI SECRETARY OF STATE
AD-ADMINISTRATIVE RECORDS

1. To visit a seriously ill immediate family member (see definition in section III.A.1.) or to attend the funeral or wake of any such person;
2. To obtain health care services;
3. To seek employment or training;
4. To secure a residence;
5. To visit immediate family members or other persons who have developed regular visitation patterns with the inmate as shall be determined suitable by the Director or designee (social furloughs); and
6. To obtain a marriage license or such other permits as shall be required by law to marry.

III. PROCEDURES:

A. Categories and Eligibility

1. Category "A": To visit a seriously ill immediate family member or attendance at wake and/or funeral (as determined by the Department of Corrections) of deceased immediate family member. Immediate family member is defined as spouse, child, parent, grandparent, grandchild, brother, or sister (including half-brother and half-sister). With the exception of spouse, the term "immediate family member" also includes step, adopted, and foster relationships in the above-named relationships.

Eligibility "A": All inmates, sentenced and awaiting trial, are eligible.

2. Category "B": To obtain health care services. This is restricted to medical, psychiatric, and psychological services not available at the ACI, but determined by an ACI staff physician to be in a patient's best interest and necessary for his/her evaluation, diagnosis, and/or treatment; also included are community drug and alcohol treatment programs and visitation to residential treatment programs approved by RIDOC's Substance Abuse Coordinator.

Eligibility "B": All inmates, sentenced and awaiting trial, are eligible.

3. Category "C": To seek employment and/or training. This is limited to employment, educational and/or vocational training not available at the ACI (cf: RIGL § 42-56-21).

Eligibility "C": Individuals who have been classified Work Release or Work Release/Job Search, granted Parole, or are ninety (90) days from discharge at Minimum Security are eligible.

4. Category "D": To secure a residence. Furloughs may be granted in order to allow the inmate to find a residence to go to upon his/her release or parole from the ACI.

Eligibility "D": Same as Eligibility "C" above.

5. Category "E": To visit immediate family or other persons who have developed regular visitation patterns with the inmate as shall be determined suitable by the Director or designee (referred to throughout this policy as "social furlough").

Eligibility "E": Please see section B., below.

6. Category "F": To obtain a Marriage License. This includes obtaining all necessary permits, certificates, etc., required by law in order to be married.

Eligibility "F": Same as eligibility for Category E.

B. Social Furloughs (Category E)

1. Eligibility: Eligibility for furloughs in Category E is limited to the following inmates:

- a. First-time offenders serving six (6) months or less.
- b. Those eligible for work, training, or education programs in accordance with the provisions of § 42-56-21, and who are within two (2) years of their Parole eligibility date.
- c. In the case of a person sentenced to imprisonment for life with no Parole restrictions, when two (2) years from Parole eligibility date.
- d. In the case of a person sentenced to imprisonment for an offense involving murder, sexual assault, manufacture and/or sale of drugs, or a violent offense with aggravating factors, after being classified to Work Release and participating in work, training, or education programs in accordance with the provisions of § 42-56-21.

2. Restrictions:

- a. An individual who is serving his/her second incarceration shall serve a minimum of one-third (1/3) of his/her sentence before being eligible for initial furlough.
- b. An individual who is serving his/her third incarceration shall not be eligible for furlough release unless s/he is classified Work Release, employed within the community or a full-time participant in an educational program, and within six (6) months of his/her discharge date and/or parole release date.

- c. An individual who has returned to the institution as a Parole violator shall not be eligible for furlough release unless s/he is classified Work Release, employed within the community or a full-time participant in an educational program, and within six (6) months of his/her discharge date and/or parole release date.

3. **Exclusions:**

- a. Those serving sentences of life without parole.
- b. Those individuals not eligible for work, training, or educational programs according to § 42-56-21 (i.e., classified to secure facilities -- Intake, Medium, Maximum, High) and sexual offenders involving minors.
- c. Those serving fourth or subsequent incarcerations.

C. **General Conditions of Unaccompanied Furloughs**

1. **Preconditions to Furlough:**

- a. Furlough is a privilege, not a right.
- b. Inmates must:
 - (1) give prior consent to be medically examined upon return to the correctional facility (may include but not be limited to blood and breathalyzer tests and urinalysis);
 - (2) agree to cooperate with medical personnel during these post-furlough examinations;
 - (3) consent to be searched (body and possessions) upon return.
- c. Inmates must agree to:
 - (1) return promptly upon recall by the Furlough Coordinator, Director, or Director's designee;
 - (2) abide by general and special conditions of furlough as contained in Furlough Terms and Conditions form (Attachment 5);
 - (3) sign such form in advance of furlough release.
- d. Regarding Category A furloughs, medical documentation must be submitted to the Furlough Unit before a decision is made.

2. Departure and Return Procedures:
 - a. An inmate's sponsor must pick him/her up and provide transportation from and returning to the institution. All sponsors must show positive identification at the facilities. All sponsors must provide supervision of the individuals on furlough, must accompany them, or know their whereabouts at all times.
 - b. Any inmate who participates in the Furlough Program is subject to a urinalysis, blood test, and/or breathalyzer test upon return to the institution.
 - c. Sponsors:
 - (1) Sponsors must be individuals of good character who visit inmates on a regular basis unless a documented medical illness prevents such visits.
 - (2) Employees of the RIDOC who are not relatives (as defined in section III.A.1., Category A) of inmates requesting furloughs may not act as sponsors.
 - d. Overnight Furloughs
 - (1) Minimum Security. Inmates in Minimum Security may be granted overnight Category E furloughs no more than once every sixty (60) days.

Minimum Security overnight furloughs commence at 10:00 AM and end at 7:00 PM the next day.
 - (2) Work Release. Inmates in Work Release may be granted overnight Category E furloughs no more than once every thirty (30) days.

Work Release overnight furloughs begin and end at times designated by the Furlough Coordinator, based on the inmate's work assignment and hours of work.
 - e. One-Day Furloughs. Minimum Security and Work Release furloughs commence at 10:00 AM and end at 7:00 PM. The Officer in charge of said facility telephones the Furlough Coordinator's office to notify him/her of return or failure to return of inmates.
3. Conditions While on Furlough. While on furlough, inmates will:
 - a. obey all laws -- federal, state, and local.

- b. not leave restricted areas, as specified in conditions governing individual furloughs.
 - c. avoid questionable resorts and will not associate with persons known to have criminal records, including other inmates on furlough.
 - d. not drive motor vehicles.
 - e. not indulge in the use of narcotic drugs or intoxicating beverages nor aid or abet in the sale and/or delivery of same.
 - f. not incur debts.
 - g. make telephone calls to the Furlough Coordinator or assigned facility promptly at times designated during furloughs.
 - h. not convey any messages, written or oral, into or out of the ACI to any person, except as specified in these regulations.
 - i. return to the institution immediately if illness arises and will notify the institution immediately if too ill to travel.
 - j. telephone the Furlough Coordinator or assigned facility in case of unforeseen emergency while on furlough and will comply with instructions received.
 - k. return to the ACI at scheduled time. If detained by emergency, will telephone unit of assignment in advance of expiration of furlough and will comply immediately with instructions received.
 - l. not apply for any type of license unless specifically authorized to do so as condition of furlough.
 - m. agree not to contest any effort by any jurisdiction to return them to the State of Rhode Island and also agree to extradition to the State of Rhode Island from any jurisdiction in or outside the United States where they may be found.
4. Penalties for Violation of Regulations by Inmates:
- a. Willful failure to return at the scheduled time will subject the inmate to criminal charge of escape and all attendant penalties.
 - b. Violation of regulations or special conditions of furlough shall be considered a violation of rules governing discipline, and inmate shall be charged and tried accordingly.

5. ~~Time on Furlough to Count as Sentence Time.~~ Time spent on furlough shall be deemed time spent under sentence for all purposes specified in the General Laws of Rhode Island.
6. ~~Inmates Under Detainer Ineligible for Unaccompanied Furloughs.~~ Inmates against whom detainers have been lodged shall be ineligible for unaccompanied furloughs. It shall be the responsibility of the Furlough Coordinator to include such information in the Report of Investigation.

D. **Classification Board:**

1. The decision to recommend or approve and inmate for a furlough is based upon the following:
 - a. Inmate's ability to conduct him/herself responsibly while in the community;
 - b. Past and present conduct in the correctional system;
 - c. Past history of release on furlough, probation, parole, or bail;
 - d. Involvement in institutional programs or rehabilitative activities;
 - e. History of violent behavior;
 - f. Offense; and
 - g. Absence of any criminal charge against the inmate.
2. **Classification Board Policies:**
 - a. The Director or designee makes the final determination as to the approval or denial of an individual's furlough, accompaniment necessary, and the extent of the activities in any and all communities.
 - b. No inmate is eligible to participate in the Furlough Program if s/he has been found guilty of any infraction resulting in the loss of good conduct time during the previous six (6) months. An extensive disciplinary record may result in an extension of the 6-month period (pertains to Category E furloughs).
 - c. All inmates who participate in the Furlough Program's Category E are restricted to their residences on their first furloughs. This furlough policy applies to all facilities and does not preclude the possibility of any inmate's being restricted to his/her residence during future furloughs for an extended period.

- d. The Furlough Coordinator has the authority to suspend furloughs for up to five (5) months for minor infractions. If an inmate refuses suspension, s/he may request a disciplinary hearing.
- e. At least two (2) unescorted day passes must be completed prior to an inmate's being eligible for an overnight furlough.
- f. Regarding Category A furloughs, medical documentation must be submitted to the Furlough Unit before a decision is made.
- g. All inmates returning to the institution from furlough are strip searched.
- h. Individuals found guilty of possession of or under the influence of alcohol and/or drugs within the institution shall not participate in the Furlough Program for at least one (1) year from the date of infraction.
- i. Individuals found guilty of assault shall not participate in the Furlough Program for at least one (1) year from the date of infraction.
- j. Any person charged with escape or a new offense while participating in the Furlough Program shall not be eligible for any future furloughs, except in emergency situations.
- k. Transportation for escorted furloughs is provided by uniformed correctional personnel. Exceptions to this rule can only be approved by the Director or Furlough Coordinator.
- l. An inmate with no furlough experience who is transferred to another facility must undergo a 30-day evaluation period prior to being granted a furlough.
- m. Marriages are not allowed on escorted furloughs. Marriages may be permitted on unescorted furloughs, consistent with the Department's marriage policy. Individuals requesting marriages will sign affidavits stating they are free to marry. These affidavits will be presented before the Classification Board.
- n. Unemployed inmates who are classified to and residing in Work Release continue to be eligible for furloughs according to Minimum Security participation regulations until such time as they are regularly employed. Once the inmates are regularly employed, the Work Release Program rules become effective. The Work Release Program Supervisor or designee confers weekly with the Furlough Coordinator relative to the status of unemployed individuals.

3. Classification Board Procedures:

a. Application. Attachment 1 is prepared and signed, in duplicate, by inmate.

(1) Both copies are forwarded to the Furlough Coordinator with a signed money transfer slip for processing fee:

(2) Initial application	\$2
Scheduled application	\$1
Requested change from previously submitted application	\$1

(3) The money transfer slip is made out to Furlough Unit, Rhode Island Department of Corrections.

(4) New applications are submitted twenty-one (21) days in advance of the Classification Board date (normally the first Tuesday of the month).

(5) Subsequent applications are submitted twenty-one (21) days in advance of requested furlough dates. (Exceptions: Emergency furloughs in Categories A and B.)

(6) Emergency furlough applications are submitted to the Furlough Coordinator immediately. If an emergency arises outside of the Furlough Coordinator's normal work week, the application is submitted to the affected facility's Superior Officer.

b. Investigation by Furlough Coordinator.

(1) All furlough requests are investigated by the Furlough Coordinator. (Exceptions: Emergency furlough requests occurring outside of the normal work week.) S/he submits Furlough Application (Attachment 1) and Written Report of Investigation (Attachment 2) to the Classification Board.

(2) Emergency furlough applications are investigated immediately. The investigating officer (Furlough Coordinator, if on duty; or affected facility's Superior Officer) submits a written report to the Director or designee.

(3) The investigating officer makes every attempt to obtain the signature of the Director or designee on the Furlough Card. When the Director or designee is not available in person, s/he may give verbal approval for the emergency furlough and authorize the investigating officer to sign the Furlough Card.

- c. Classification Board Action.
- (1) The Classification Board considers furlough applications in order of their receipt.
 - (2) Approvals. Approvals of furlough applications are by a vote of at least three (3) members of the Classification Board. The Board also makes recommendations relative to accompaniment and applicable fees.
 - (3) Denials. Reason(s) for denials of furlough applications are noted by the Furlough Coordinator on Reports of Decision forms (Attachment 3), and copies are delivered to the applicants.
- d. Director's Action.
- (1) Once furlough applications are approved by the Classification Board, the Furlough Coordinator forwards copies of the applications, investigations, and reports of decisions to the Director or designee for final decisions.
 - (2) The Director or designee indicates approval or denial on the applications. S/he also notes the conditions of furloughs on the reports of decision forms, if applicable, and returns all forms to the Furlough Coordinator for further action.
- e. Counseling Sessions Relative to Approved Applications.
- (1) The Furlough Coordinator meets with each inmate prior to his/her release on an approved furlough. S/he issues a Furlough Identification Card (Attachment 4), which contains the signature of the Director or designee, to the inmate. The Furlough Coordinator obtains the inmate's signature on the Furlough Terms and Conditions form (Attachment 5).
 - (2) S/he also arranges for the release of funds allowed to the inmate for the furlough from Inmate Accounts [cash not to exceed fifty dollars (\$50) or check] and obtains receipt from inmate for same.
- f. Notification of Custodian
- (1) At least twenty-four (24) hours in advance of furlough release, the Furlough Coordinator gives written notice of the date and commencement and completion times of said furlough to the affected facility's Superior Officer. (Exceptions: Emergency furloughs.) The affected facility's Superior Officer ensures the information is maintained on the institutional count sheet for

the duration of the furlough.

- (2) In the case of an Emergency Furlough granted by the Director or designee at a time when the Furlough Coordinator is not on duty, it is the responsibility of the affected facility's Superior Officer to maintain the information required and to forward a written copy of the information to the Furlough Coordinator immediately.

- g. Notification of Police. It is the responsibility of the Furlough Coordinator to send notice of unaccompanied furloughs (Category E) to include time of commencement and termination of the furlough and conditions of the furlough, including address while on furlough, to the Chief of Police of the community where an inmate is to reside on furlough, at least twenty-four (24) hours in advance of the commencement of such furlough.

E. Furloughs for Out-of-State Transfers

1. Out-of-state inmates who are serving their sentences in Rhode Island under conditions of the Interstate Compact Agreement, are subject to the furlough laws of the sending state.
2. All requests for furloughs from out-of-state transfers are forwarded by the Rhode Island Furlough Coordinator to appropriate officials in the sending states for approval. No furlough is granted without the permission of the sending state, consonant with governing statutes of that state.
 - a. Any furlough conducted outside the boundaries of the State of Rhode Island (under the laws of the sending state) is supervised by officials from the sending state. The sending state is also responsible for transportation of the inmate to and from the assigned institution.
 - b. Furloughs conducted within the confines of the State of Rhode Island are governed by the furlough policies and procedures of the Rhode Island Department of Corrections.
3. Inmates under dual jurisdiction serving concurrent sentences in both Rhode Island and another state are governed by the furlough laws of the State of Rhode Island.
 - a. Approval for furloughs must be obtained from both states.

F. Special Orders/Custody

1. Whenever an inmate is furloughed by the RIDOC, correctional staff ensure:
 - a. Security Risk Group (SRG) Inmates

- (1) Furlough Office notifies Director and Special Investigations Unit (SIU).
 - (a) Director determines appropriate transport personnel, use of restraints, etc.
- b. High Security Inmates
 - (1) SIU is notified by Furlough Office.
 - (2) are accompanied by not less than two (2) uniformed Correctional Officers, one of whom is armed at all times.
 - (3) Restraints remain in place during the furlough at all times.
 - (4) State and local police are notified of pending furlough and specific time and place by Superior Officer of facility.
- c. Maximum Security, Medium Security and Intake Service Center Inmates
 - (1) are accompanied by not less than two (2) uniformed Correctional Officers, one of whom is armed at all times.
 - (2) Restraints remain in place during the furlough at all times.
 - (3) State and local police are notified at the discretion of the Director or designee by Superior Officer of facility.
- d. Use of Restraints for Furlough
 - (1) Four types of restraints are commonly utilized:
 - (a) Cuffs
 - (b) Belly Chains
 - (c) Shackles
 - (d) Knee Braces
 - (2) When determining appropriate method of restraint, the Furlough Coordinator is consulted. Three (3) criteria are evaluated:
 - (a) Security of Inmate
 - (b) Prior Furlough Experience
 - (c) Nature of the Furlough

e. Escorted Furloughs of High Security, Maximum, and Medium Security Inmates

- (1) Inmates will not use telephones.
- (2) Inmates will not be let out of the vision of the Correctional Officers.
- (3) Inmates will consume no food.
- (4) Inmates will consume no beverages.
- (5) Inmates may not be permitted to leave the general area of furlough purpose. Location of furlough will not be changed except by the Furlough Coordinator.
- (6) There will be no transport in privately owned vehicles (POV).
- (7) Radio contact will be maintained at all times (portable and mobile).

f. Minimum and Work Release Inmates

- (1) One (1) non-uniformed Correctional Officer may accompany inmate and provide transportation.
- (2) Inmates with positive furlough histories may also be transported by family members.
- (3) No security devices are required.

g. Funeral Visits

It is the policy of the RIDOC that ~~escorted~~ funeral home visits are limited to off-hours visitation. Inmate family contact at funeral homes is discouraged.

h. Hospital Security Procedures

Security and control of inmates by Correctional Officers is governed by Department Policy 5.13.09-3, titled "Security and Control of Inmates at Outside Hospitals".

FURLOUGH PROGRAM FORM INDEX

Furlough Application	Attachment	1
Investigation Forms 1 and 2	Attachment	2
Report of Decision	Attachment	3
Identification Card	Attachment	4
Terms and Conditions	Attachment	5

In addition to the forms referenced in this policy, a number of forms have been developed for use by the Furlough Office. Current versions of these forms are included for the benefit of the Furlough Office. They include:

Letter to Potential Sponsor	Attachment	6
Sponsor Signature Form	Attachment	7
Facility Notification Form	Attachment	8
Resident Data Sheet	Attachment	9
Furlough Call-In Form	Attachment	10
(Marriage) Affidavit	Attachment	11
(Common Law Marriage) Affidavit	Attachment	12
Domestic Violence Forms 1 and 2	Attachment	13
Compensation Form/Escorted Furlough	Attachment	14
Out-of-State Sponsor Form	Attachment	15
Category C Job/Education Interview Form	Attachment	16
Monthly Report Form	Attachment	17
Cumulative Report Forms 1 and 2	Attachment	18
Special Orders/Escorted Furloughs	Attachment	19

RECEIVED

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NOTE: In filling out application, make use of Furlough Regulations which have been issued to you.

1. Legal Name (Print) _____ Date of Birth _____ Custody _____

2. Category of Furlough Desired: A _____ B _____ C _____ D _____ E _____

3. Residence while on Furlough:
Name of Sponsor: _____ Relationship: _____
Street Address: _____
City or Town: _____ Phone Number: _____

4. Request release on: _____ Date _____ Time _____
Return to A.C.I.: _____ Date _____ Time _____

5. Exact reason(s) for Furlough (Print) _____

6. Transportation Arrangements: _____

7. Clothing Arrangements: _____

8. Do you have funds available for expenses during your furlough? (Explain) _____

9. I hereby certify that I have read the regulations governing furloughs, and I agree if granted a furlough to obey the regulations.

Witness (Any Department of Corrections Staff Member) Signature

DAY PASS _____ EXPIRATION _____ SECURITY DATE _____
OVERNIGHT _____ PAROLE _____

I CURRENT OFFENSE

NON VIOLENT: POSS/B&E/FORGERY/EMBEZZ/STLN AUTO/SHR LIFT/LAR/
 ETC.
 SALES AND DELIVERY

PAROLE VIOLATOR (WITH NEW SENT. Y N)

CIVIL PURGE (NOT ELIGBL)

VIOLENT POL STRY REQIRD HAVE Y N

SEXUAL POL STRY AND AGE OF VICTIM ____

DOMESTIC ASSAULT NO CONTACT Y N #

ROBBERY/ARMED ROBBERY POL STRY REQIRD HAVE Y N

ARSON POL STRY REQIRD HAVE Y N

KIDNAPPING POL STRY REQIRD HAVE Y N

NOTABLE POL STRY REQIRD HAVE Y N

II PRIOR CRIMINAL HISTORY

MULTIPLE ARREST Y N

PRIOR PROBATION OR SUSPENDED Y N

PRIOR VIOLENT OR SEXUAL OFFENSE Y N

RECIDIVIST Y N

SENTENCES OVER SIX MONTHS 1 2 3 4

SENTENCES UNDER SIX MONTHS 1 2 3 4

DATE LAST INCAR. _____

DATE RETURNED CURRENT SENTENCE _____

DATE PAROLE REVOKED IF APPLICABLE _____

III RILETS

OUT OF STATE ARREST AND OR CONVICT Y N

RILETS DATE _____

IMMIG DET Y N

CHARGES PENDING Y N

IV PRIOR FURLOUGH
 NEGATIVE EXPERIENCE

Y N
 Y N

V PAROLE INFORMATION
 ELIGIBILITY DATE
 PAROLE BOARD RESULTS

 Y N

VI · FURLOUGH ELIGIBLE Y N DATE _____

VII SYSTEM ADVANCEMENT HISTORY

ISC DATE _____
 TO MAX MED MIN WR DATE _____
 TO HIGH SECURITY/PC DATE _____

DISCIPLINARY INFRACTIONS	Y	N
NO CONTACT ORDERS	Y	N
CURRENT OR PAST PROTECTIVE CUSTODY	Y	N
PSYCHOLOGICAL REPORTS AVAILABLE	Y	N
NA/AA COUNSELING REQUIRED	Y	N
PARTICIPATING IN THE ABOVE COUNSELING	Y	N

VIII VISITATION HISTORY

FAMILY ORIENTED IN NATURE	Y	N
FRIEND ORIENTED IN NATURE	Y	N
VISITATION (2/MONTH OVER 3 MONTHS)	SAT	UNSAT
MARRIAGE CERT. REQUIRED/RECEIVED	Y	N
SPONSOR LETTER RECEIVED	Y	N

IX MANDATORY WR AND WORKING	Y	N
WHERE WORKING:		
START DATE:		
X COST AND FINES	Y	N
PAYING WITH FACILITY AGREEMENT	Y	N
COURT ORDERED DEFERMENT/AGREEMENT	Y	N

REMARKS:

A.C.I. FURLOUGH RELEASE PROGRAM
REPORT OF DECISION

NAME _____ DATE OF BIRTH _____ SECURITY _____

DATE RECEIVED: _____ HEARING DATE: _____

DECISION: APPROVED _____ DENIED _____ DEFERRED _____

Conditions or reasons for denial of furlough: _____

TO DIRECTOR: _____

We the undersigned, consisting of at least three (3) voting members of the Classification Board, recommend _____ be included in the Furlough Program under Title 42-56-18 of the General Laws as amended:

ACTION BY DIRECTOR:

APPROVED _____ DENIED _____

Comments or special conditions: _____

DIRECTOR, DEPT. OF CORRECTIONS

STATE OF RHODE ISLAND
ADULT CORRECTIONAL INSTITUTIONS
FURLOUGH RELEASE PROGRAM

This is to certify _____ is
Name
classified to the Furlough Program of the Adult
Correctional Institutions and as such is permitted
to be free in the community.

_____ at _____ to _____ at _____
Day Hour Day Hour

The Chief of Police of _____
City or Town

has been notified of his status on program.
He will be residing at _____

Tel. Max. Security Control Center 464 - 2034
Tel. Furlough Supervisor 464 - 2002

Name of Sponsor

Director/Designate

Date Issued

Physical Description

Name

D.O.B.

Height

Weight

Eyes

Hair

Signature

FURLOUGH PROGRAM PERMIT

TERMS AND CONDITIONS

In accordance with Rhode Island General Laws, Section 13-2-24, the Department of Corrections of the State of Rhode Island hereby issues this permit to _____ to be at liberty under the terms and conditions enumerated below.

This permit is granted subject to the following terms and conditions which the undersigned hereby agrees faithfully to observe:

IS:

Furlough is a privilege, not a right.
Inmate consents to medical examination upon returning to correctional facility, including but not limited to blood and breathalyzer tests and urinalysis, and agrees to cooperate with medical personnel during this examination. Inmate also consents to search of persons and possessions upon return.
Inmate agrees to return promptly upon recall by the Director. Inmate agrees to abide by general and special conditions of furlough.

CONDITIONS:

Inmate will obey all laws: Federal, State, and Local.
Inmate will not leave State of Rhode Island or more restricted area as specified in conditions governing individual furlough.
Inmate will avoid questionable resorts and will not associate with persons known to have criminal records, including other inmates on furlough.
Inmate will not drive a motor vehicle.
Inmate will not indulge in the use of narcotic drugs or intoxicating beverages or aid or abet in the sale and/or delivery of same.
Inmate will not incur debts.
Inmate will make telephone calls to furlough coordinator or assigned facility promptly at times designated during furlough.
Inmate will not convey any messages, written or oral, into or out of the Adult Correctional Institutions to any person, except as specified in these regulations.
Inmate will return to the institution immediately if illness arises and will notify institution immediately if too ill to travel.
Inmate will telephone Furlough Coordinator or assigned facility in case of unforeseen emergency while on furlough.
Inmate will return to the Adult Correctional Institutions at scheduled time. If detained by emergency, will telephone unit of assignment in advance of expiration of furlough and will comply immediately with instructions received.
Inmate will not apply for any type of license unless specifically authorized to do so as condition of furlough.
Inmate will waive extradition to the State of Rhode Island from any jurisdiction in or outside the United States where they may be found and also agree not to contest any effort by any jurisdiction to return them to the State of Rhode Island.
Inmate will also obey these special conditions as outlined by the Classification Board of the Adult Correctional Institutions and the Director of Corrections, State of Rhode Island:

Any violation by this holder of this permit or any of its terms or conditions, or the violation of any laws, shall of itself make void said

permit within permit has been explained to me. I fully understand its terms and conditions.

Signature



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Corrections
ADULT CORRECTIONAL INSTITUTIONS
FURLOUGH OFFICE
Box 8249
Cranston, R.I. 02920

Dear

----- has requested to participate in the Adult Correctional Furlough Release Program. It is our understanding that you have agreed to be a sponsor for this individual while he/she participates in the Program.

Your authorization by signature is necessary both for his/her release on furlough and for your permission to allow a member of the Department of Corrections' Staff to visit your residence if necessary while ----- participates in the Furlough Program.

Enclosed is a copy of the Terms and Conditions while on furlough for your personal use, and a sponsorship statement that must be signed and returned immediately, as any delay will postpone the individual's release. At this point I would like to thank you for participating in the Furlough Program and hope that we can work together to make it most successful.

--- Yours truly,

Joseph Filipkowski,
Furlough Coordinator

JF / 1m

DEPARTMENT OF CORRECTIONS

FURLOUGH RELEASE PROGRAM

SPONSOR SIGNATURE FORM

I, _____, am aware
that _____ has applied for a furlough on
or about _____ and has listed me as his/her sponsor
and my home as his/her residence during his/her furlough.

This procedure is agreeable to me. I also certify that
I have received a copy of the TERMS AND CONDITIONS that must be
adhered to and I understand them.

Your authorization by signature is necessary both for
his/her release on furlough and for your permission to allow a
member of the Department of Corrections' staff to visit your
residence if necessary while he/she participates in the
Furlough Program, thus I agree to waive my right to be free
from unreasonable search and seizure guaranteed by the
Constitution.

SIGNATURE OF SPONSOR

NOTE: This letter is to be signed and
returned to:

ADULT CORRECTIONAL INSTITUTIONS
COMMUNITY CONFINEMENT-FURLOUGH PROGRAM
BERNADETTE GUAY BLDG./WORK RELEASE UNIT
P.O. BOX 8275
CRANSTON, RHODE ISLAND 02920

NOTE: This is only a preliminary step in the furlough
process. This statement does not denote a
guaranteed furlough.

FURLOUGH RELEASE PROGRAM
FACILITY NOTIFICATION FORM

TO: ASSOCIATE DIRECTOR _____

SECURITY _____ DATE _____

This is to certify and give notice that _____
is a participant in the Furlough Release Program. He will be released
on _____ at _____ and is to return
on _____ at _____. He shall be carried
on the "count sheet" as a participant in the Furlough Program.

FURLOUGH OFFICER

NAME OF APPROVED SPONSOR _____

RESIDENCE OF SPONSOR _____

TELEPHONE NUMBER OF SPONSOR _____

ESCORTED AND PROVISIONS _____

TRANSPORTED BY _____

UNESCORTED _____ RESTRICTIONS _____

CALL IN TIME _____

BRIEF DESCRIPTION OF CLOTHING _____

A F F I D A V I T

I, _____, do hereby certify and swear that I have read Rhode Island General Laws 15-1-1 through 15-1-6 and I am eligible, in accordance with the provisions of the above named statutes, to marry _____, my intended spouse.

Specifically, I hereby swear and certify that:

1. I am not presently married.
2. My intended spouse is not presently married.
3. My marriage to the above-named person would not be illegal or otherwise void as a matter of law.
4. I will comply/have complied with the requirements of Rhode Island General Laws 15-2-1 through 15-3-6 as applicable, namely, to obtain a marriage license, undergo physical exam and blood test and obtained the services of a properly licensed person to perform the marriage.

I understand that my furlough is conditioned upon the truthfulness of these assertions and that any false statements made by me whether knowingly or unknowingly are grounds for an immediate revocation of my furlough. I further understand that the granting of a furlough may be subject to whatever conditions the Director, or his designee, may deem appropriate to impose.

DATE _____

WITNESS _____

DATE _____

AFFIDAVIT

We, _____, make affidavit and say:

1. That since _____, we have regarded each other as husband and wife.
2. That since that date we have told our friends and acquaintances that we are married and have been so regarded in the community.
3. That since _____, we have lived together as husband and wife at _____
_____.

We affirm that neither of us is married to another person and that the marriage relationship has been consummated.

We state that the preparation and signing of this affidavit has been our free act and deed.

Signature

Signature

Subscribed and sworn to before me by _____

Maiden Name

Notary Public

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF CORRECTIONS**

NOTIFICATION OF VICTIMS WITH NO CONTACT ORDERS

DATE: _____

TO: _____

ADDRESS: _____

ZIP CODE: _____

SUBJECT: NO CONTACT ORDER # _____

All inmates classified to Work Release who are being considered for a job or social furlough or for placement in Home Confinement who have been convicted of domestic violence (RIGL § 12-29-2, Domestic Violence Prevention Act) will be subject to the following condition prior to community placement.

In all cases, the victim will be notified that the Department intends to supervise the defendant in the community and that it is our policy to notify the victim. All victims will be given the opportunity to raise any concerns they may have subject to further investigation and action by the Department consistent with public safety.

As a result of this policy, a questionnaire is attached which gives you the opportunity to state your objection to an individual's placement in a community program or for restrictions you may want placed on an individual while s/he participates in a community program. Please send completed copy to:

Defendant's Name: _____ DOB: _____

Date of Sentence: _____

Length of Sentence: _____

Parole Date (If applicable): _____

Good Time Release Date: _____

In regard to the above-stated individual, I, _____

have do not have any

objections to his/her participating in a community release program. I would, however, like the following restrictions placed on this individual:

- No contact with myself or members of my immediate family;
- No release to certain communities in the State;
- No letters or telephone calls to my residence or work place while s/he participates in community release.
- Other:

The individual will be subject to the restrictions decided upon after investigation and will be subject to disciplinary procedures if not adhered to.

Signature

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Corrections
Policy and Development
COMMUNITY CONFINEMENT
Furlough Program
75 Howard Avenue
Cranston, RI 02920
(401) 464-2002

DATE

COMPENSATION FOR ESCORTED FURLOUGH

According to Rhode Island General Law, Section 42-56-18, the Rhode Island Department of Corrections may make an appropriate charge for the necessary expenses of accompanying a person on furlough.

In accordance to this law, I, _____, accept the following payment arrangement.

I shall reimburse the Department of Corrections at the rate of _____ per hour, per officer, per four hour increments and at _____ per mile for distance traveled or at a flat rate of _____.

SIGNATURE

CORRECTIONAL OFFICER: _____

TIME OUT: _____ TIME RETURNED: _____

ODOMETER READING: _____ FINISH _____

In receipt of money in the amount of _____.

Rhode Island Department of Corrections

FURLOUGH RELEASE PROGRAM

OUT OF STATE SPONSOR REGULATIONS

I, _____, am aware _____

has applied for furlough release on or about _____ and

has listed me as his/her sponsor during his/her furlough. I will abide

by the following regulations while he/she participates in the program.

1. The Furlough Program is restricted to the State of Rhode Island. Individuals accepting to be sponsors for residents on furlough are also restricted to the State of Rhode Island and all travel is restricted on a twenty-four hour basis to the area to which the furlough is assigned.
2. Any sponsor living within a fifty (50) mile radius of institutions must continue to visit at least twice a month.
3. Sponsors must accompany residents at all times while on furlough. The furlough officer or officer in charge of facility may call or visit the sites of furlough to determine adherence to this policy.
4. In any case of illness or emergency in which sponsor must surrender abruptly his/her duties as sponsor, a telephone call is to be made to the facility either by sponsor or resident to explain circumstances. The resident will return to the institutions immediately under these conditions.

I, _____ understand these regulations and

will comply with them during the period of this furlough. Any violation

on my part will result in disciplinary action against the resident.

R.I. DEPARTMENT OF CORRECTIONS

CATEGORY C - JOB/EDUCATION INTERVIEW

DATE: _____

DATE OF INTERVIEW: _____

SCHEDULED TIME: _____

NAME: _____

D.O.B.: _____

TRANSPORTATION (Method): _____

SPONSOR NAME: _____

ADDRESS: _____

PHONE: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

INTERVIEWER NAME: (print) _____

INTERVIEWER SIGNATURE: _____

TIME ARRIVED: _____

TIME DEPARTED: _____

(RETURN THIS FORM WHEN RETURNING FROM JOB FURLOUGH)

CONTROL CENTER OFFICER: _____

TIME DEPARTED: _____

TIME RETURNED: _____

FURLOUGH PROGRAM MONTHLY REPORT

DATE FROM: _____ TO _____

Number of furlough assignments during period: _____

Number of furloughs in each category:

A: _____ B: _____

C: _____ D: _____

E: _____ F: _____

Number of new crimes charged: _____

Number of escapes: _____

ADMINISTRATIVE VIOLATIONS _____

- 1. Institutional disciplinary reports: _____
- 2. Institutional disciplinary convictions: _____
- 3. Late in returning: _____
- 4. Under drugs or alcohol influence: _____
- 5. Out of bounds: _____
- 6. Illegal association: _____
- 7. Failure to call: _____
- 8. Late call: _____
- 9. Community complaint: _____
- 10. Failure to follow instructions: _____
- 11. Conveying contraband: _____
- 12. Falsifying information: _____

TOTAL NUMBER OF APPLICANTS THIS PERIOD: _____

TOTAL NUMBER OF FURLOUGH ASSIGNMENTS THIS PERIOD: _____

TOTAL NUMBER OF FURLOUGH DENIALS OR DEFERRALS THIS PERIOD: _____

FURLOUGH PROGRAM
CUMULATIVE REPORT

PERIOD: FROM _____ TO _____

Total number of furlough applications: _____

Total number of furlough assignments: _____

Total number of furlough assignments by category; A _____ B _____
C _____ D _____
E _____ F _____

Total number of denials or deferrals: _____

Total number of escorted furloughs: _____

Correctional Officers _____ Staff _____

Total number of unescorted furloughs: _____

Total number of overnight furloughs: _____

Total number of crimes charged: _____

DESCRIPTION OF CRIMES CHARGED

1. Possession of marijuana _____
2. Larceny _____
3. Possession of drugs _____
4. Unarmed robbery _____
5. Assault _____
6. Possession of weapon _____
7. Breaking & entering _____
8. Shoplifting _____
9. Driving with suspended licence _____
10. Possession of stolen M.V. _____

2.

- 11 Malicious damage _____
- 12. Possession of needle/syringe _____
- 13. Resisting arrest _____
- 14. Assault on C.O. _____
- 15. Disorderly conduct _____
- 16. Assault on Police _____
- 17. Sexual assault _____
- 18. Burglary _____

Total number of Convictions: _____

Total number of escapes: _____

Total number of Administrative Violations: _____

- 1. Institutional Disciplinary reports _____
- 2. Institutional Disciplinary convictions _____
- 3. Late in returning _____
- 4. Under influence of drugs or alcohol _____
- 5. Out of bounds _____
- 6. Illegal association _____
- 7. Failure to call _____
- 8. Late call _____
- 9. Community complaint _____
- 10. Failure to follow instructions _____
- 11. Falsifying information _____
- 12. Conveying contraband _____

COMMENTS BY FURLOUGH COORDINATOR:

- 1. _____ IS THE OVERALL SUCCESS OF THE FURLOUGH PROGRAM.
- 2. _____ DIFFERENT RESIDENTS HAVE PARTICIPATED IN THE FURLOUGH PROGRAM ON SOCIAL FURLOUGHS.
- 3. _____ OF APPLICATIONS RECEIVED HAVE BEEN ACCEPTED.

INMATE FURLOUGH PROGRAM

SPECIAL ORDERS FOR ESCORTED FURLOUGHS

When ever an inmate is furloughed by the Department, correctional officer staff shall adhere to the following policy with respect to custody:

- A. High Security Inmates shall be accompanied by not less than two (2) uniformed Correctional Officers, one of whom is armed at all times.

Restraints will remain in place during the furlough at all times.

State and local police shall be notified of pending furlough and specific time and place by Superior Officer of Facility.

- B. Maximum, Medium, and Intake Inmates shall be accompanied by not less than two (2) uniformed Correctional Officers, one of whom is armed at all times.

Restraints will remain in place during the furlough at all times.

State and local police shall be notified at the discretion of the Director or his/her designee by Superior Officer of facility.

- C. Use of Restraints for Furlough:

1. Cuffs
2. Belly Chains
3. Shackles
4. Knee Braces

