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|  CD-101500 | NEW MEXICO CORRECTIONS DEPARTMENT | ISSUE DATE: 05/27/86 EFFECTIVE DATE: 06/15/86 REVIEW/REVISED: 03/25/09 |
| | TITLE: Escorted Inmate Leave | |

AUTHORITY:

- A. NMSA 1978, Sections 30-22-4 through -7, 30-22-9 through -14, 33-1-6, and 33-2-44 through -46, as amended.
- B. Policy *CD-010100*, *CD-050100* and *CD-130200*.

REFERENCE:

- A. ACA Standard 2-CO-4G-01, *Manual of Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. ACA Standard 4-4445, *Standards for Adult Correctional Institutions*, 4th Edition.

PURPOSE:

This policy is to provide guidelines for granting or denying escorted leaves and to establish proper supervision standards.

APPLICABILITY:

All inmates of adult institutions and all employees of the Corrections Department charged with the administration of this policy.

FORMS:

- A. **Escorted Leave Application** Form (*CD-101501.1*)

ATTACHMENTS:

None

DEFINITIONS:

- A. Escorted Emergency Leave: An authorized (by corrections staff) escorted leave or furlough from a Corrections Department facility for emergency purposes, i.e., bedside visits at a hospital or funeral. This type of leave may be available to inmates at all custody levels, except for those inmates under sentence of death. The inmate will pay all costs associated with an escorted leave prior to the leave taking place.

- B. Relative: 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.

POLICY:

- A. The Corrections Department will grant inmates escorted leave from correctional facilities when circumstances indicate that an escorted leave would be in accordance with good correctional practices.

- B. The Corrections Department shall not approve any out- of-state leaves; and no person under a sentence of death, or inmates on Pre-Hearing Detention (PHD), Disciplinary Segregation, Level VI or Interstate Compact Agreements shall be allowed any form of leave except as directed by the courts and otherwise approved by the Department.

- C. Probation/Parole Department staff shall cooperate in providing information on the legitimacy of leave or furlough requests.



Joe R. Williams, Secretary of Corrections
New Mexico Corrections Department

03/25/09
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| | <p>TITLE: Escorted Inmate Emergency Leave</p> | |

AUTHORITY:

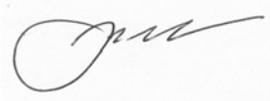
Policy *CD-101500*

PROCEDURES:

A. Emergency Leaves (Escorted):

1. Emergency leave determined to be of an emergency nature (i.e., funerals for the death of an immediate relative or bedside visit at a hospital with an immediate relative who has a verified terminal illness) may be granted by the Warden to inmates.
2. Prior to approval, the inmate must decide whether to attend the bed side visit or the funeral service, not both. Inmates will not be allowed to attend the burial services.
3. The Classification Officer of an inmate who has requested emergency leave shall verify information with the attending physician and shall ascertain if, in the opinion of the physician, the illness is terminal and if the patient can receive visits.
4. Probation/Parole Department staff shall cooperate in providing information on the legitimacy of furlough/emergency leave requests.
5. Time limits shall be established on a case-by-case basis.
6. An **Escorted Leave Application** Form (*CD-101501.1*) must be completed by an inmate requesting this type of leave. Security recommendation regarding the number of escorting officers and restraints shall be made by the Deputy Warden with final approval by the Warden regardless of the inmate's custody level.

7. The Warden may waive the cost of the escorted leave (including, but not limited to, cost of staff, transportation and other NMCD expenses associated with the leave) based on normal security requirements (two-man escort).
 - a. An inmate may be required to pay all or a portion of the cost if the inmate exceeds normal security requirements.



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**NEW MEXICO
CORRECTIONS DEPARTMENT
Escorted Emergency Leave Application**

Name: _____ NMCD# _____
Institution: _____ Date: _____
Purpose: Bedside visit Funeral Service
Name of Hospital, Funeral Home or Church: _____
Person to Be Visited: _____ Relationship: _____
Address: _____ Telephone #: _____
Inmate Signature: _____

Classification Officer

Verified With: _____
Comments: _____
I recommend an escorted emergency leave for the period
FROM: _____ UNTIL: _____

SPECIAL CONDITIONS: _____
Classification: _____

Classification Officer: _____

Classification Supervisor / Program Manager / Unit Manager

Convicted of ESCAPE _____ MURDER _____

APPROVED _____ DISAPPROVED _____

Chief Classification Officer: _____

Deputy Warden

Security Recommendations: _____

APPROVED _____ DISAPPROVED _____

Deputy Warden: _____

Warden

APPROVED _____ DISAPPROVED _____

Warden: _____

Date/Time of Departure _____ Date/Time of Return _____

Comments: _____

Fees paid by inmate: _____