AUTHORITY:
   A. NMSA 1978, Section 33-1-6 and 33-2-12.1, as amended
   B. Policy CD-010100.

REFERENCES:
   B. ACA Standards 4-4156, 4-4275, 4-4280, 4-4498, 4-4499, 4-4499-1, 4-4500, 4-4501, 4-4503 and 4-4504 Standards for Adult Correctional Institutions, 4th Edition.
   C. Policy CD-091000 Inmate Discipline
   E. Policy CD-143000 Prison Security Levels V and VI
   F. Policy CD-143200 Prison Security Levels IV Close Control Unit.
   G. Policy CD-130300 Search Policy

PURPOSE:

   Establish criteria and procedures to facilitate a program for inmate visitation,

APPLICABILITY:

   All New Mexico Corrections Department (NMCD or Department) and contract employees and inmates and their visitors.

FORMS:

   A. Visitor Application for Visiting Privileges form (CD-100201.1)
   B. Denial/Suspension of Visiting Privileges form (CD-100201.2)
   C. Special Visit Request form (CD-100201.3)
   D. Visitor Notification of a Proposed Action form (CD-100201.4)
   E. Visitor Notification of Hearing form (CD-100202.3)
   F. Visitor Hearing Acknowledgement form (CD-100202.4)
   G. Visitor Hearing Summary of Evidence and Proceeding form (CD-100202.5)
   H. Visitor Hearing Decision form (CD-100202.6)
I. Supplemental Signature form (CD-100202.7)
J. Visiting Suspension Appeal form (CD-100202.8)
K. Tele-visit Application form (CD-100203.1)
L. Overnight Visit Request form (CD-100204.1)
M. Overnight Screening Application form (CD-100204.2)
N. Inmate Overnight Visitation Agreement form (CD-100204.3)
O. Overnight Visit Notice, Release and Waiver form (CD-100204.4)

ATTACHMENTS:
A. Visitor Statement of Understanding Attachment (CD-100201.A) (2 pages)
B. Dress Code for Visitors Attachment (CD-100201.B) (3 pages)

DEFINITIONS:
A. Alcohol: Includes any intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.
B. Alcohol Use: Any consumption of a preparation including alcohol (e.g. beverage or medicines) is considered alcohol use.
C. Attorney or Attorney’s Agent: A licensed attorney-at-law retained by an inmate or provided by the courts to represent the inmate; or a qualified employee of the attorney who has been designated by the inmate’s attorney as his or her agent.
D. Contraband: Any item or article that has not been officially authorized by the facility.
E. Contact Visiting: A visit between an inmate and any visitor, including infants and children, where limited physical contact is allowed. Inmates are permitted a brief hug and/or kiss at the beginning and upon completion of the visit. An inmate may hold his or her own children.
F. Controlled Substance: Includes any substance defined as a controlled substance under New Mexico law. Includes, but is not limited to, the following five prohibited classes of drugs: narcotics, depressants, stimulants, hallucinogens and cannabis. Also includes any chemical substances having the capacity to affect behavior and which are regulated by law in regard to possession and use.
G. General Visits: A visit that occurs between inmates and their families or approved visitors during regular visiting days and hours.
H. Hearing Officer: For the purposes of this policy an impartial staff member responsible for conducting administrative hearings on relatives who have been alleged to have committed a violation that has resulted in a proposed action of indefinite or permanent suspension from the visiting program.
I. **Immediate Family Member**: An inmate’s legal spouse; natural parents; adoptive parents; stepparents or foster parents; grandparents; brothers and sisters; and children, natural or adopted, stepchildren or grandchildren. The term does not include an inmate’s aunts, uncles, or cousins unless a bona fide foster relationship exists, nor does it include persons with a common-law relationship to an inmate.

J. **Infant**: A newborn child to 24 months of age.

K. **Major Violation**: An infraction of policy or law relating to visiting that the Warden or designee has determined to constitute a threat to the safety and security of the facility or which threatens the life or the well being of staff, inmates, visitors or volunteers. This includes the introduction, conspiracy to introduce or attempt to introduce controlled substances, weapons or explosives into the facility.

L. **Minor Violation**: An infraction of policy or law which is not a major violation but which is disruptive to the orderly operation of the institution.

M. **Non-Contact Visiting Face-to-Face**: A visit between an inmate and any visitor, including infants and children, where physical contact is prohibited, including, but not limited to, touching, kissing, hugging and hand-holding and whereby there are physical or other barriers between inmates and all visitors during the visit which make physical contact impossible or nearly impossible, such as a combination of concrete, glass, Plexiglas or screens between the inmate and his or her visitors. Conversations between the visitor and inmate may be provided through screens, small holes in Plexiglas or plastic or through intercoms or telephones.

N. **P B & J Family Services, Inc**: A program, which assists incarcerated fathers and mothers and their families in the re-integration process. The program is aimed at increasing and maintaining family bonds, developing effective parenting skills and preparing inmates for healthy parent/child relationships. The program is being established to offset the negative effects of parental incarceration on families, especially children.

O. **Possess**: To knowingly exercise physical control or dominion over an object. Possession of an object shall be presumed when that object is found on a visitor’s person or area of control, when that object is found anywhere in a visitor’s vehicle or in a place where only the visitor could have placed it.

P. **Preponderance of Evidence**: Evidence that is of greater weight or more convincing than the evidence that is offered in opposition to it. That is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.

Q. **Special Visits**: Visits authorized for inmates with individuals other than those on the approved visiting list, or visits authorized at a designated time other than regular visiting hours.

R. **Statement of Understanding**: A written document informing visitors of the rules and regulations for visiting which the visitor signs.
S. **Tele-visits:** Prearranged televised visits coordinated through PB&J Family Services, Inc. and the facility between inmates and their child/children from the facility to a community site. The visits are designed to promote healthy family relationships by reunifying and connecting children with their incarcerated parents.

T. **Threat to the Security of the Institution:** Any act, overt or covert, which causes or may cause the loss of control by correctional staff over a correctional facility and/or which causes, or potentially may cause, injury to persons, substantial damage or destruction of property, or acts which may cause risk of escape or escape from the facility. It also includes the introduction of contraband or the conspiracy or attempt to introduce contraband.

U. **Underage Visitor or Minor:** A person under the age of eighteen (18) who has not been emancipated pursuant to the provisions of the Emancipation of Minors Act or other law.

V. **Video Visiting:** A non-contact visit using video cameras to permit visits between an inmate and any visitor.

W. **Visiting Officer:** A designated employee who is responsible for administering the institutional program of visiting.

X. **Working Days:** Monday through Friday, excluding recognized holidays.

**POLICY:** [2-CO-5D-01]

A. Each NMCD facility and contract facility shall develop a visiting program appropriate to its security needs, space and personnel availability. Each program shall also govern extended visits and special visits and be in compliance with this policy and procedure. [4-4500]

B. Each NMCD facility and contract facility shall provide a visiting program designed to enhance the inmates' opportunities to establish or maintain family and personal relationships and provide for confidential contact with their attorney or attorney’s agent within the security limits of that facility. [4-4275]

C. No underage visitor will be allowed to enter a corrections facility without having been properly identified and accompanied by a responsible adult relative, a parent or legal guardian or has presented documented proof of the minor’s legal marriage to the inmate.

D. Each institution shall follow the **Dress Code for Visitors** Attachment (CD-100201.B). Proper attire is deemed essential to the safety, security and sanitation of the institution. The dress code established in this policy will be uniformly followed throughout the Department including Contract Facilities.

E. Deviations from this policy for other than emergency purposes are not permitted without written approval of the Director of Adult Prisons.
F. Sufficient space shall be provided for a visiting room or area for contact visiting and/or non-contact visiting. There shall be adequate space to permit screening and searching of both inmates and visitors. Space is provided for the proper storage of visitor’s coats, handbags, and other personal items not allowed into the visiting area. [4-4156]

G. The number of visitors an inmate may receive and the length of visits may be limited only by the institution’s schedule, space, and personnel constraints, or when there are substantial reasons to justify such limitations. [4-4498]

H. Written information regarding procedures governing visitation shall be made available to the inmate within 24 hours after arrival at the facility. At a minimum, the information will include, but not be limited to, the following: [4-4499]

- Facility address/phone number, directions to the facility, and information about local transportation,
- Days and hours of visitation,
- Approved dress code and identification requirements for visitors,
- Items authorized in visiting room,
- Special rules for infants and children,
- Authorized items that visitor may bring to give to the inmate (e.g. funds, pictures, etc.),
- Special visits (e.g. family emergencies).

I. Inmate visiting areas shall permit informal communication, including the opportunity for physical contact. Devices that preclude physical contact are not used except in instances of substantial security risk. [4-4499-1]

J. All visitors shall register upon entry into the institution and procedure. CD-100201 shall specify the circumstances under which visitors may be searched. [4-4503]

K. The institution shall provide information to visitors about available transportation to the institutions and may (through visitor hospitality centers) facilitate transportation between the institution and nearby public transit terminals. [4-4504]

L. Foreign nationals shall have access to the diplomatic representative of their country of citizenship. [4-4280]

Criminal Management Information System (CMIS) REQUIREMENTS:

All of the following shall be promptly updated in the CMIS:

a. Applications – Approval and Disapproval;
b. Suspension of visitors;
c. Visiting information as visits occur.
David Jablonski, Secretary of Corrections
New Mexico Corrections Department
AUTHORITY:

Policy CD-100200

PROCEDURES: [2-CO-5D-01]

A. General: [4-4499-1]

1. Facility visiting programs shall establish specific visiting days. However, provisions may also be made for special visits.

2. Facility visiting programs shall include security measures designed to safeguard the visitors, staff and inmates and maintain institutional security. These measures shall include, but not be limited to: approval of visitors, reasonable searches for controlled substances or other contraband and visitor registration. All detection devices shall be properly maintained and administered only by staff that has received training.

3. All visitors will read and are required to sign the Visitor Statement of Understanding Attachment (CD-100201.A) prior to any visit.

4. Visitors are prohibited from bringing alcohol or any controlled substance onto Department property at any time. Visitors, who use, possess or distribute alcohol or controlled substances, or attempt to introduce alcohol, controlled substances or other contraband while visiting will be reported to the appropriate local law enforcement agency and will be removed from Department property. Future visiting privileges of violators will be suspended or terminated pursuant to procedure CD-100201.

5. Documentation regarding visiting violations will be placed in the inmate's file and a copy will also be attached to the inmate's visiting card. It will be the responsibility of the holding facility to ensure that this documentation is forwarded at the time of transfer to another unit. On a quarterly basis each facility will compile a list of all suspended visitors and send the list to the Director of Adult Prisons.

6. Due to security concerns, current and/or former employees of the Department or Contractors will not be allowed to visit any inmate at any facility, unless they are a lawful spouse or immediate family member and have been approved by the
facility Warden. Marital status will be verified by marriage certificates or marriage license.

7. Convicted felons will not be allowed to visit any inmate at any time. An exception may be made for verified relatives or a lawful spouse. Marital status will be verified by marriage certificates or marriage license.

8. Intrafacility and interfacility visits are prohibited.


10. A responsible parent or legal guardian who is at least 18 years of age must accompany underage visitors.

11. Any inmate who has been convicted of a crime whereby the victim of the crime is a minor shall not be allowed to visit with the victim of that crime until the victim has reached the age of 18.

12. All approved visitors must surrender a valid picture ID upon entering a facility to visit.

13. The Shift Commander may refuse to allow any particular visit or suspend any visit for good cause or reason. The Shift Supervisor shall document in writing the reason for denying or suspending a visit on the Denial/Suspension of Visiting Privileges form (CD-100201.2). A copy of this documentation shall be sent to the Warden.

14. Inmates classified, as Disciplinary Segregation, Pre-Hearing Detention, Custody Level IV, Custody Level V, and Custody Level VI, Alternative Placement Area (MHTC Level VI) included, are limited to face-to-face non-contact visiting where visiting is permitted. The facility Warden may restrict any inmate classified as Custody Level V and/or Custody Level VI to video visiting if security needs dictate and in accordance with CD-143000. Inmates sentenced to capital punishment shall ordinarily be limited to face-to-face non-contact visits and/or video visits, but may be approved for contact visits in exceptional circumstances as specified by the facility warden. Custody Level IV Tier I will be allowed contact visits as table of services per policy (CD-143200).

15. Inmates classified as Custody Level III and housed in a Security Level III facility, are eligible for contact visiting. Inmates are permitted a brief hug and/or kiss at the beginning and upon completion of the visit. Inmates will be seated across a table from all adult visitors without physically touching their adult visitors, but they may hold their own children.
16. Inmates classified as Custody Level II and housed in a Security Level II facility are eligible for contact visiting. Inmates are permitted a brief hug and/or kiss at the beginning and upon completion of the visit. Inmates will be seated across a table from all adult visitors, are permitted to hold hands with adult visitors across the table and they may hold their own children.

17. Inmates classified as Custody Level I and housed in a Security Level I facility are eligible for contact visiting. Inmates are permitted a brief hug and/or kiss at the beginning and upon completion of the visit. Inmates may be seated next to all visitors, are permitted to hold hands with all visitors and they may hold their own children.

18. Inmates assigned to the Long Term Care Unit (LTCU) or the Mental Health Treatment Center (MHTC), are eligible for visits consistent with their approved custody level. Exceptions may be made on a case-by-case basis by the facility Warden.

19. Inmates at a Sanctioned Parole Violator Unit (SPVU) may be limited to face-to-face non-contact visits based on their current facility-visiting program.

20. If the Warden determines that results of the random drug testing program show positive drug test results in excess of five percent or determines that a security risk exists which may relate to control of the visiting program, the Warden may submit a written request to the Director of Adult Prisons to institute restrictions on visits which may include non-contact visits based on the current facility-visiting program. The written request will include a justification for the request, the type of restrictions and the specific time period that the restriction will be in effect. These types of restrictions or an extension of this type of a restriction shall not be implemented without prior written approval of the Director of Adult Prisons.

21. The Warden may limit a particular visit, with approval of the Deputy Director of Adult Prisons to non-contact visiting based on the following:

A positive result from a urinalysis test or a refusal to submit to testing, or a misconduct report for possession of drugs or narcotics;

1) 1st offense within a 12 month period = maximum 90 days.
2) 2nd offense within a 12 month period = maximum 180 days.
3) 3rd offense within a 12 month period = maximum 365 days.

Note: All visiting limitations shall be reported, in writing, to the Director of Adult Prisons.

22. Failure by a visitor to follow the dress code may result in a delay of the visit or denial of the visit for that day if appropriate attire is not acquired.
23. All forms and documents necessary to facilitate a visit shall be sent or given to the inmate's classification officer or designated coordinator.

B. Attorney/Attorney’s Agent/Foreign Diplomatic Visits: [4-4280]

Inmates classified, as Custody Level I, Level II, Level III, or Level IV are eligible for contact Attorney/Attorney’s Agent/Foreign Diplomatic Visits. Inmates classified, as Custody Level V or Custody Level VI, MHTC included, are eligible for contact Attorney/Attorney’s Agent/Foreign Diplomatic Visits but are subject to full restraints (leg irons and belly chains) at all times.

Non-Contact visits may be implemented by the Warden or Deputy Warden if an inmate’s behavior has recently been documented as disruptive, violent, and/or threatening, if requested by the Attorney/Attorney’s Agent/Foreign Diplomat or if there is good cause to believe that a specific threat to the security of the institution exists.

C. Approval of Visitors: [4-4499] [4-4500]

1. All inmate visitors must submit a Visitor Application for Visiting Privileges form (CD-100201.1) in advance for processing and to be added to an inmate's visiting list before visitation is permitted. An inmate may not have more than 15 approved visitors listed on his/her visiting list. All Visitor Application for Visiting Privileges forms that have been approved shall be placed in the inmate’s file.

2. During the intake process at Reception and Diagnostic Center (RDC), relatives approved by the Department, will be granted a 30-day temporary approval, provided that the inmate has identified the prospective relatives at intake and the name(s) of the relatives and the relationship to the inmate appear on the inmate's Visiting Card. Visitors so identified must complete and return a visiting questionnaire at the time of their visit. Legal spouses are determined by marriage certificate or marriage license.

3. During the intake process at each facility, each inmate will be given a copy of the facility’s rules/regulations and each inmate will be given an opportunity to request that visitors be added or removed from their permanent visiting card on which the inmate will provide the institution with the name, age, relationship and address of each newly requested visitor.

4. Each institution will send a Visitor Application for Visiting Privileges form (CD-100201.1) to each person who has been identified by the inmate and is being requested as a visitor, regardless of relationship or age along with written information regarding procedures governing visitation. This information shall include the facility address, phone number, and directions to the facility, information about local public transportation, public transit terminals, and days and hours of visitation, dress code, identification requirements for visitor entry,
authorized items, rules concerning infants and children visiting the facility, family visit and special visits. [4-4504]

5. Visitor applications must be processed on a timely basis. The applicant will be notified of acceptance or rejection.

6. After the RDC initial 30-day period, the temporary visiting card will be replaced with a permanent visiting card that will only reflect the names of visitors that have an approved application in the inmate’s file.

7. The fact that a person was previously granted a temporary visiting authorization does not necessarily mean permanent visiting privileges will be granted.

8. All applicants that are not relatives may not visit until their applications have been received, processed, approved, and appropriate notices issued.

9. Each institution will review all applications to ensure completeness and validity of the information provided. Applications not properly completed will be returned for correction.

10. Special visit requests will be handled on a case-by-case basis in accordance with established program requirements.

11. No visits will be authorized except for those visitors approved by the institution or those approved for a special visit.

12. All approved visitors that are 16 years of age and older, must surrender a valid picture ID upon entering a facility for visiting. The following are recognized picture ID’s:

   a. Drivers license from any state.
   b. State identification from any state.
   c. Passport.
   d. Military I.D.
   e. Immigration card picture I.D.
   f. Senior Citizen I.D.
   g. Honor Citizens I.D.
   h. High-School I.D.

13. An example of unacceptable identification is:

   a. Check Mart I.D.
   b. Check Cashiers I.D.
   d. Bingo I.D. Card.
   e. Costco Club/Sam’s Club I.D.

14. Inmates may submit a written request for additions and deletions to their visiting lists, including individuals that may send money to the inmate, but will not visit,
through their Classification Officer. This can be completed every one hundred and eighty (180) days.

15. Members of the clergy who are not approved volunteers and want to visit with an inmate on a professional basis must make a request to the Deputy Warden prior to any visit. Clergy that desire a personal visit are subject to normal procedures as outlined for regular visitors.

16. Foreign nationals are afforded access to their diplomatic representative of their country of citizenship. Visits with a diplomatic representative shall be coordinated by the facility Programs Manager or Deputy Warden.

17. Hospital visits shall be determined by the Hospital Administrator in conjunction with the Deputy Warden/Duty Officer or designee and shall be limited to immediate family members only. The Deputy Warden must grant prior approval of all hospital visits and implement additional security supervision as necessary for that visit.

18. All special visits (e.g., visitors traveling over five hundred (500) miles, prospective employers, law enforcement officers, etc.) may be requested using the Special Visit Request form (CD-100201.3). Visitors must have prior initial approval by the Unit Manager, Programs Director or Classification Supervisor and final approval from the Deputy Warden. Relatives who reside out-of-state and who seldom visit are not required to be listed on the inmate’s approved visiting card and may visit as a special visit with prior written approval.

19. An attorney visit requires a 24-hour notice. An attorney may be limited to meeting with only one client at a time due to security risks. Special permission must be granted by the Warden for an attorney to meet with more than one inmate client at any one time. Attorney visits should be limited to times outside the normal visiting hours in order to better accommodate and facilitate an attorney visit. All attorney visits require prior approval of the Deputy Warden.

20. Central New Mexico Correctional Facility (CNMCF) will establish a program for visiting at the LTCU and the MHTC in accordance with this policy and as approved by the Adult Prisons Division.

D. General Visiting Practices: [4-4498]

1. An Inmate may be limited to three visitors (six years of age and older) and limited to three children (five years of age or younger) at any one time if space permits. The length of the visit may be limited only by the individual institutions schedule and space availability. Exceptions may be made on a case-by-case basis.

2. If a number of visitors wish to visit an inmate, the visitors may divide the time allotted for the visit and alternate once during the visit. However, after a visitor
has been processed out of the visiting area, that visitor is not allowed to return into the visiting area for that day.

3. An inmate and visitors are responsible for the conduct of infants and children and shall be required to monitor and exercise proper control of them during the visit. Nuisance created by infants, children and/or adults will be sufficient reason to suspend a visit.

4. Inmates shall not be denied visiting privileges with persons of their choice, except when the Warden or designee can present clear and convincing evidence that such visitation jeopardizes the safety and security of the institution or others, or except as otherwise provided herein.

5. No persons shall be denied permission to visit, solely because of their sex, marital status, status as an ex-offender (except former inmates), or because of the marital status of the inmate. Visitors listed on more than one inmate visiting list at any one facility may be denied if not a relative.

6. Individuals on Probation/Parole (with permission of his or her Probation/Parole Officer) and ex-offenders will be reviewed by the Deputy Warden for approval.

7. Inmates in general populations, who are incarcerated with a relative, may be allowed to visit together with approval of the Deputy Warden.

8. Visiting hours may be limited and may be altered due to holidays, over-crowding, adverse weather security risks, construction, health hazards, etc. Visitors will be notified upon arrival if a limitation exists.

9. Visitors who must travel a long distance and may only be able to visit once a month or longer, may request an extended visit which shall be reviewed by the Deputy Warden and may be approved on a case-by-case basis. [4-4501]

10. Each inmate may have up to 15 approved visitors on their visiting list, regardless of relationship, provided that they have been cleared by the Deputy Warden’s office. The Warden or designee may authorize an increase in the size of the list due to extenuating circumstances (e.g., the inmate’s family is larger than 15 people).

11. No visitor under the age of 18 will be allowed to visit without first having been properly identified and accompanied by a responsible adult relative, a parent or legal guardian or has been verified as the inmate’s legal spouse.

12. Restroom facilities shall be available during visits. Only one adult person will be permitted in any one restroom at any one time. Facilities may use controlled entry devices or locks in order to prevent access to more than one adult person into a restroom at any one time. Children that need assistance, or for purposes of a diaper change, may enter with a visiting parent.
E. Visitor Property:

1. Visitors are authorized to enter visiting areas with a combined total of $20.00 in loose change for use in vending machines.

2. Visitors with infants will be permitted to enter with or have access to: 2 plastic bottles or a sip-cup, 3 diapers, a blanket, baby wipes, factory sealed baby food and one plastic baby spoon, a pacifier, baby carrier, etc. Any other items needed that are not listed will be determined on case-by-case bases by the Shift Commander.

3. Visitors are not permitted to enter the visiting area with hats, sunglasses (unless prescription), pagers, cell-phones, any electronic device not associated with an immediate medical health condition, tobacco items of any kind, matches or lighters, or any device, object, or substance whether animate or inanimate that is capable of causing injury or fear of injury, nor alcohol, controlled substances, illegal substances, keys, currency in excess of a combined total of $20.00 in loose change, gifts or packages of any kind, nor more than two rings, one watch and/or one necklace, pornography, magazines or books, purses, handbags, glass cases, diaper bags, strollers, games, cards, papers of any kind or any other personal items.

4. Visitors will surrender all personal items to the Visiting Officer for inspection and approval. The Shift Commander on a case-by-case basis shall make a determination on any questionable items not covered by this policy.

5. Visitors should take precautions to time their visits to not coincide with the need for the application of prescription medicine, including insulin, when possible. All prescription medicine, including insulin, will remain in the visitor’s vehicle and should a need for these medicines arise and the visit is not concluded, a Correctional Officer shall accompany the visitor to their vehicle and then back to the visiting area. Under no circumstances will prescription medicines, including insulin, be allowed into the visiting area.

6. Visitors are required to exit the visiting area with all property that they originally entered with, except for loose change that was used in vending machines or items that were properly disposed of such as a dirty diaper. Under no circumstances is a visitor allowed to pass possession of any item to an inmate.

F. Conduct of Visitors and Inmates:

1. The visiting area will be designed to accommodate visiting in accordance with an inmate’s custody level and the facility custody level as described in the policy statement of this procedure.

2. Inmates that are permitted a brief hug and kiss are permitted only that. Abuse of this privilege will not be tolerated and immediate suspension of a visit may occur for prolonged hugging and kissing, French kissing, or excessive displays of
affection that disrupt the visiting environment. The exposing of, or physical contact with, the clothed or unclothed sexual body parts of an inmate or a visitor will result in an immediate suspension of the visit and may result in denial of future visitation privileges.

3. Any disorderly conduct, which includes the use of hostile, vulgar, or profane language, unruly behavior, engaging in activities that disrupt or disturb others, creating loud noises, creating unsanitary conditions or which disrupts the orderly operation of the visiting room is prohibited.

4. Any attempt to circumvent the regulations outlined in this policy statement may result in immediate and future suspension of visiting privileges or other administrative or legal remedy pursuant to the laws of the State of New Mexico.

G. Entry Procedures for Visitors: [4-4503]

1. Visitors may be subjected to metal detectors, drug dogs or other drug detection instruments prior to being cleared for visiting. A visitor who refuses to cooperate or attempts to circumvent these detection procedures will not be allowed to visit that day and may be suspended from future visiting privileges.

2. Officers assigned to the front reception area should have periodic training in public relations and be exceptionally alert to prevent the introduction of contraband. Facilities with a walk through metal detector will have all visitors clear the metal detector prior to entry.

3. When the use of controlled substance detection equipment indicates that a visitor may have handled or come in contact with a controlled substance or if there is any reasonable suspicion that a visitor may be in possession of contraband, the following applies:

   a. The Shift Supervisor will be immediately notified and shall respond to the reception area. The Shift Supervisor will determine which of the following procedures will be implemented based on the type of facility;

      1) Privately operated facilities may restrict the visit to face-to-face non-contact.

      2) State operated facilities may require that the visitor read and sign the Consent to Be Searched Attachment (CD-130301.A) and submit to a strip search and vehicle search prior to being allowed to visit. If the visitor consents to a strip search and no contraband is found, the visit will be permitted. If the visitor refuses to consent to a strip search the Shift Supervisor shall limit the visit to face-to-face non-contact. If the visitor refuses to consent to a strip search and face-to-face non-contact visiting is not available, the Shift Supervisor shall turn the visitor away and explain
that their visit is not being permitted for that day and state the reason for denial.

b. Under all circumstances, the Shift Supervisor will treat the visitor respectfully and courteously.

c. Under no circumstances is the visitor to be allowed physical contact with an inmate if that visitor is suspected of having had contact with or having possession of controlled substances or other contraband and has not consented to and undergone a thorough strip search.

d. A detailed report will be forwarded to the Deputy Warden detailing what occurred and shall be accompanied by any supporting documents, staff witness statements and/or photos of any evidence.

e. Visitors under the age of (18) eighteen will also be required to submit to drug detection device testing procedures. However, at no time will a minor be subject to a strip search. A positive result on a minor will result in Face-to-Face Non-Contact visiting or denial of visitation for that day if Face-to-Face Non-Contact visiting is not available.

f. For those visitors who submit to a search and are found to be in possession of controlled substances or contraband, the facility warden shall permanently terminate their visiting privileges at all NMCD facilities, State or privately operated.

4. All strip searches will be conducted in accordance with the Search Policy (CD-130300).

H. Violation Sanctions:

When a visitor is involved in a minor or major violation that is disruptive to the orderly operation of the institution, the following sanctions may apply:

1. The first time a minor violation is committed by the visitor, the sanction may result in a suspension of visitation privileges for a period of up to (30) thirty calendar days to be determined by the Warden.

2. A second minor violation by a visitor within a six-month period may result in a suspension of visitation privileges for a period of up to (6) six months to be determined by the Warden.

3. A third minor violation within a one-year period or a major violation committed by a visitor may result in an indefinite suspension or permanent termination of visiting privileges from any and all NMCD facilities, whether State or privately operated. The individual will not be allowed on the grounds of any NMCD facility or to visit any New Mexico inmate housed in a State or privately operated facility, for any purpose.
4. Administrative proceedings for the indefinite suspension or permanent termination of a relative’s eligibility to participate in the visiting program shall be in accordance with procedure CD-100202 (Indefinite/Permanent Suspension of a Relatives Visiting Privileges).

5. Visitors shall be notified in writing of the suspension of visitation privileges, via certified mail, using the Visitor Notification of Action form (CD-100201.4). A copy of this form shall also be sent to the inmate that has that visitor on his or her visiting card.

6. Any visitor who has received a suspension or permanent termination from visiting shall also receive a Visiting Suspension Appeal form (CD-100202.8) and may appeal his or her suspension or permanent termination to the Director of Adult Prisons by completing the form and forwarding it through the Warden’s office (for tracking and processing). Any such appeal may be renewed annually.

I. Visitors, who use, possess, distribute or attempt to introduce alcohol, controlled substances or other contraband, while visiting will be reported to the appropriate local law enforcement agency and will be removed from NMCD property.

J. Local law enforcement will be notified of any criminal offense committed by a visitor and the Department will request that the visitor committing the offense be prosecuted.

__________________________  09/29/17
David Jablonski, Secretary of Corrections  Date
New Mexico Corrections Department
NEW MEXICO CORRECTIONS DEPARTMENT
VISITOR APPLICATION FOR VISITING PRIVILEGES

Read carefully. Please type or print with black ink. All questions must be answered. Any omissions or falsifications will be considered sufficient reason for denial of all privileges.

Facility: ____________________________________________

1. Name of inmate you wish to visit: ___________________________ NMCD #: __________________________

2. Visitor Name: _______________________________________________________________________________
   Last  First  Middle

3. Social Security #: ________________________ (Sex): Male: _____  Female: ______

4. Date of Birth: _____/_____/______  Age: ________  Place of Birth: __________________________________
   Mo.  Day  Yr.  City  State

5. Mailing Address: ____________________________________________________________________________
   P.O. Box/Street  City  State  Zip Code

6. Phone Number: (___) ____-________  Maiden Name: ____________________

7. Relationship to inmate: ____________________  I have known this inmate for: _______________________
   (Length of time)

8. Marital Status:  (   ) Married     (   ) Single     (   ) Widow     (   ) Divorced

9. I am currently on the visiting list for the following inmate(s): (This will not disqualify your visiting)

   Inmate Name                                      NMCD #                             Relationship
   _________________________________________________________________________________________
   _________________________________________________________________________________________
   _________________________________________________________________________________________

10. I have / have not (circle one) been employed by the NMCD or any Department contractors (i.e. Food Service, Medical, etc.) If so where: ______________________________ When: ____________________

11. Have you ever been charged with or arrested for a felony/misdemeanor and/or convicted of a felony/misdemeanor?  (   ) Yes     (   ) No
    If so where: __________________________ Offense(s): __________________________________________
    When: ____________________  Final Disposition: (Circle one) Dismissal  Probation  Parole  Incarceration

12. I am now on probation/parole (circle one if applicable). If you are currently on probation you must have approval of your Probation or Parole Officer and present a travel permit signed by your Probation or Parole Officer in order to visit
    any NMCD Facility.
    Probation/Parole Officer Signature: _________________________________________  Date: ________________

13. I am currently employed / unemployed / retired / disabled (circle one). If employed, please list employer below.
    Occupation/Business: _____________________________________
    Address of Employer/Business: ____________________________________________

14. READ CAREFULLY! If you are under 18 years of age, you must have the signature of your parent or guardian sign
    on the signature line. If over 18, please sign as applicant.
    Signature of Parent or Guardian: _______________________________________  Date: ________________
    Signature of Applicant: _______________________________________  Date: ________________
NEW MEXICO DEPARTMENT OF CORRECTIONS
DENIAL/SUSPENSION OF VISITING PRIVILEGES

Inmate Name: ____________________________  NMCD # _____________
Visitor’s Name: _______________________________________________

A visit may be denied or suspended under, but not limited to, the following circumstances:

a. Visitor or inmate appears to be under the influence of alcohol or controlled substances.
b. Refusal to submit to search procedures by visitor or inmate.
c. Refusal or failure to produce proper identification, or falsifying any information on the visiting form.
d. Violation of institutional visiting rules by inmate or visitor.
e. Nuisance created by infants, children and/or adults.
f. Any unauthorized physical contact between visitor and inmate.
g. Insufficient space available.
h. Any behavior by a visitor or inmate that threatens the security of the institution or the safety of staff or other inmates or visitors.

Visiting Room Officer: _________________________________  Date: ____________
Front Entrance Officer: _________________________________  Date: ____________
Denial/Suspension Time: ____________
Reason: ____________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Security Supervisor: _______________________________  Date: ________________
NEW MEXICO CORRECTIONS DEPARTMENT
SPECIAL VISIT REQUEST

TO: ___________________________________, Unit Manager / Programs Director / Classification Supervisor
THRU: _____________________________________, Classification Officer

INMATE NAME: ________________________________ NMCD#: _________ UNIT: ____________

VISITOR (S): Limited to three (3) adults and three (3) children per CD-100201
ALL OUT-OF-STATE VISITORS MUST POSSESS A VALID OUT-OF-STATE IDENTIFICATION

Name: ____________________ Relationship Age ____________________ Address ____________________ Phone ____________________
____________________________ / / / / ____________________
____________________________ / / / / ____________________
____________________________ / / / / ____________________
(Continue on back if more space is required)

Reason for visit: __________________________________________________________
______________________________________________________________________
______________________________________________________________________

Date of Visit: ___________ Time of visit: ______________________

______________________________________________
Inmate Signature / NMCD #

APPROVED □ DENIED □ APPROVED □ DENIED □
Unit Manager / Program Director / Classification Supervisor (Print / Sign)

Deputy Warden / (Print / Sign)

APPROVAL STIPULATIONS
_________ Length of visit determined by space availability
_________ One (1) hour time limit
_________ One time visit only – visitor must be placed on approved visiting list

xc: Inmate
Classification File
Master Control and/or Unit Control Center
Front Entrance and/or Visiting Room Officer
NEW MEXICO CORRECTIONS DEPARTMENT
VISITOR STATEMENT OF UNDERSTANDING

It is a violation of New Mexico State law for any person to introduce, or attempt to introduce, any article of contraband including deadly or explosive materials, currency, weapons, ammunition, alcohol or controlled substances into a correctional facility.

All visitors will be questioned upon their arrival at point of entry, to determine whether they possess any of the above items. Detection devices used at this facility may include the use of the New Mexico Corrections Department Canine Unit (dogs trained in the detection of controlled substances) and/or mechanical drug detection devices. Search regulations may be enforced at any time while you are on institutional grounds; refusal to submit to a strip search will result in the cancellation or suspension of the visit. Major violations of visiting regulations including the use, possession, distribution or attempts to introduce or introduction of alcohol, controlled substances or other contraband will result in the loss of visiting privileges. Minor violations may result in suspension or even a termination of visiting privileges.

Vehicle/Visitor searches shall include:

1. Search of all vehicle contents, including, but not limited to, purses, coats, briefcases, diaper bags, loose articles of clothing, children's toys, etc.

2. Hair shall be visually inspected, including requiring the visitor to shake out and/or run their fingers, comb or hair pick through their hair.

3. All persons in the vehicle will allow the traffic control officer to look into their mouths to ensure that it is free of contraband.

4. A thorough pat search may be conducted of all persons, including children. If alcohol, controlled substances or contraband is detected on any visitor, including an infant or a child, visiting will not be allowed.

5. Pedestrians entering for the purpose of visiting with inmates are subject to the same search regulations as persons in vehicles.

6. Parents/Guardians will be required to change an infant's diaper prior to the visit in the presence of a correctional officer of the same sex as the parent.

All persons entering the correctional facility will be required to pass through a metal detector and/or controlled substance detection equipment or screened by dogs trained in the detection of controlled substances. All packages and items carried into the institution are subject to search by correctional employees and/or State or County law enforcement officials.
NEW MEXICO CORRECTIONS DEPARTMENT
VISITOR STATEMENT OF UNDERSTANDING

You are hereby informed prior to entering the institution that you may be subject to search and must sign a statement to that effect. If you choose not to enter, you will not be subjected to a search, and will be escorted from institutional grounds immediately. Where there is a reasonable suspicion that a particular visitor is attempting to introduce contraband into the institution, the Warden on duty at the facility may order that the visitor be subjected to a more thorough search. A visitor may be requested to remove his or her clothing to submit to a strip search only where the Warden of the institution determines that there is probable cause to believe that the particular visitor possesses contraband. In such an instance, the search may be conducted only by an employee of the same sex as the visitor in an area that provides the visitor the greatest possible privacy.

ACKNOWLEDGEMENT OF VISITING RULES

In order to be approved for visiting, you are required to print or type and then sign your name in the designated spaces, attesting that you have read and understand the Visitor Statement of Understanding. The completed acknowledgement must be returned with your completed visitor application questionnaire. Failure to complete these forms may cause your application to be disapproved.

I HAVE READ, OR HAVE HAD READ TO ME, THE VISITOR STATEMENT OF UNDERSTANDING AND I UNDERSTAND ALL OF THE INFORMATION.

Signature of Parent or Guardian (if under 18): ________________________________

Signature of Applicant: ________________________________ Date: ________________

Printed/Typed Name of Applicant: ______________________________

Drivers License / I.D. #: ________________________________
(For those without a Driver’s License or ID, applicant may provide two alternate forms of ID verification, one of which must contain applicant’s picture.)

Vehicle Type: ________________________________ Plate #: __________________

Inmate to be visited:

____________________________________       ________________     __________________
NAME             NMCD #        Facility

Final Disposition: Date received by the facility: ______________________
( ) Approved for Visit   ( ) Denied Visiting Privileges   ( ) Returned for Completion

Signature: ________________________________ Date: ________________
NEW MEXICO CORRECTIONS DEPARTMENT

Dress Code for Visitors

Visitors are not permitted to enter the visiting area with: hats, sunglasses (unless prescription), pagers, cell-phones, any electronic device not associated with an immediate medical health condition, tobacco items of any kind, matches, or lighters, or any device, object, or substance whether animate or inanimate that is capable of causing injury or fear of injury; nor alcohol, controlled substances, illegal substances, keys, currency in excess of a combined total of $20.00 in loose change, gifts or packages of any kind, nor more than two rings, one watch and/or one necklace, pornography, magazines, or books, purses, handbags, glass cases, diaper bags, strollers, games, cards, papers of any kind, or any other personal items.

1. General:
   a. All visitors must be appropriately attired in accordance with this policy before entering any New Mexico Correctional Department Facility or Privately Operated Facility.
   b. When attire is deemed not in accordance with this policy by the Front Reception Officer, the matter shall be brought to the attention of the Shift Supervisor.
   c. Visitors may not be allowed into the institution if their clothing would make it difficult to distinguish the visitor from an inmate.
   d. Visitors are subject to denial of visiting privilege for that day if their attire is not in accordance with this policy.

2. Male Visitors:
   a. Trousers and a shirt with sleeves must be worn at all times. Plain white undershirts or muscle, "A" shirts are not allowed when used as an outer garment.
   b. Restricted clothing colors will depend on the facility inmate uniform code.
   c. Shorts, beach-type shorts or cut-offs will not be worn.
   d. Tank-Tops are not allowed.
   e. Undergarments shall be worn, but not visible through outer clothing.
   f. Footwear must be worn at all times. Beach type thongs, flip-flops slippers, and steel-toed boots or shoes are not permitted. Open toed shoes are allowed.
   g. No hats, scarves, bandanas or other types of headbands will be brought into the institution or worn in the Visiting Room.
   h. Sweat clothes or athletic (warm-up) clothes may be worn, with the exception of shorts.
   i. Skintight clothing or spandex is not permitted.
3. Female Visitors:

- Dresses, skirts or pants must be worn.
- Skirts or dresses with a slit higher than mid-thigh are not acceptable.
  
  c. Skirts or dresses that are more than three inches above the knee are not acceptable.
  
  d. Shorts, cut-offs and beach-type shorts are not acceptable.
  
  e. Sweat clothes or athletic (warm-up) clothes may be worn, with the exception of shorts.
  
  f. Skintight clothing or spandex is not permitted.
  
  g. Undergarments must be worn, including brassieres, but must not be visible through outer clothing.
  
  h. Tank top blouses, spaghetti straps, tube tops, halter-tops, or spandex or spandex-like pants are not acceptable, nor is any type of see-through clothing.
  
  i. Clothing must not be see-through, expose cleavage, the midriff, shoulders or any part of the breast or upper thigh.
  
  j. No hats, scarves, bandanas or other types of headbands will be brought into the institution or permitted in the Visiting Room.
  
  k. No bathing suits will be worn as an outer garment.
  
  l. Footwear must be worn at all times. Beach type thongs, flip-flops, slippers, and steel-toed boots or shoes are not permitted. Open toed shoes are allowed.
NEW MEXICO CORRECTIONS DEPARTMENT

Dress Code for Visitors
(Continued)

4. **Children:**

   All children the age of 8 or above will be required to adhere to the adult dress code, according to gender.

   Children that are 7 and younger will be required to adhere to the adult dress code according to gender with the following exceptions:

   a. Children may wear short pants that are no shorter than three inches above the knee.
   
   b. All children, including infants, will be fully clothed at all times. Infants may wear a diaper but will not be permitted to wear only a diaper.

5. **Miscellaneous: (Regardless of Age)**

   a. Clothing expressing profanity, derogatory statements or remarks is not allowed.
   
   b. Clothing which promotes drugs, alcohol or sex is not allowed.
   
   c. Clothing that, in the opinion of facility staff, is promoting gangs or that has gang symbols, is not allowed.
   
   d. Clothing worn in a baggy or sagging fashion, normally identified with gang dress, is not allowed.
   
   e. Headwear of any sort (including head bands) is not allowed.
   
   f. Non prescription sunglasses are not allowed.

6. Any attire not covered by this procedure, that is deemed inappropriate by the front reception officer, will be brought to the attention of the Shift Supervisor. The Shift Supervisor may deny visiting privileges based on inappropriate attire and shall document any such denial to the Deputy Warden.
AUTHORITY:

Policy CD-100200

PROCEDURES:

A. General:

This procedure only applies to visitors that are relatives of the inmate being visited when an alleged violation occurs resulting in a recommendation for an indefinite or permanent suspension of that relative from participating in the visiting program.

Indefinitely or permanently suspended visitors that are not relatives are not eligible to appear before an institutional Hearing Officer but may appeal their suspension to the Director of Adult Prisons.

The following shall be applicable when a relative is alleged to have committed a third minor violation or a major violation of the visiting rules or regulations and the Warden intends to suspend visiting privileges for an indefinite period of time or permanently terminate visiting privileges of that relative.

1. The Warden shall prepare a Visitor Notification of Action form (CD-100202.2) and send it to the relative via certified mail along with a copy of this procedure. A copy of the action shall also be sent to the inmate who has that relative on his/her visiting list.

2. The relative shall have ten (10) calendar days from the date the Visitor Notification of Action was received, to respond with a request for an administrative hearing before an institutional Hearing Officer. Failure to respond shall result in the immediate implementation of the action.

3. A relative shall be given the opportunity to appear before an institutional Hearing Officer within thirty (30) calendar days from the date of the request for an administrative hearing. Exceptions to this rule may be granted for good cause but should not exceed sixty (60) calendar days.

4. The Disciplinary Department shall complete and forward a Visitor Notification of Hearing form (CD-100202.3), and a Visitor Hearing Acknowledgement form (CD-100202.4) to the relative, via certified mail.

5. The relative shall be notified of the date and time with which they are to appear before an institutional Hearing Officer. All hearings shall be scheduled Monday through
Friday, excluding recognized holidays, between the hours of 8:00 am and 5:00 pm local time.

6. If the relative requests a hearing he/she shall acknowledge receipt of the notification and forward the Visitor Hearing Acknowledgement form (CD-100202.4) via fax to the Warden’s Office within five calendar days of receipt of the notification. Failure to respond shall result in the immediate implementation of the action.

7. If there is a refusal to sign for the certified mail at the address listed, the result shall be the immediate implementation of the action.

8. The relative shall not be permitted to participate in the visiting program while pending a hearing before an institutional Hearing Officer.

9. Any request for a continuance must be received in writing at least 24 hours prior to the scheduled hearing via facsimile to the Warden’s Office.

10. Failure to appear at the designated hearing location on the designated date and time of the scheduled hearing shall be considered a waiver of the hearing opportunity and will result in the immediate implementation of the action.

B. Hearing Procedures:

The following is general guidance to assist in the application of an impartial administrative proceeding whose purpose is to verify by a preponderance of evidence whether there is sufficient reason to indefinitely or permanently suspend visiting privileges of an inmate’s relative.

Deviations that do not violate the principles of due process but are necessary due to scheduling conflicts, the inmate’s classification, emergencies, and the facility mission, are not grounds for a dismissal.

1. The hearing proceedings shall be conducted in a manner that is consistent with the format of an inmate disciplinary hearing as outlined in policy CD-090100 (Inmate Discipline).

2. The relative shall be given a written notice of the action, the grounds for the action and the opportunity for a hearing. The procedures used shall be in accordance with this policy and shall include presentation of evidence demonstrating the violation and an opportunity for the visitor to testify and present evidence.

3. Relatives may be accompanied by one other individual (non-inmate and non-legal counsel) for the purpose of assisting the relative with presenting testimony, statements, or evidence. The relative is not entitled to legal representation (i.e. a lawyer) as this is an administrative proceeding.

4. No inmate shall be allowed to be present for these administrative proceedings.
5. Witnesses and confidential information shall be handled in a manner consistent with current procedures as outlined in CD-090100 (Inmate Discipline).

6. The Hearing Officer shall assign a staff member to act as an interpreter when necessary.

7. All proceedings shall be taped and all records maintained in accordance with current archive requirements for disciplinary proceedings.

8. The hearing shall be conducted in an impartial and nondiscriminatory manner.

9. Accurate, detailed reports of all actions shall be maintained in accordance with this procedure.

10. Any act, although not specifically listed in this policy, that would be either a felony or misdemeanor under the Criminal Code of the State of New Mexico or the Laws of the United States of America may constitute a violation under criteria established by this policy.

11. In those cases where a relative allegedly commits an act that constitutes a crime, in addition to the proposed action, the case will be referred for evaluation for possible criminal prosecution.

12. All findings will be determined by a preponderance of the evidence.

13. Deviations from this policy that do not violate due process are not necessarily grounds for a continuance, dismissal, rehearing or appeal.

C. Warden’s Decision:

The Hearing Officer shall submit a written recommended decision to the Warden on the Visitor Hearing Decision form (CD-100202.6).

1. The Hearing Officer’s recommended decision shall be accompanied by a Visitor Hearing Summary of Evidence and Proceeding form (CD-100202.5).

2. Within ten (10) working days of the Hearing Officer’s recommended decision, unless prevented by exceptional circumstances, the Warden shall approve or modify the recommended decision or may reverse the recommended decision and order a new hearing if the Warden reasonably determines that the recommended decision was not based on a preponderance of evidence or was based on incomplete information or there is newly discovered evidence which was not available to the Hearing Officer at the time of the hearing or the Hearing Officer failed to consider the severity of the violation or the severity of the situation in making his/her recommendation. The Warden may also order that a new investigation or additional investigation be conducted if there is reason to believe that an additional investigation would produce relevant evidence.
3. The Warden may, in his/her discretion, reduce the action from an indefinite or permanent suspension to a suspension for a specific period of time.

4. A copy of the final decision will be forwarded, via certified mail, to the relative within five working days of the Warden’s final decision, along with the Visiting Suspension Appeal form (CD-100202.8). A copy of the action shall also be sent to the inmate who has that relative on his/her visiting list.

D. Appeal:

Any relative who has received a suspension or permanent termination from visiting may appeal his/her suspension or permanent termination in writing to the Director of Adult Prisons. Any such appeal may be renewed annually.

1. The relative shall complete the Visiting Suspension Appeal form (CD-100202.8) and forward it via fax to the Wardens office (for tracking and processing) to the Director of Adult Prisons.

2. Within thirty (30) calendar days of receipt of the appeal by the Director of Adult Prisons the Director shall review the Warden’s decision unless prevented by exceptional circumstances. The Director of Adult Prisons shall approve or modify the decision or may reverse the decision and order a new hearing if the Director reasonably determines that the decision was not based on a preponderance of evidence or was based on incomplete information or there is newly discovered evidence which was not available to the Warden at the time of the hearing. The Director may also order that a new investigation or additional investigation be conducted if there is reason to believe that an additional investigation would produce relevant evidence.

3. A copy of the final decision will be forwarded, via certified mail, to the appealing visitor within ten working days of the Director’s formal decision. A copy of the final action shall also be sent to the inmate who has that appealing visitor on his/her visiting list.

E. Violation of the time limits will not necessarily result in a dismissal if the delay was reasonable or justified. However, if the appealing relative can demonstrate that the case was harmed by the delay, a dismissal may be granted.

David Jablonski, Secretary of Corrections  
New Mexico Corrections Department  
09/29/17  
Date
NEW MEXICO CORRECTIONS DEPARTMENT
Visitor Notification of Action

Visitor name: _______________________________ Facility: ___________________

Relationship to inmate being visited: ______________________________

Inmate visited: _______________________________ NMCD #: ______________

Date of violation: ___________ Time of violation: __________ Log #: _______________

This is to advise you that your visiting privileges have been suspended

( ) Indefinitely     ( ) Permanently     ( ) For _________ Days/Months/Year
(Circle one)

Based on the following:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

(Attach additional documents if necessary)

Relative’s Request for a Hearing
For Indefinite or Permanent Suspensions Only

If you are a relative of the inmate and your visiting privileges have been indefinitely or permanently suspended, you have (10) ten calendar days from the date you received this notice to request an administrative hearing before an institutional Hearing Officer. Failure to respond to this notice will result in the continuing implementation of the action stated above.

( ) Yes I request an administrative hearing before an institutional Hearing Officer.

Signature: _______________________________ Date: ______________

Complete and fax this request to the Warden’s Office at (Fax #: ___________________)

xc: Inmate (who has that visitor on his or her visiting list).
NEW MEXICO CORRECTIONS DEPARTMENT
Visitor Notification of Hearing

Visitor name: _______________________________ Facility: ______________________ 

Relationship to inmate being visited: _________________________________ 

Inmate visited: _______________________________ NMCD #: ________________ 

Date of violation: ___________ Time of violation: __________ Log #: ________________ 

Violation: __________________________________________________________________________ 
________________________________________________________________________________ 
________________________________________________________________________________ 

Date hearing request received: _______________ Time: ________ 

Your request for an administrative hearing before an institutional Hearing Officer has been 
processed and is scheduled for: 

Date: _______________ Time: ______am/pm (Circle one) 

Below is a list of all statements, documents, and/or photocopies of evidence attached to this notice that will be presented during the course of the Administrative Proceeding excluding confidential information. Be prepared to present any statements, testimony, or evidence you may want the Hearing Officer to consider:
NEW MEXICO CORRECTIONS DEPARTMENT
Visitor Hearing Acknowledgement

Visitor name: _______________________________ Facility: __________________
Relationship to inmate being visited: ______________________________
Inmate visited: _______________________________ NMCD #: ______________
Date of violation: ___________ Time of violation: __________ Log #: ______________
Violation: ____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
I have received a copy of all statements, documents, and/or photocopies of evidence as listed on the Visitor Notification of Hearing and I acknowledge that the Administrative Proceedings shall take place on

Date: _____________________ Time: ________ am/pm (Circle one)

I further understand that failure to respond to the notice within the (5) five calendar days from the date I received the notice or failure to be present at the facility on the date and time of the scheduled hearing will result in the continuing implementation of the action with no future right to an administrative proceeding.

Signature: ________________________________ Date: ______________

Br prepared to present statements, testimony, and/or evidence to the Hearing Officer.

Complete and fax this acknowledgment to the Warden’s Office at (Fax #: ____________ )
Visitor Hearing Summary of Evidence and Proceedings

Visitor name: ______________________________ Facility: __________________

Relationship to inmate being visited: ______________________________

Inmate visited: ______________________________ NMCD #: ______________

Date of violation: ___________ Time of violation: __________ Log #: ______________

Violation: ____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

I (Do) (Do Not) wish to be assisted. _______________________________________________

I (Do) (Do Not) request an interpreter. ______________________________________________

I (Do) (Do Not) wish to call witness(es). _____________________________________________

Was there a continuance or extension? □ Yes □ No
Was the visitor present? □ Yes □ No

Summary of Evidence and Proceedings
Visitor Hearing Decision

Visitor name: _______________________________ Facility: __________________

Relationship to inmate being visited: _________________________________

Inmate visited: _______________________________ NMCD #: ______________

Date of violation: ___________ Time of violation: __________ Log #: ______________

Violation: ____________________________________________________________________

I have conducted a thorough review of all evidence, documents, and any testimony presented in this proceeding and has determined the following:

( ) There is sufficient evidence for implementation of the proposed action.
( ) There is not sufficient evidence for implementation of the proposed action.

Based on the following:


Hearing Officer

I have received the recommended decision of the proceeding and I:

Approve  Disapprove  Modify

______________________________  _____________________________

Warden  Date

Comments

You have the right to appeal any decision by submitting a Visiting Suspension Appeal form (CD-100202.8) through the Warden’s office, addressed to the Director of Adult Prisons.

xc: Inmate (who has that visitor on his/her visiting list)
NEW MEXICO CORRECTIONS DEPARTMENT
Visitor Supplemental Signature Form

Visitor name: ______________________________ Facility: ________________

Relationship to inmate being visited: ______________________________

Inmate visited: ______________________________ NMCD #: ______________

Date of violation: ___________ Time of violation: __________ Log #: ______________

Violation: __________________________________________________________________
                                                                                     __________________________________________________________________
                                                                                     __________________________________________________________________
                                                                                     __________________________________________________________________

Statement of Understanding

Visitor’s signature below indicates that he or she fully understands everything that has been explained during the course of the hearing to include that the Hearing Officer’s final recommendation is subject to review by the Warden, that the Warden will make the final decision. Further, that the visitor has the right to appeal the decision of the Warden to the Director of Adult Prisons:

Director of Adult Prisons
4337 State Road 14
Santa Fe, New Mexico 87502-0116.

Visitor’s Signature: ______________________________ Date: ________________

Tape Record of Hearing

Date: ___________ Time: ___________

Tape Log #: ________________ Side: ______ Start: _______ End: _______
Tape Log #: ________________ Side: ______ Start: _______ End: _______
Tape Log #: ________________ Side: ______ Start: _______ End: _______

Hearing Officer’s Signature: ______________________________
NEW MEXICO CORRECTIONS DEPARTMENT

Visiting Suspension Appeal

Visitor name: __________________________ Facility: __________________

Relationship to inmate being visited: __________________________

Inmate visited: __________________________ NMCD #: _____________

Date of violation: ___________ Time of violation: __________ Log #: _____________

Violation: ____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

INSTRUCTIONS: You may appeal a suspension by completing this form and submitting it through the Wardens Office. The appeal must be typed or clearly written. You may attach any statements or documents you wish the Director to consider.

STEP I – Basis of Appeal (Check one or more)

(a) Decision not based on evidence __________
(b) New evidence or witnesses would change decision __________

I believe the basis of my appeal is true because of the following: (Give a clear statement of the reason you are appealing and include copies of all new statements or evidence.)

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Signature __________________________ Date faxed to Warden’s office __________

STEP II – (To be completed by the Warden’s office)

Date Appeal form received and logged: Date: ___________ Time: ____________

Appeal form completed and legible: ( ) Yes ( ) No

If not, date and time returned: Date: ___________ Time: ____________

Reason returned: __________________________________________________________________

Date all copies of the proceedings and all other related statements or evidence forwarded to Director of Adult Prison: __________

(Date)

________________________
Warden or Designee
AUTHORITY:

Policy CD-100200

PROCEDURES:

A. All inmates must meet the following criteria:

1. Inmates convicted of a violent or sexual offense against a child (including juvenile history) or who have a Judgment and Sentence that prohibits visitation and any communication with their children shall not be eligible for the tele-visitation program.

2. Inmate’s custody level or time remaining to serve will not affect the inmate’s eligibility.

3. Inmates must have participated in a parenting program or have shown participation in family reunification efforts, demonstrating motivation to reconnect with and reestablish parenting ties. Participation in these programs may have been at other facilities, have been prior to the inmate’s incarceration, or have involved the inmate’s children in a family reunification program.

4. Inmates must have at least twelve (12) months clear conduct following a major misconduct report. Minor reports will be evaluated on an individual basis taking the nature of the offense into consideration.

5. The child/children participating in the visit must be relatives or the inmate must have been in a parenting relationship prior to the incarceration.

6. The Warden or designee shall have the final approval of all televised visitation applicants.

B. Inmates meeting the eligibility requirements and who have been recommended will then contact relatives to assure that the child/children want to participate in the visit:

1. The facility coordinator will communicate with the designated contact staff at Peanut Butter and Jelly (PB & J) Family Services, Inc., to inform of the approval and the regional area where the child/children are located. The Tele-visit
Application form (CD-100203.1) indicating approval will be faxed to PB & J informing that the visit was approved at the facility level.

2. PB & J will contact the family and provide assistance in preparing the child/children for the visit, through support and therapy as needed. PB & J will inform the designated prison coordinator that the family has agreed to the visit and services.

3. PB & J will schedule the visit at the community site, make arrangements for transportation, and coordinate the time and date with the prison sponsor.

4. PB & J will provide ongoing support and therapy for the child/children following each of the visits. PB & J will coach inmate parents before and after the visit if needed.

5. Following each visit, PB & J staff will document an evaluation of the televised visit.

6. Prior to the actual visit, PB & J will conduct a tele-visit orientation with the inmate parent. The session will explain the program and process.

7. PB & J staff will conduct a group session yearly with the parent inmate for feedback and evaluation. The Corrections Family Services Liaison will coordinate this session.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

09/29/17
NEW MEXICO CORRECTIONS DEPARTMENT
Tele-Visit Application

My family has agreed to participate in the tele-visit. My child/children’s names and ages are as follows:

Name: ___________________ Age: ______  Name: ___________________ Age: ______
Name: ___________________ Age: ______  Name: ___________________ Age: ______
Name: ___________________ Age: ______  Name: ___________________ Age: ______

Family Contact: ___________________  Relationship: ___________________

Address: ____________________________________________________________

____________________________________________________________________

Telephone Number: ____________________________________________________

Inmate: ___________________ / ____________________________________________ Date
(Print)  (Sign)

Prison Sponsor: ___________________ / _____________________________________ Date
(Print)  (Sign)

TO BE COMPLETED BY THE CLASSIFICATION OFFICER

Facility: ______________________

Comments and Recommendations: _______________________________________

____________________________________________________________________

Classification Officer: ___________________ / ____________________________ Date
(Print)  (Sign)

TO BE COMPLETED BY THE INSTITUTIONAL DEPUTY WARDEN / DESIGNEE:

Comments and Recommendations: _______________________________________

____________________________________________________________________

[ ] Approved  [ ] Disapproved

Deputy Warden / Designee: ___________________ / __________________________ Date
(Print)  (Sign)

Date of Visit: ___________________________  Time: ________________________
NEW MEXICO CORRECTIONS DEPARTMENT

"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."

Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico

TITLE: Family Overnight & Weekend Furlough Visitation for Female Offenders

AUTHORITY:

Policy CD-100200

PROCEDURES:

A. Eligibility Criteria:

1. All inmates must meet the following criteria:

a. Only inmates who are classified as Minimum Security are eligible for overnight visits. Inmates classified as Medium or Maximum Security, including MHTC and those inmates in disciplinary segregation or pre-hearing detention are not eligible for overnight visits. Inmates must have three (3) years or less remaining on their sentence.

b. Only relationships that are considered strong, safe and healthy will be encouraged. Facility Education Supervisor will submit a list of inmates participating in the gender specific and parenting classes to determine who will be considered for an overnight visit. Successful completion of the parenting class is required to participate. Children must be no older than seventeen (17) years of age.

c. Any inmate who has been convicted (current or prior) of a crime involving (including attempt or conspiracy to commit) murder, criminal sexual penetration, criminal sexual contact or any other crime resulting in serious bodily injury toward a relative or an individual with whom the inmate has had a significant relationship will not be eligible for an overnight visit with the victim of that crime. The Warden may also disapprove the visit if there is reason to believe the proposed visit would create a risk of harm or danger to the visitor or staff or otherwise endanger the security of the institution, or if there is a legitimate penological reason to deny the visit. However, an inmate with sexual crimes against a child (current or prior conviction) could participate in the parenting and gender specific classes, but will not be eligible for overnight visits. Inmates with sexual crimes against anyone, other than a child (current or prior conviction) may also participate in the parenting and gender specific classes but will not be allowed an overnight visit.

d. Any inmate convicted of the following crimes having victims that were members of the inmate's family shall not be eligible for overnight visits: murder, criminal sexual penetration, criminal sexual contact or any other crime resulting in serious bodily injury.
e. Inmates serving time for another state in a NMCD Facility may be eligible for overnight visits unless the sending state expressly prohibits overnight visits. If the laws of the sending state expressly allow overnight visits or are silent on the matter, then the inmate should be considered for participation. Otherwise, NMCD rules apply.

f. All inmates must complete the ten (10) week parenting and gender specific program prior to becoming eligible for an overnight visit, unless documentation illustrates that they have been actively involved in other parenting classes. Inmate mothers serving shorter sentences may be eligible prior to the ten (10) weeks if it is determined that the inmate is prepared for the visit and reunification is in the best interest of the mother and child/children.

g. If inmates are in a community work release program, overnight visits will not be scheduled during their regular work hours. The overnight visit will be scheduled late on Fridays upon their return from their work release program. If the inmate obtains permission from her employer, consideration for a visit other than Friday may be considered.

2. Inmates who are within three (3) years or less of parole eligibility or discharge must also meet the following criteria:

a. Inmates must have had no findings of guilt for any misconduct reports within the last 12 months.

b. Inmates must have established a good work/program history over the previous (12) months.

B. General Guidelines:

1. Each institution having an overnight visitation program shall compose and distribute appropriate post orders to address overnight visits.

2. Only those children on the inmate's approved visiting list will be eligible for overnight visits. Inmates will be required to present documented evidence to verify relationships.

3. Overnight visitation shall be limited to a total of three (3) children per visit; however, age and need will be assessed. If inmate has more than three (3) children, participation in an overnight visitation will be considered on a case by case basis and may require separate visits.

4. The Classification Supervisor/Institutional Classification Committee may require a psychological evaluation of the inmate(s) prior to making a decision on a request for an overnight visit and should do so where a history of violence or instability is indicated.

5. Inmates who receive a major or minor misconduct report and are found guilty of said report by the Disciplinary Officer or Institutional Hearing Officer will not be eligible for overnight visits until such time as an inmate has met the eligible criteria again.
C. Application Procedure:

1. Inmates must submit an **Overnight Visit Request** form (CD-100204.1) to their Classification Officer after the program determines that they are prepared.

   The request for an overnight visit must include:

   a. Names and ages of all children attending the visit. No children will be forced to attend a visit.

   b. The **Overnight Visit Request** form must be submitted to the Classification Officer at least two weeks prior to the scheduled visit.

2. Classification Officers shall screen the application based on eligibility criteria and present eligible cases, along with an **Overnight Visit Screening Application** form (CD-100204.2), to the Classification Supervisor/Institutional Classification Committee for processing.

D. Scheduling Procedure:

Unit Management Team will schedule all overnight visits and provide a list of visits at least a month prior to the actual visit. The list will be forwarded to the attention of the Warden.

E. Inmates' Responsibilities:

Inmates shall read and sign an **Inmate Overnight Visitation Agreement** form (CD-100204.3).

1. Inmates will be required to submit to a complete body search and urinalysis for controlled substances testing prior to and immediately following each overnight visit.

2. Inmates will be held totally responsible for any damage to the overnight visiting area or damage to any state property caused by the inmate or children. Any damage incurred to state property may result in a misconduct report, suspension or termination of overnight visits and/or restitution to the Department.

3. Inmates shall conduct themselves in a mature and courteous manner with members of their visiting party.

4. **Children must be supervised at all times.** The inmate will ensure items brought in by the children can be easily inspected. Toiletries and clothing consistent with the length of the visit may be brought in.

5. Correctional Officers will conduct hourly security checks of the interior and exterior to ensure the safety and security of staff, children, and inmates.

6. Inmates will follow facility dress policies and count procedures at all times.
7. Prior to the visit, it will be the responsibility of the inmate to provide documentation of any prescribed medicine that the children must consume during the visit. Failure to comply with this requirement may result in suspension of the visit.
   a. Only sufficient medicine for the time period of the visit will be allowed into the visiting area.
   b. Any costs associated with the emergency medical care of a visitor(s) will be borne by the guardian.

F. Facility responsibilities:

1. Provide linens, towels, and blankets as well as sanitation of same. All used linen will be removed after each visit.

2. Once inside the visiting area, the children and inmate and must remain in the visiting area until the conclusion of the visit except during cases of emergency. Children will be permitted in the playground area accordingly.

3. All visitors must adhere to the regular visiting dress codes at all times during the overnight visitation.

4. Inmate will purchase food items through the facility commissary.

5. Food items and beverages will be maintained in the overnight visitation trailer.

6. A search will be conducted of the child’s belongings prior to and after each visit.

7. Visitors may be subjected to metal detectors and/or controlled substance detection equipment or screened by dogs trained in the detection of controlled substances prior to being cleared for overnight visiting. A visitor who refuses to cooperate or attempts to circumvent these detection procedures will not be allowed to visit that day and may be suspended from future visiting privileges.

8. When the use of controlled substance detection equipment indicates that a visitor may have handled or come in contact with a controlled substance or if there is any reasonable suspicion that a visitor may be in possession of contraband, the overnight visit may be canceled for that day and rescheduled to occur within the next 30 calendar days.

   A detailed report will be forwarded to the Deputy Director of Adult Prisons and the Warden detailing what occurred and shall be accompanied by any supporting documents, staff witness statements and/or photos of any evidence.

9. Provide an overnight visit area for female inmate mothers.

10. The visiting area shall have heating, cooking, electricity, water, refrigeration and bedding facilities.
11. The inmate will be allowed to take prescribed medicine to the visit with written approval from medical staff, as to the need and dosage.

12. The Institutional Safety and Sanitation Officer shall, on a weekly basis, inspect the overnight visiting area.

G. Visit Phases

1. Phase 1 will be a six (6) hour visit during normal working hours. This is the initial visit.

2. Phase 2 will be a twelve (12) hour overnight visit. This will the second visit.

3. Phase 3 and all other subsequent phases prior to phase 4 will be twenty-four (24) hour visits.

4. Phase 4 is weekend furlough. Female inmates with minor children may be eligible for a family re-unification furlough with minor children with the approval of the Warden. Inmate must be within nine (9) months of projected release date to be eligible.
   a. The purpose of the furlough is to reconnect with non-adult children. Any activity not conducive with this purpose may be grounds for termination of future furloughs.

5. Inmates are eligible for a family overnight or furlough visit every thirty (30) days if all other criteria are met.

H. Suspension of Visits:

1. Arguments, inappropriate behavior or disturbances by either the inmate or children shall be sufficient cause to suspend a visit.

2. Overnight visits are subject to suspension for violation of any Department or institutional policy, rules or regulations and/or State Statutes, not herein covered.

3. The Warden may cancel overnight visitation at any time it is determined there is a threat to the security of the institution or it is necessary for the orderly operation of the institution.

4. The suspension of any visit for reasons of an emergency, misconduct on the part of inmates or children, shall have the effect of completing the visiting time allotted.

5. Inmates may be required to submit to a urinalysis for controlled substances test before and following an overnight visit. Positive results will result in a misconduct report and suspension or termination of overnight visitation privileges.

Liability:

1. The Department/institution will not be responsible for the damage or loss of visitor or inmate personal belongings or for accidents/injuries before, during or after an overnight
An Overnight Visit Visitor Notice, Release and Waiver form (CD-100204.4) must be signed by the guardian of the participants.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

09/29/17
NEW MEXICO CORRECTIONS DEPARTMENT
Overnight Visit Request

Facility: _______________ Level: ___

Name __________________________ NMCD# ______________ Date ______________

Assignment/Program: ___________________________ Unit: ______________

I am requesting an overnight visit with the following children. I understand they must all be on my approved visiting list.

CHILDREN:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

I understand that to be eligible, I must present the following information with this request.

Documentation that a natural, blood or a foster, exists between me and the relatives listed above.

Documentation that I have read and understand the policies and procedures on Overnight Visits, including my responsibilities. I agree to abide by all policies and procedures during my visit. I understand that any violation of these policies may result in disciplinary action or prosecution, as appropriate. I agree to make restitution for any damage, intentional or accidental, to state property.
NEW MEXICO CORRECTIONS DEPARTMENT
Overnight Visit Screening Application

TO BE COMPLETED BY THE CLASSIFICATION OFFICER:

Facility: _______________ Level: _______________
Date of Overnight visit: __________________________

<table>
<thead>
<tr>
<th>Has inmate completed 12 week parenting and gender specific program?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Certificate must be attached)</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Does inmate have sex crimes against children (prior or current)?</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Does inmate have child abuse charges?</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Does inmate have sex crimes against someone other than children (prior or current)?</td>
<td>(   )</td>
<td>(   )</td>
</tr>
<tr>
<td>Does inmate have clear conduct?</td>
<td>(   )</td>
<td>(   )</td>
</tr>
</tbody>
</table>

Current offense: _________________________________________________
Prior offenses: _________________________________________________
Comments and Recommendations: ___________________________________

Date: _________________ Classification Officer: ______________________

TO BE COMPLETED BY FACILITY EDUCATION SUPERVISOR:
Comments and Recommendations:

Date: _________________ Education Supervisor: ______________________

TO BE COMPLETED BY THE MENTAL HEALTH UNIT:
Comments and Recommendations: ___________________________________
                                                                                   ___________________________________
                                                                                   ___________________________________
Date: _________________ Psychologist: ________________________________

TO BE COMPLETED BY THE MEDICAL DEPARTMENT:
Comments and Recommendations: _________________________________________
                                                                                   ___________________________________
                                                                                   ___________________________________
Date: _________________ Medical Health Staff: ________________________

TO BE COMPLETED BY THE INSTITUTIONAL WARDEN/DESIGNEE:
Comments and Recommendations: _________________________________________
                                                                                   ___________________________________
                                                                                   ___________________________________
[ ] Approved          [ ] Disapproved
Date: _________________ Warden/Designee: _______________________________
NEW MEXICO CORRECTIONS DEPARTMENT
Inmate Overnight Visitation Agreement

Facility: ______________ Level: ____

I, Inmate __________________________________ NMCD# ____________ having been granted the privilege of an overnight visit with my children under minimum security conditions as established by NMSA 33-2-12.1, and current New Mexico Corrections Department (NMCD) Policies and Procedures, do agree to abide by the following regulations.

1. I will submit to a complete body search, before and immediately following the visit.
2. I may be required to submit to a urinalysis test before and following an overnight visit.
3. I will inspect the visiting area before and immediately following the visit along with my visitor(s) and an assigned Correctional Officer. All discrepancies shall be noted.
4. I am responsible for any damage to the visiting area caused by children or myself whether intentional or accidental. I also understand that any damage caused may result in a misconduct report, restitution, and/or immediate suspension of this visit and/or denial of any future overnight visit.
5. I shall conduct myself in a mature and courteous manner with my children and be responsible for the controlled supervision of all children.
6. Upon command, I will present myself and my visitor(s) fully dressed. I understand that the Warden/designee may authorize, with cause, an inspection of the overnight visitation area and search of all occupants.
7. My children and I are responsible for the upkeep and sanitation of the visiting area. Upon completion of the visit, I shall:
   a. Dispose of all leftover food items. Bag all trash in plastic trash bags (provided).
   b. Remove all linens and towels from the bathroom and beds and place them in the designated laundry bag.
   c. Clean the sinks and sweep and mop the kitchen and bathroom floors.
   d. Leave the overnight visitation area clean and tidy.
8. I will not exchange any property with that of my children, unless prior written approval by the Warden.
9. I understand that the Warden or designee may suspend the visit at any time it is determined that a threat to security, safety, or otherwise orderly operation of the institution exists or is believed to exist.
10. Arguments, inappropriate behavior, or disturbances by either my overnight visitor(s) or me shall be cause to suspend the visit.
11. Violation of NMCD Policies and Procedures or violation of any State Statutes shall be cause for immediate suspension of a visit.
12. I understand that once a visit is suspended for any reason, that visit is over and shall not be continued at a later date or time.

I understand that the NMCD and its employees are not responsible for loss or damage of my personal or visitor’s belongings, or for any accident or injury occurring before, during, or after the visit. My signature below indicates that I am waiving the State of New Mexico, the NMCD, and/or the CCA institution of these liabilities, and that I fully understand and agree to abide by the above statements.

Inmate Signature: ___________________________________________ NMCD#: _________ Date: ____________

Witness Signature and title: ______________________________________ Date: ______________
The New Mexico Corrections Department (NMCD) is not responsible for any medical or dental health treatment for any visitor(s), beyond basic, emergency lifesaving measures. If the NMCD provides any medical attention or care to the inmate’s children or arranges for its provision, the inmate understands she is financially responsible for the payment for these services. The inmate understands that she will be billed for any services the NMCD, its employees, contractors or agents provide. The inmate understands these charges will be separate from any charges by any other health care provider to whom the visitor or her child may be referred.

Because of the limited nature of health services that it can provide, NMCD advises and strongly recommends that adults, children or infants not in good health do not enter the correctional facility or visiting area.

I have read the above Notice and state that I understand its content. I understand that I shall be responsible for any health attention or care given by the NMCD to my child, my ward, dependent or me. I also understand that if I, my child, ward or dependent are in poor health, we are aware of the limited nature of the health services available to us within the NMCD. We understand we have been advised and strongly recommended not to enter any correctional facility or visitation area if we are in poor health. I certify that my child/children, my ward, dependent, or I do not have a communicable disease.

I hereby voluntarily assume any of these and any other costs or risks associated with my visit within a correctional facility or visitation area. I hereby release the NMCD, its employees, contractors or agents from any liability for these voluntarily assumed costs or risks.

I understand and acknowledge that the visitation area is within a State prison facility housing inmates of various security classifications. I am aware of the inherent risks of injury or damage being caused by any of the inmate residents which may not be preventable by the NMCD, its correctional facilities, its employees, contractors or agents. I voluntarily assume responsibility for any costs or risks I encounter while on the grounds of the NMCD and its correctional facilities, and from its employees, contractors or agents. I voluntarily assume these risks on behalf of my children, infants, dependents or myself. I hereby release the NMCD, its correctional facilities, its employees, contractors or agents from any and all claims, damages or causes of action arising out of any injury or damage I or my child, infant or dependent sustain during our visit, if such was not intentional harm caused by officers or employees of the NMCD. I also waive such claims, damages or causes of action against the State of New Mexico.

______________________________ ______________________
Inmate's Signature Date

Names of visiting children: ________________________________

Witness: __________________________/__________________________ ______________________
(Printed Name) (Signature) Date