

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Financial Services</u> STATEMENT NUMBER <u>3.05</u>
SUBJECT: FIELD SERVICES COLLECTION PROCEDURES PROPONENT: <u>Michael McAlister, Director</u> <i>Name/Title</i> <u>Field Services</u> <u>271-5652</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>11/16/15</u> REVIEW DATE <u>1/1/17</u> SUPERSEDES PPD# <u>3.05</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 facilitate the collecting, safeguarding, accounting and disbursement of ordered financial obligations (such as supervision fees, restitution, etc) through financial transactions with offenders placed on Probation, Parole, Administrative Home Confinement (AHC) or collection only status in accordance with RSA 504-A:13.

II. APPLICABILITY:

To all staff of the Division of Field Services and appropriate personnel from the Division of Administration.

III. POLICY:

It is the policy of the NH Department of Corrections that:

- A. Pursuant to RSA 504-A:12 III, VI, the Division of Field Services will collect or supervise the collection of any fees, fines or restitution payments ordered and will administratively process these funds under rules adopted under RSA 541-A by the Commissioner.
- B. Probation/Parole Officers (PPOs) and Case Technicians are responsible for the monitoring and enforcement of collection obligation for their assigned caseloads. Payment plans shall be established in all cases. The Field Services Collections Unit serves as the central repository for all payments received from payees throughout the Division. Collection Unit duties include:
 - 1. Data entry of victim information;
 - 2. The posting of all payments received ; and
 - 3. An audit of data submitted by the District Offices as applicable.
- C. RSA 504-A:13 Supervision and Services Charges: "I. The court shall establish a supervision fee for probationers and the parole board shall establish a 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.”

IV. PROCEDURE:

A. NEW CASE SET UP – DISTRICT OFFICE COLLECTIONS:

1. Each District Office, or Collections Unit Case Technician, will use the following procedures for new case set up:
 - a. Upon receipt of an order from the Court or Parole Board for payment of a fee, fine or restitution as a condition of the sentence, the assigned Executive Secretary or Case Technician shall enter the new case into the Correctional Information System (CORIS) consistent with the protocol established in CORIS training and as outlined in the intake process reference card (attachment 1). If an offender profile exists, updates will be made to the existing offender identification number/profile.
 - b. The case will be assigned by the office supervisor.
 - c. The assigned Probation/Parole Officer (PPO), Case Technician, or Executive Secretary shall determine the identification of the payee and complete an obligation profile. PPOs shall forward this information to the Executive Secretary for data entry and/or submission to the Collections Unit.
 - d. After review of the defendant’s ability to pay (income and liabilities, a “Payment Plan Agreement” (attachment 2) shall be executed between the offender and the PPO/Case Technician with copies provided to the offender and the case file. A wage assignment should be used, when possible. The payment plan must be accompanied by supporting documentation such as a pay stub, financial statement (attachment 2) or other verification of income. When determining a payment plan, the following factors must be considered:
 - 1) Specific Court or Parole Board orders establishing a time frame for completion of payment. For example, if the Court orders all monies to be paid within six months, the payment plan must reflect a payment schedule sufficient to comply with the order. All payment plans must be entered in CORIS notes.
 - 2) The offender’s ability to pay: In situations where an offender clearly possesses no ability to pay the Court-Ordered monies within the dictated time frame, the defendant shall be directed to seek relief from the Court.
 - e. The offender shall be advised that the method of payment is check or money order and that all payments must be mailed to the Collections Unit. Any circumstances that require the acceptance of a cash payment must be approved by the Chief Probation/Parole Officer (CPPO)/designee and hand delivered to the Collections Unit no later than the next business day.
 - f. In cases where the offender is serving a prison sentence and has been ordered to pay restitution through the Department, and the Court Order does not preclude this from occurring during incarceration, 10% of any incoming monies will be deducted from their inmate account. Notification of this procedure will be provided to all inmates via the inmate handbook/orientation.
 - g. Any subsequent changes in offender financial obligations shall be emailed to the Administrative Supervisor or designee.
 - h. DOC IT will generate monthly statements for all payees, which will be mailed on or about the 15th of each month to all cases with an outstanding payment obligation.

- i. The letter will also address arrearage at 30, 60, and 90 day intervals as applicable. NHDOC IT will generate a monthly report of offenders who are in arrearage.
- j. Letters with undeliverable addresses will be returned to the assigned staff member for follow up.

B. NEW CASE SET UP – SUPERVISION FEES:

1. After having been placed on probation or parole, offenders assessed the supervision fee will sign the Supervision Fee Instruction contained on the standard Probation/Parole Conditions Form. At this time the supervising PPO will provide a detailed explanation of the supervision fee obligation to the offender (attachment 3). One copy of the form should go to the offender and one to the file. The PPO shall complete the Supervision Fee Form (attachment 4) and forward to the Collections Unit for entry into CORIS. A copy of the form must be maintained in the case file. This should occur during the offender’s first visit. Absent a Court or Parole Board Order to the contrary, the supervision fee amount shall be established by the Commissioner pursuant to RSA 504-A:13 and assigned as follows based on the offender’s gross monthly income:

a.

Offender Gross Monthly Income Level	Monthly Supervision Fee
0 to \$249.99	\$ 0.00
\$250.00 to \$499.99	\$10.00
\$500.00 to \$749.99	\$25.00
\$750.00 +	\$40.00

- b. The assigned staff shall record the supervision fee status as “pay supervision fee” or “supervision fee waiver” in the conditions screen in CORIS.
 - c. All requests for subsequent modification of the fee amount in CORIS must be forwarded to the Collections Unit using the Supervision Fees Form (attachment 4).
 - d. The established supervision fee amount should be reviewed by the PPO not less than annually as part of the case review.
2. Unless otherwise ordered by the Court or Parole Board, the monthly supervision fee for all offenders placed on probation/parole will be based on the monthly gross income as stated above.
 3. AHC, collection only, bail supervision cases and cases transferred to other states through the Interstate Compact Agreement will not be charged a supervision fee. The assigned staff must ensure supervision fees are accurately assigned and adjusted in CORIS when an offender who has been under New Hampshire supervision for a period of time subsequently transfers to another state. Transfers must be entered in a timely fashion so that CORIS can recognize the status change and pause or resume fees when appropriate. This will prevent erroneous accrual of supervision fees in CORIS. Probationers/parolees who have absconded or are on fugitive status, will not accrue a supervision fee.
 4. Cases transferred to New Hampshire shall be assessed the supervision fee, unless the fee was waived in the sending state by the Court, Parole Board, or Corrections Agency, in which case it can be recorded as zero.
 5. Cases involving offenders who are incarcerated or in residential treatment for 30 days or more, will not be charged a supervision fee during the period of incarceration or treatment. The offender’s status in CORIS (i.e., community, incarcerated, etc.) must be changed to accurately reflect their location/status. Upon release, the supervision fee obligation will be reinstated for the balance of the supervision period using the Supervision Fee Form.

C. JOINT AND SEVERAL CASES

Pursuant to RSA 507:7-e, the Court may make joint and several orders. In these cases all offenders who are ordered to pay restitution are each responsible for the total amount owed. In cases where the Court orders joint and several but designates differing amounts owed by

each offender, the PPO must motion the Court for clarification and remedy. Any questions regarding these orders should be addressed with the Victim/Witness Office or the Court.

D. PAYMENT PROCESSING – COLLECTIONS UNIT

1. The Division is responsible for the collection of fees, fines and restitution. In cases where there are supervision fees, in addition to other payment obligations, payment shall be made to the supervision fee, with the balance credited to the other obligation. Pursuant to RSA 651:63, restitution shall supersede fines and attorney/administrative fees. Upon receipt of a payment, the assigned staff will place a restrictive endorsement on the check/money order. There will be a segregation of duties between those who open mail, process receipts, and those authorized to make subsequent financial obligation adjustments in CORIS, as determined by the Administrative Supervisor or designee. The Collections Unit staff will make a daily deposit of all funds that are received and posted in CORIS. Receipts shall be provided to the payee upon request. All payments will be entered into the CORIS system. CORIS will assign a receipt number. The receipt includes the following information:
 - a. Receipt number;
 - b. Client name;
 - c. Receipt date;
 - d. Received from;
 - e. Amount received;
 - f. Check/money order number;
 - g. Payment method; and
 - h. Staff member who posted the receipt.
2. The Department will process payments (check run) twice a month.
3. In the event the Collections Unit receives a payment that has no corresponding collection case in CORIS, the Collections Unit will attempt to locate the office/staff from which the payment originated and request the appropriate case information be entered into CORIS forthwith. The corresponding staff shall enter the missing data into CORIS within two business days and forward an email acknowledgement of this to the Collections Unit.
4. In the event the offender or a third party submits a check or money order that is returned by the bank for insufficient funds, closed account or stop payment, the Collections Unit will process the bad checks-in CORIS. The Collections Unit will forward the notice and the bad check to the supervising staff, who shall forward a notice to the offender with the following directives:
 - a. Make the check good, if applicable;
 - b. The offender is responsible to pay a bad check fee of \$25.00 or 5% of the check, whichever is greater in addition to the fees or charges submitted by the bank (per RSA 6:11-a);
 - c. Future payments will be required to be made by certified bank check or money order. Failure to make good on the check after 14 days will result in a violation of order or probation/parole violation proceedings; and
 - d. Any subsequent payments will be applied to the bad check fee prior to any other disbursement.
5. Sanctions for Non-Payment:

While it is the offender's responsibility for payment, it is the responsibility of the assigned staff, in accordance with RSA 504-A:12 to encourage, motivate and monitor offenders to ensure payments are current.

 - a. Payment of financial obligations is a condition of the sentence unless waived by the Court or Parole Board and failure to meet this condition must be met with appropriate sanctions.

- b. The supervising staff shall routinely monitor offender compliance with court ordered financial obligations and encourage compliance through face to face contacts, telephone calls, arrearage notices, or, if necessary, violations.
- c. If appropriate, a violation report or suitable motion will be filed with the appropriate Court or Parole Board and the offender will be scheduled for a hearing. The assigned staff will make a specific recommendation for disposition, such as forthwith payment, community service, revocation, etc. Staff must be cognizant of Superior Court Administrative Order 2011-44, which addresses judicial process in cases when fines or restitution are ordered in the amount of \$200 or less (attachment 5).
- d. If the Court does not accept the recommendation of the assigned staff, the disposition shall be noted in the offender's file and CORIS notes.
- e. If the Court/Parole Board waives supervision fees that are arrearage, appropriate updates will be completed by the assigned staff on the Supervision Fee Form and forwarded by email to the Field Services Collections Unit. A copy shall be placed in the offender's case file.
- f. If the offender does not have the ability to pay due to loss of employment, injury or other legitimate reason, the assigned staff should investigate the possibility of requesting the Court to convert the financial sanction (fee or fine) to community service. If the offender has the ability to pay but has failed to respond to arrearage notices and other directives to pay, enforcement action should be taken to include:
 - 1) Written warning; or
 - 2) Violation filed with the Court or Parole Board.
- g. Prior to closing any probation or parole supervision case, the assigned staff will make every possible effort to ensure that:
 - 1) The offender has paid the supervision fee in full. Failure to do so shall result in a violation report filed with the Court/Parole Board.
 - 2) The offender has paid fees, fines and restitution in accordance with the payment plan and/or Court/Parole Board Orders.
 - 3) Uncollectable fees are addressed via a motion to the Court or Parole Board.
 - 4) The assigned staff closing the case has ensured that:
 - a) The correct address is entered in CORIS;
 - b) There are no supervision fees due; and
 - c) A current payment plan is in the file.
 - d) The offender has received instructions for continued payment.
 - e) Collection only case file will not be merged into other case files.
 - f) A Fee Change or Waiver Form may be submitted to the Collections Unit for supervision fee arrearage that accrues erroneously; or that is deemed uncollectable, with justification noted on the form. Waivers that are deemed uncollectable shall be tracked by the Collections Unit, and submitted to the Commissioner for final approval. All waived fees will be deleted from CORIS by designated Collections Unit staff. A copy of the fee change or waiver request will be placed in the case file.

E. BANKRUPTCY

- 1. In the event an offender petitions for bankruptcy and a notice of the proceeding is received at the District Office, the PPO shall notify the Court, via letter (attachment 6), that there is a restitution order and that the restitution is not dischargeable. A copy of the mittimus should be attached to the letter.
- 2. Pursuant to Kelly v. Robinson 479 U.S. 36 (1986), criminal restitution is not dischargeable under section 523(a)(7) of the Bankruptcy Code. Pursuant to section 523(c)(1), debts falling under section 523(a)(7) do not require a creditor to file a

complaint in Bankruptcy Court to determine dischargeability. See Whitehouse v. LaRoche, 277 F.3d 568, 576 (1st Cir. 2002).

F. PROCESS FOR UNDISBURSIBLE FUNDS

1. Pursuant to RSA 651:63 (III), refused or unclaimed restitution payments shall be made to the Victims' Assistance Fund.
2. In the event the Department of Corrections collects restitution payments and is not able to locate a victim, the following will occur:
 - a. The Collections Unit will notify the District Office that a payment has been returned with an undeliverable address.
 - b. The District Office will initiate a victim search.
 - c. The District Office will contact the local postmaster for address change information.
 - d. The District Office will contact Victim/Witness Coordinator for updated victim information.
 - e. The District Office will request a DMV record check on the victim for address information.
 - f. The District Office will conduct an Internet search for the victim address.
 - g. If all attempts are unsuccessful, the District Office will notify the Collections Unit, by sending a change form with a request to change the payee to the Victim Assistance Fund.
 - h. If no new address information is received after six months, the Collections Unit will void the check in CORIS.
 - i. After voiding the check, the Collections Unit will update CORIS to reflect a new payee as the Victims Assistance Fund
 - j. The Collections Unit will enter an administrative note in CORIS as to the date the payee was changed, who the initial victim was and the remaining balance at the time of the change.
 - k. If there is no change in status, future payments will be transferred to the Victim Assistance Fund as part of the monthly check run.
 - m. If a new address is subsequently located for the victim, they will be instructed to contact the Victim Assistance Fund for full or partial reimbursement.
 - n. The payee in CORIS will be changed back to the original victim for any future payments.
6. RECONCILIATION OF ACCOUNTS
 - a. The Bureau of Financial Services will conduct a monthly review of NH First Aggregate Report and the CORIS Check File, to ensure the receipts collected and entered into CORIS are accurately deposited and recorded in NH First.
 - b. DOCIT will provide quarterly reports to the Administrative Office of the Courts (AOC) that will include all docket numbers with fines; original amount ordered, and balance due.

REFERENCE:

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
Third Edition Standards

3-3043

Other

McAlister/jc

Attachments



Initial Community New Client Intake Process Quick Reference Card

Step 1: Search

IMPORTANT: You must always search before adding a new Client in DRIS to avoid creating duplicate Clients.

Select **Community (Field Services) -> Search -> Client** from the Main Menu.

Enter basic search criteria (e.g. Last Name, First Name, DOB, etc.)

Click the **Include non-active** checkbox

Click the **Search** button

Click the **Matching Alias** tab to ensure that the search did not retrieve a Client with alias matching the search criteria.

If no Client or Alias is found, click the **Add New Client...** button to navigate to the **Client Demographics** page and begin creating a new Client.

Step 2: Client Demographics

From the **Initial Reporting Form**, document the following:

Required fields:

Last Name:*

First Name:*

Gender:*

Race:*

Religion:*

Other **relevant** fields may include:

Middle Name:

Date of Birth:

Step 3: Transfer Client into a DOC Location

NOTE: Review the **Client Transfer Types and Reasons** Quick Reference Card as you explore this step.

1. Select **Community (Field Services) -> Client Pages -> Transfer** from the Main Menu.

2. On the **Transfer Directions** tab:

- Select an appropriate **Transfer Type**:
 - *In from County Facility*
 - *In from Court*
 - *Interstate Compact In*
- Select an appropriate **Transfer Reason**:
- Select the Client's reporting office in the **DOC Location To** field
- Select an appropriate **Jurisdiction From**: *New Hampshire* field

3. On the **Transfer Dates** tab:

- Enter the **Transfer Date/Time**:

(Hint: Since this field includes both Date and Time, it is easiest to select using the calendar button.)

4. Click the **Save** button

Step 4: Physical Appearance

1. Select **Community (Field Services) -> Client Pages -> Physical Appearance** from the Main Menu.

2. From the **Initial Reporting Form**, document:

Eye Color: Hair Color: Height (Inches): Weight:



Initial Community New Client Intake Process Quick Reference Card

Step 5: Client Addresses

1. Select **Community (Field Services) -> Client Pages -> Address/Phone** from the Main Menu.
2. From the **Initial Reporting Form**, document **Street Address** on the **Address** tab:
 - a. Select **Address Type:** Street Address
Street Number:
Street Name:
 - b. Enter **Apartment #** if appropriate
 - c. Select **City** *FOR ALL THINGS*
 - d. Enter in the **Zip Code** field
 - e. **OR**
ii. Click the **USPS** button and select from the site
 - f. Enter the **Initial Reporting Date** in the **Start Date:** 11/25/2005 field
 - g. Check the **Notes Address** field to include this address on the Probation Officer Notes page
3. Click the **Save** button
4. To document **Mailing Address:**
 - a. Click the **Copy Address** button to copy the Street Address
 - b. Click the **Add** button to enable the Address page in "add mode"
 - c. Click the **Paste Address** button

Step 6: Phone

1. From the **Initial Reporting Form**, document the following on the **Phone** tab of the **Address/Phone** page
 - a. Click the **Add** button
 - b. Enter **Phone Number:**
 - c. Select **Phone Type:** Residential
 - d. Click the **Print** checkbox to indicate this is the Client's primary phone #
2. Click the to save

Step 7: Alias

NOTE: If the Client indicates a nickname or alias, you may document this in **CORIS**

1. Select **Community (Field Services) -> Client Pages -> Alias** from the Main Menu.
2. Enter:
First Name:
Middle Name:
Last Name:
3. Click the **Save** button

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

OFFICE

ADDRESS 1

ADDRESS 2

PAYMENT CONTRACT

I _____, fully understand that I owe:

A. Total Restitution owed	\$ _____
Restitution (Your obligation)	\$ _____
Plus 17% Collection Fee	\$ _____

Sub Total A \$ _____

B. Fine \$ _____ +20% P.A.	\$ _____
Attorney Fees	\$ _____
Other	\$ _____
Plus 10% Collection Fee	\$ _____

Sub Total B \$ _____

Total Obligation \$ _____

I hereby agree to pay \$ _____ Y Weekly Y Bi-Weekly Y Monthly Y In Full

Commencing on _____ until my total obligation is paid in full by _____

Failure to make payments can result in this matter being brought back to Court. Checks and money orders are to be made payable to NHDOC and forwarded to the NHDOC – Division of Field Services, PO Box 280, Concord, NH 03302-0280.

It is your obligation to notify the New Hampshire Department of Corrections of any change in address, employment or other information that affects your ability to make payments.

JOINT AND SEVERAL ORDERS

By order of the Court, you are responsible for 100% of the restitution. You are currently being assessed _____ of the restitution. Should your co-defendant(s) fail to pay, you will be held responsible for 100%.

I hereby certify that I have read or had read to me, the foregoing contract and fully understand it. I acknowledge receipt of a copy of this payment schedule.

Date: _____ Defendant: _____

Probation/Parole Officer: _____

Co-defendant _____

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: _____

Page 2

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)

SUPERVISION FEE INSTRUCTIONS

RSA 504-A:13 provide for the collection of supervision fees from parolees and probationers under the supervision of the New Hampshire Department of Corrections.

Failure to abide by these conditions may result in a violation being filed that could result in your incarceration or imposition of additional penalties.

1. Payments of \$ _____ is due and payable each month, commencing on the probation start date of _____.

I understand that if my income increases, my monthly obligation will also increase up to the Maximum of \$40.00/month. I realize this payment is a condition of my probation/parole.

\$0 [\$0 to \$249.99/mo] \$10.00 [\$250.00 to \$499.00] [500.00 to 749.99] \$40.00 [\$750.00 and up]

2. Payments are made payable to NHDOC.

Collections Unit
Division of Field Services
PO Box 280
Concord, NH 03302-0280

Upon completion of the form, it shall be submitted to the Chief Probation/Parole Officer at the District Office.

I have had the above read to me and fully understand:

Signed: _____

Date: _____

Form F5066 Updated 12/1/2008

State of New Hampshire
Department of Corrections
Division of Field Services

SUPERVISION FEE FORM

CLIENT NAME:

TODAY'S DATE:

DOC ID #

DOCKET #

*START DATE:

*Start Date will be effective on Sentence Start or Custody Release Date "Automatically" - so be sure you check the Sentence Summary tab first to be sure this information is correct before entering the fees. Remember to do an override if HOC or Prison time is served prior to start date in order to make the case show "custody" status and give a start date as your anticipated release date. Staff is NOT authorized to waive supervision fees in CORIS subsequent to the case opening. PPO should review not less than annually based on proof of income and adjust using approved form to be forwarded to Collections Unit electronically. File original form in case file.

CHARGE SUPERVISION

\$40.00 Unless otherwise indicated.

FEE -or- CHANGE TO:

Reduced fee based on gross monthly income ...

Amount Per Month Will Be Effective On Sentence Start or Custody Release Date as indicated in CORIS Automatically

- Waive by Court or Parole Board (Copy attached)
\$0 [\$0.00 to \$249.99/mo]
\$10.00 [\$250.00 to \$499.99]
\$25.00 [\$500.00 to \$749.99]
\$40.00 [\$750.00 and up]
OTHER (By Order of Court or Parole Board) \$

Attach a copy of the offenders pay stub for ALL requests for reduced (less than \$40/month) Supervision Fees

SUSPENSION of SUPERVISION FEE due to:

- HOC Time (You MUST transfer persons in and out of HOC in order for CORIS to automatically waive these fees.)
Treatment Facility Time (You MUST transfer persons in and out of Treatment Facilities in order for CORIS to automatically waive these fees.)
Fugitive (Manual Adjustment Required or fees will accrue)

ACCUMULATION ADJUSTMENTS

Number of Months To Adjust

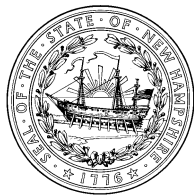
Adjustment Reason:

NOTE: One of the FIRST Chrono entries should be made indicating whether fees waived or charged.

PPO Signature

Date

Email (or scan w/waiver attachments) to collections unit



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS**

**William L. Wrenn
Commissioner**

RE: _____ v _____
Docket # _____

Dear Clerk _____:

This is to inform the court that on _____ the _____ Court issued an order that _____ pay restitution through the New Hampshire Department of Corrections (please see attached copy of the order). _____ has a current balance due of _____.

Pursuant to New Hampshire and federal law, criminal restitution is not dischargeable under bankruptcy.

Respectfully submitted,

Probation/Parole Officer

CC:

Initial Community New Client Intake Process Quick Reference Card

Step 1: Search

IMPORTANT: You must always search before adding a new Client in CRIS to avoid creating duplicate Clients.

- Select Community (Field Services) -> Search -> Client from the Main Menu.
- Enter basic search criteria (e.g. Last Name, First Name, DOB, etc.)
- Click the Includes non-active checkbox
- Click the Search button
- Click the **Matching Alias** tab to ensure that the search did not retrieve a Client with alias matching the search criteria.
- If no Client or Alias is found, click the **Add New Client** button to navigate to the Client Demographics page and begin creating a new Client.

Step 2: Client Demographics

From the **Initial Reporting Form**, document the following:

Required fields:

Last Name*

First Name*

Gender*

Race*

Religion* Unknown

Other relevant fields may include:

Middle Name

Date of Birth

Step 3: Transfer Client into a DOC Operation

NOTE: Review the Client Transfer Types and Reasons Quick Reference Card as you explore this step.

- Select Community (Field Services) -> Client Pages -> Transfer from the Main Menu.
- On the **Transfer Directions** tab:
 - Select an appropriate Transfer Type*
 - In from County Facility
 - In from Court
 - Interstate Compact In
 - Select an appropriate Transfer Reason*
 - Client's reporting office in the DOC location
 - Select an appropriate Jurisdiction From: New Enquire field

Step 4: Physical Appearance

- On the **Transfer Dates** tab:
 - Enter the Transfer Date/Time.

(Hint: Since this field includes both Date and Time, it is easiest to select using the calendar button.)
- Click the Save button

Step 5: Physical Appearance

- Select Community (Field Services) -> Client Pages -> Physical Appearance from the Main Menu.
- From the **Initial Reporting Form**, document:
 - Eye Color
 - Hair Color
 - Facial Features
 - Weight

Initial Community New Client Intake Process Quick Reference Card

Step 6: Phone

- From the **Initial Reporting Form**, document the following on the **Phone** tab of the **Address/Phone** page
 - Click the **Add** button
 - Enter **Phone Number**
 - Select **Phone Type**
 - Residential
 - Work
 - Click the checkbox to indicate this is the Client's primary phone #
- Click the **Save** button to save

Step 7: Alias

NOTE: If the Client indicates a nickname or alias, you may document this in **CORIS**

- Select **Community (Field Services)** -> **Client Pages** -> **Alias** from the **Main Menu**.
 - Enter **First Name**
 - Enter **Middle Name**
 - Enter **Last Name**
- Click the **Save** button

Step 5: Client Address

- Select **Community (Field Services)** -> **Client Pages** -> **Address/Phone** from the **Main Menu**.
- From the **Initial Reporting Form**, document **Street Address** on the **Address** tab:
 - Select **Address Type**: **Street Address**
 - Enter **Street Number**
 - Enter **Apartment #** if appropriate
 - Select **City**
 - Enter **Zip Code**
 - Enter in the **Zip Code** field
 - Click the **USPS** button and select from the site

OR

- Enter the **Initial Reporting Date** in the **Start Date** 11/25/2005 field.
- Check the **Notes Address** field to include this address on the **Probation Officer Notes** page

- Click the **Save** button

- To document **Mailing Address**:
 - Click the **Copy Address** button to copy the **Street Address**
 - Click the **Add** button to enable the **Address** page in "add mode"
 - Click the **Paste Address** button

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS

OFFICE

ADDRESS 1

ADDRESS 2

PAYMENT CONTRACT

I _____, fully understand that I owe:

A. Total Restitution owed	\$ _____
Restitution (Your obligation)	\$ _____
Plus 17% Collection Fee	\$ _____

Sub Total A \$ _____

B. Fine \$ _____ +20% P.A.	\$ _____
Attorney Fees	\$ _____
Other	\$ _____
Plus 10% Collection Fee	\$ _____

Sub Total B \$ _____

Total Obligation \$ _____

I hereby agree to pay \$ _____ Y Weekly Y Bi-Weekly Y Monthly Y In Full

Commencing on _____ until my total obligation is paid in full by _____

Failure to make payments can result in this matter being brought back to Court. Checks and money orders are to be made payable to NHDOC and forwarded to the NHDOC – Division of Field Services, PO Box 280, Concord, NH 03302-0280.

It is your obligation to notify the New Hampshire Department of Corrections of any change in address, employment or other information that affects your ability to make payments.

JOINT AND SEVERAL ORDERS

By order of the Court, you are responsible for 100% of the restitution. You are currently being assessed _____ of the restitution. Should your co-defendant(s) fail to pay, you will be held responsible for 100%.

I hereby certify that I have read or had read to me, the foregoing contract and fully understand it. I acknowledge receipt of a copy of this payment schedule.

Date: _____ Defendant: _____

Probation/Parole Officer: _____

Co-defendant _____

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: _____

Page 2

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)

State of New Hampshire
Department of Corrections
Division of Field Services

SUPERVISION FEE FORM

CLIENT NAME:

TODAY'S DATE:

DOC ID #

DOCKET #

*START DATE:

*Start Date will be effective on Sentence Start or Custody Release Date "Automatically" - so be sure you check the Sentence Summary tab first to be sure this information is correct before entering the fees. Remember to do an override if HOC or Prison time is served prior to start date in order to make the case show "custody" status and give a start date as your anticipated release date. Staff is NOT authorized to waive supervision fees in CORIS subsequent to the case opening. PPO should review not less than annually based on proof of income and adjust using approved form to be forwarded to Collections Unit electronically. File original form in case file.

CHARGE SUPERVISION

\$40.00 Unless otherwise indicated.

FEE -or- CHANGE TO:

Reduced fee based on gross monthly income ...

Amount Per Month Will Be Effective On Sentence Start or Custody Release Date as indicated in CORIS Automatically

- Waive by Court or Parole Board (Copy attached)
\$0 [\$0.00 to \$249.99/mo]
\$10.00 [\$250.00 to \$499.99]
\$25.00 [\$500.00 to \$749.99]
\$40.00 [\$750.00 and up]
OTHER (By Order of Court or Parole Board) \$

Attach a copy of the offenders pay stub for ALL requests for reduced (less than \$40/month) Supervision Fees

SUSPENSION of SUPERVISION FEE due to:

- HOC Time (You MUST transfer persons in and out of HOC in order for CORIS to automatically waive these fees.)
Treatment Facility Time (You MUST transfer persons in and out of Treatment Facilities in order for CORIS to automatically waive these fees.)
Fugitive (Manual Adjustment Required or fees will accrue)

ACCUMULATION ADJUSTMENTS

Number of Months To Adjust

Adjustment Reason:

Multiple horizontal lines for entering adjustment reasons.

NOTE: One of the FIRST Chrono entries should be made indicating whether fees waived or charged.

PPO Signature

Date

Email (or scan w/waiver attachments) to collections unit

**State of New Hampshire
Superior Court**

Administrative Order 2014 – 008

VIOLATIONS OF COURT ORDERS

This administrative order supersedes and replaces Superior Court Administrative Order 2011-44.

1. The New Hampshire Department of Corrections (NHDOC), Collections Department Officers are granted authority to bring actions in Superior Court for the non-payment of court ordered fines and/or restitution where defendants who were ordered as part of a sentence imposed by the Court to pay restitution or a fine and/or penalty assessment have failed to do so. The Collections Officers are also authorized to appear on behalf of the state at any hearing related to the collection of court-ordered fines and restitution.
2. When a court issues an order for fines or restitution to be paid through the Department of Corrections in an amount of \$200.00 or less, and a defendant fails to make payment, no hearing will be scheduled, and

the matter will be administratively closed. Any order for restitution shall remain valid.

3. When a court issues an order for fines or restitution to be paid through the Department of Corrections in an amount over \$200.00 and a defendant fails to make payment, the Department of Corrections may file a violation of court order. Upon receipt of the violation, the Clerk shall schedule a hearing with notice to the Department and the defendant. No arrest warrant shall issue upon the filing of the violation, but an arrest order may issue if the defendant fails to appear for the hearing.
4. Paragraph 2 shall apply to all orders for fines and restitution in effect as of October 1, 2011.
5. Any order for fines or restitution made after October 1, 2011, in an amount of \$200.00 or less, shall be paid at the time of sentencing.
6. The court retains the right to authorize the suspension of the defendant's motor vehicle license for the failure to pay fines and/or restitution, pursuant to RSA 263:56-a(b).

Dated: August 7, 2014



Tina L. Nadeau
Chief Justice, NH Superior Court



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS**

**William L. Wrenn
Commissioner**

RE: _____ v _____
Docket # _____

Dear Clerk _____:

This is to inform the court that on _____ the _____ Court issued an order that _____ pay restitution through the New Hampshire Department of Corrections (please see attached copy of the order). _____ has a current balance due of _____.

Pursuant to New Hampshire and federal law, criminal restitution is not dischargeable under bankruptcy.

Respectfully submitted,

Probation/Parole Officer

CC: