AUTHORITY:

A. NMSA 1978, Section 33-1-6

REFERENCE:

A. Restrictive Housing/Special Management Population Policy CD-141500
B. Predatory Behavior Management Program CD-141000
C. ACA Standards 4-4249,4-4251, Standards for Adult Correctional Institutions, 4th Edition.

PURPOSE:

A. Establish guidelines on managing inmates who request protective custody. [4-4251]

FORMS:

A. Enemy Update Information form (CD-141101.1)

POLICY:

A. It is the policy of New Mexico Corrections Department that inmates will not be placed in any long-term segregation housing for protective custody reasons.

B. Inmates with protective custody issues will only be placed in restrictive housing if all other viable alternatives have been exhausted. [4-4249]

C. Protective custody issues will be thoroughly and properly investigated.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department
11/30/18
AUTHORITY:

Policy: CD-141100

PROCEDURES:

General Principles

A. Inmates requesting protective custody will be thoroughly interviewed.

B. Inmates will not be permitted to request protective custody by making broad, generalized statements. i.e. “I am in danger.”

C. After or outside regular hours, follow up questions are mandatory. Examples include:

1. Why are you in danger?

2. Who are your enemies? Why?
   a. Enemies must be identified
   b. Ex. Photo Array, Monikers, Etc.

3. Why do you owe money? How?

4. What kinds of drugs did you purchase?

5. Where did you testify against this inmate?

6. Any other relevant questions

D. During regular working hours, follow up questions are mandatory. Examples include:

1. Why are you in danger?

2. Who are your enemies? Why?
   a. Enemies must be identified
   b. Ex. Photo Array, Monikers, Etc.
3. Why do you owe money? How?
4. What kinds of drugs did you purchase?
5. Where did you testify against this inmate?
6. Any Investigations prior to lock up.
7. Review of documentation on CMIS/Inmate File
8. Any other relevant questions

E. Proper investigations on protective custody issues will be initiated and completed on the **Enemy Update Information** form (CD-141101.1) and will be signed by the inmate. [4-4251]

F. As a result of these investigations, predatory inmates will be held accountable.

G. Shift Supervisor/Administrator will ensure all information is gathered and will then notify the Deputy Warden.

H. Deputy Warden will ensure the information is complete and will contact the Warden for approval.

I. 72 hour reviews shall be reviewed by the Warden or designee within seventy-two (72) hours, including weekends and holidays.

David Jablonski, Secretary of Corrections
New Mexico Corrections Department

11/30/18
NEW MEXICO CORRECTIONS DEPARTMENT

Enemy Update Information

INMATE NAME: ___________________________ NMCD#: __________ FACILITY: ___________________________

I am requesting Protective Custody. I hereby state that I am in danger and I agree to cooperate fully with prison officials in identifying the inmates I consider to be enemies, the reasons for my need for protection and any other information prison officials need to investigate this claim. I certify that the following statements I make to the investigator are true and correct to the best of my knowledge.

Who is the enemy: INMATE NAME: ___________________________ NMCD#: ___________________________

What happened between the two inmates:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

When did the incident occur:

________________________________________________________________________________________________

Where did the incident occur:

________________________________________________________________________________________________

Why was the incident not resolved:

________________________________________________________________________________________________

Staff member interviewing inmate (Print/Sign) ___________________________ Date ___________________________

FACILITY ADMINISTRATIVE STAFF

Facility Corroboration of Incident:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Facility Action to resolve enemy situation (example – mediation):

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Inmate Name (Print/Sign) ___________________________________________ Date ___________________________

Investigating Staff (Print/Sign) ______________________________________ Date ___________________________

Warden Review (Print/Sign) _________________________________________ Date ___________________________