

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>General Administration</u> STATEMENT NUMBER <u>1.10</u>
SUBJECT: DOCUMENTATION OF INQUIRIES RELATIVE TO PERSONS UNDER SUPERVISION PROPONENT: <u>Jeffrey Lyons, Public Information Officer</u> <i>Name/Title</i> <u>Commissioners Office 271-5602</u> <i>Division Phone #</i>	EFFECTIVE DATE <u>11/01/12</u> REVIEW DATE <u>11/01/13</u> SUPERSEDES PPD# <u>1.10</u> DATED <u>04/29/11</u>
ISSUING OFFICER: <u>William Wrenn, Commissioner</u>	DIRECTOR'S INITIALS: _____ DATE: _____ APPENDIX ATTACHED: YES: _____ NO: _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To provide guidance in documenting inquiries from persons outside the Department of Corrections relative to persons under supervision by the Department of Corrections. Such inquiries must be recorded and documented together with the response and placed in the individual's offender record.

II. APPLICABILITY:

To all staff.

III. POLICY:

It is the policy of the NH Department of Corrections (NHDOC) to accurately document all inquiries relative to persons under its control.

IV. PROCEDURE:

Employees of the Department who receive inquiries from the public, other agencies, lawyers, the media or any other source outside the Department shall complete a Contact Sheet (Attachment 1) and forward the contact sheet electronically to the appropriate party for response. Inquiries of a routine nature or containing public information need not be documented on the form. These inquiries include but are not limited to:

1. Verification of offender's incarceration status;
 2. Verification of offender's release or parole date; or
 3. Inquiry into offender's visiting schedule.
- B. The responding party will document the nature of the contact and the response in CORIS notes.
- C. Completion of this form together with the response will provide continuity in the record as to responses provided concerning this individual offender and will serve as a basis to record who is interested and what the departmental response was. Simple questions to which simple answers are provided may be simply handwritten and filed. Long, more convoluted questions and responses should be typed and filed. In either case, the form should be completed and filed as rapidly as possible since responsiveness to inquiries is a measure of the Department's professionalism.
- D. Information not of a public nature such as program attendance, disciplinary history, medical issues, etc. will not be divulged without a signed Release of Information (Attachment 2) (See PPD 6.45 for a Medical / Mental Health Release Form).

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition Standards

Standards for Adult Correctional Institutions
Fourth Edition Standards

Standards for Adult Community Residential Services
Fourth Edition Standards

Standards for Adult Probation and Parole Field Services
Second Edition Standards

Other

LYONS/clr

Attachment

CONTACT SHEET

DATE: _____ TIME: _____

Name of Offender: _____ ID Number: _____

Caller's Name: _____

Relationship to Inmate: _____

Phone Number of Caller: _____

Staff Person Receiving Call: _____

Nature of the Inquiry: _____

IF DEATH IN THE FAMILY:

Name of Contact Person: _____

Phone Number of Contact Person: _____

Funeral Parlor Name: _____

City and State: _____

Phone Number: _____

Person(s) referred to for response: _____

DATE: _____ TIME: _____

Results:

RELEASE OF INFORMATION
Liberación de Información

INMATE NAME:

Nombre de Preso:

INMATE NUMBER:

DOB:

Numero de Preso:

Fecha de Nacimiento:

I hereby authorize _____

Yo por la presente autorizo _____

of the _____, to examine and discuss my records

de _____, para examinar y discutir mis antecedentes

at the New Hampshire State Prison, at _____, New Hampshire.

A la Prisión del Estado de New Hampshire, a _____, New Hampshire.

This release specifically includes all records regarding

Esta liberación específicamente incluye todos los antecedentes al respecto

I understand that these records are confidential and will not be released unless I sign

Entiendo que estos antecedentes son confienciales y no estaran liberados a menos que yo firme

this release. I further understand that this consent to release information may be revoked in

esta liberación. Ademas entiendo que este consentimiento a liberar información puede ser revocado

writing by me at any time.

en escrito por mi en cualquier momento.

This release expires on _____.

Esta liberación termina en _____.

Dated / Fecha: _____

Signed / Firmado: _____

Witness / Testigo: _____