

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Enforcement Operations</u> STATEMENT NUMBER <u>5.61</u>
SUBJECT: INTERSTATE TRANSFER OF SUPERVISION CASES TO OTHER STATES Proponent: <u>Michael McAlister, Director</u> <i>Name/Title</i> <u>Field Services 271-5652</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>05/30/14</u> REVIEW DATE <u>05/30/15</u> SUPERSEDES PPD# <u>5.61</u> DATED <u>11/01/12</u>
ISSUING OFFICER: <hr/> <i>William Wrenn, Commissioner</i>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

To provide for the interstate transfer of offenders in accordance with the rules adopted by the Interstate Commission for Adult Offender Supervision (ICAOS). The rules adopted by ICAOS are available on the ICAOS website (interstatecompact.org).

II. **APPLICABILITY:**

To all Division of Field Services staff

III. **POLICY:**

It is the policy of the NH Department of Corrections:

- A. To transfer the supervision of cases to other states under the applicable rules and regulations of the Interstate Commission for Adult Offender Supervision (ICAOS).
- B. The Compact Administrator is appointed pursuant to RSA 651-A:25 to administer the interstate compact. Through the Commissioner, the Administrator will promulgate the rules and regulations of the Interstate Compact.

IV. **PROCEDURE:**

- A. The ICAOS Rules delineate mandatory and discretionary transfer criteria, and all information that must be included in a transfer application.
- B. Prior to initiating a request to transfer an offender's supervision, the offender must provide the supervising Probation/Parole Officer (PPO) with a valid and verifiable reason for the transfer. Mandatory transfer criteria include being a resident of the receiving state, and/or family in the area who are willing to assist, and/or military personnel (Rule 3.101 and 3.101-1) (Attachment 1).
- C. If the supervising PPO determines there is a valid reason to a request a transfer, the PPO shall inform the applicant that there is a \$100.00 application fee (Attachment 2) payable to the NH Department of Corrections by money order. The fee must be paid prior to processing the application. The offender should be instructed to forward the payment to the Collections Unit clearly stating compact application fee on the money order. In the event payment is

received at the office, payment shall be forwarded with a copy of the Application for Compact Services Form.

1. The fee may be reduced or waived if the offender is indigent. A Financial Affidavit (Attachment 3) shall be completed by the offender if they indicate they cannot pay the \$100 fee. All reductions or waivers must be approved by the Chief Probation Parole Officer (CPPO) or designee. If the fee is reduced or waived, this must be documented in CORIS Notes.
- D. If the offender is not physically present in New Hampshire at the time of the transfer request, the application will be forwarded to the other state and will be held until payment is received. The PPO shall complete all forms requiring the offender's signature and all the documents listed in the Application for Transfer of Supervision and upload the documents in ICOTS. Any questions should be directed to the Deputy Compact Administrator.
1. The application also serves as consent to exchange alcohol/drug treatment information between New Hampshire and the receiving state and includes an agreement to return that serves as a Waiver of Extradition. The offender must understand and agree to comply with any order to return to New Hampshire as directed.
 2. The offender's signature must include the date signed and also have a Probation/Parole Officer's witnessing signature along with the date signed.
 3. An original signed form shall be placed in the case file and, the application will be forwarded in the Interstate Compact Offender Tracking System ICOTS.
- E. The PPO should address any financial obligations and ensure a payment plan is established.
- F. If the supervising PPO determines that an emergency exists or the offender is a resident of another state at the time of sentencing, the PPO will forward a request for reporting instructions via ICOTS. Reporting instructions must be approved prior to the offender's departure.
- G. If/when reporting instructions are granted, the PPO should prepare two copies of a Travel Permit, permitting the offender to travel to the receiving State. Arrangements must be made for the offender to stay in contact with their New Hampshire PPO either by phone, mail or both. The original permit is given to the offender, and one copy is retained in the offender's file. No offender shall be allowed to relocate to a receiving state prior to receipt of reporting instructions, with the exception of those offenders who fit the criteria listed in rule 3.103 (Attachment 4).
- H. When a response is obtained from the receiving State indicating acceptance of offender's supervision, the New Hampshire supervising PPO must note this in CORIS. If the receiving State rejects supervision and the offender is already residing in the receiving state, the New Hampshire supervising PPO shall write to the offender ordering them back to New Hampshire. If the receiving State indicates subject's whereabouts are unknown, the New Hampshire supervising PPO should begin proceedings to file a violation of Probation or request a Parole warrant.
- I. If an offender has 90 days or less of probation/parole supervision remaining, the New Hampshire PPO, with the approval of their supervisor, may notify the receiving State of the offender's presence via email to the Deputy Compact Administrator. The offender should be issued a Travel Permit that includes instructions for reporting to the New Hampshire PPO for the remainder of their supervision.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Third Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

3-3180, 3-3183 - 184; 3-3192

Other

McALISTER/clr

Attachments

TITLE LI

COURTS

CHAPTER 504-A

PROBATIONERS AND PAROLEES

Section 504-A:13

504-A:13 Supervision and Service Charges. –

I. The court shall establish a supervision fee for probationers, and the parole board shall establish a supervision fee for parolees. The fee shall not be less than \$40 a month, unless waived in whole or in part by the court, board or commissioner, and may be any greater amount as established by the court or board. This fee shall be considered a condition of release, and failure to satisfy this obligation shall be grounds for a violation hearing, unless the probationer or parolee has been found to be indigent and, for that reason, unable to pay the fee. Service charges for collection of fines and fees, other than supervision fees, shall be established at 10 percent of the funds collected.

II. Monthly supervision fees collected under this section shall be deposited as follows:

(a) \$5 to the police standards and training council training fund to defray expenses of providing training to employees of the department of corrections.

(b) The balance to be credited to the general fund.

III. The court, for probationers, and the parole board, for parolees and those under the jurisdiction of the court, may assess fees for services as provided by the department of corrections, division of field services, not otherwise provided for by this chapter.

IV. (a) Any person under state probation or parole supervision who requests a transfer of supervision to another state shall submit such request on a form to be developed by the commissioner of the department of corrections along with an application fee not to exceed \$100. The commissioner may waive the fee as deemed appropriate under the circumstances. All fees collected under this subparagraph shall be deposited into the probation and parole receipts fund established in subparagraph (b).

(b) There is hereby established a probation and parole receipts fund in the department of corrections which shall be administered by the commissioner of the department of corrections. The fund shall be nonlapsing and continually appropriated to the department of corrections to offset the cost of annual dues and any extradition costs incurred by the department pursuant to the interstate compact for adult offender supervision under RSA 651-A:25 through RSA 651-A:38.

Source. 1986, 156:1. 1993, 331:9. 1995, 189:1, 2; 237:1. 1996, 286:4. 2009, 221:1, eff. Sept. 13, 2009.

FINANCIAL DATA STATEMENT

INSTRUCTIONS: Complete this form in full and submit it along with supporting documents (i.e., payroll stub; bank statements; documentation of loan status; etc.). Mail to New Hampshire Department of Corrections, _____ District Office. In order to ensure that the information is available during your initial interview with the Probation Officer you may bring this form and supporting documents with you to your scheduled appointment.

Your Name: _____

Address: _____

City, State, Zip: _____

Do you have any hobbies: Yes No

If yes, list hobbies: _____

INCOME:

Employer Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

If you have more than one employer, please list additional employment information on the back of this form.

Weekly

Monthly

Take-Home Wages - Husband: _____

- Wife: _____

Other Income: Social Security, Pension, Disability, etc _____

Unemployment _____

Veterans benefits _____

Commissions, Tips _____

Workman's Compensation _____

Pension _____

Alimony or Child Support Received _____

Insurance Settlement _____

Other _____

Total Income: _____

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Name: _____

EXPENSES:

Rent/Mortgage Payments	_____	/Month
Car Payments	_____	/Month
Food	_____	/Month
Utilities (Telephone, Electric, Cable, etc.)	_____	/Month
Fuel	_____	/Month
Loan Payment(s)	_____	/Month
Child Support Paid	_____	/Month
Cigarettes	_____	/Month
Other (Explain) _____	_____	/Month

Total Expenses: _____

OUTSTANDING LIABILITIES:

	<u>Name</u>	<u>Balance</u>
Credit Cards	_____	_____
Loans	_____	_____
Fines/Restitution	_____	_____
Back Child Support	_____	_____

ASSETS:

	<u>Bank</u>	<u>Balance</u>
House	_____	_____
Savings Account	_____	_____
Checking Account	_____	_____
CD's	_____	_____
IRA	_____	_____

Do You Own:

<input type="checkbox"/> House	<input type="checkbox"/> Land
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Snowmobile
<input type="checkbox"/> 4-Wheeler	<input type="checkbox"/> RV/Motorhome
<input type="checkbox"/> Boat	<input type="checkbox"/> Additional Vehicle
<input type="checkbox"/> Other: _____	

Date

I certify that the above is a true account (*Signature*)