

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Financial Services</u> STATEMENT NUMBER <u>3.13</u>
SUBJECT: <b>REIMBURSEMENT FOR COST OF INMATE CARE (RSA 622:55)</b>  PROPONENT: <u>Robert Mullen, Director</u> <i>Name/Title</i> <u>Administration Div. 271-5610</u> <i>Office Phone #</i>	EFFECTIVE DATE <u>2/01/2014</u> REVIEW DATE <u>2/1/2015</u> SUPERSEDES PPD# <u>3.13</u> DATED <u>12/15/2011</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 guidance for establishing a method to determine an inmate's ability to assume the cost for their own care and the collection of such funds if an ability to pay is established.

II. APPLICABILITY:

To all employees and inmates.

III. POLICY:

It is the policy of the Department of Corrections and RSA 622:55 Reimbursement of Cost of Care by Inmates to recoup the cost of inmate care from those who have the resources in their estate to pay for all or part of the cost of their care.

IV. PROCEDURE:

- A. Reception: When an inmate is received at the Reception and Diagnostic Unit (R&D) or any other facility authorized to receive inmates, the Unit Management Team will ensure that each inmate completely fill out pages 1-4 of the Financial Affidavit Form (Attachment 1).
- B. Copies of the Form will be forwarded to the Director of Administration for review to determine if sufficient assets exist to reimburse the State for all or part of the cost of care including but not limited to:
  1. Cash;
  2. Checking and savings accounts;
  3. Stocks/bonds/mutual funds;
  4. Real and personal property;
  5. Trusts;
  6. Retirement Accounts; and
  7. Compensation.
- C. In making this determination, the Director of Administration will use RSA 545-A:2 for guidelines. If sufficient assets do exist, the Financial Affidavit Form will be forwarded to the Attorney General's Office for further review and filing of a petition before the Superior Court.

- D. The Director of Division of Administration is responsible for calculating the average cost of inmate care based upon actual expenditures for the following categories: general population, Secured Psychiatric/Residential Treatment Units (combined), Transitional Housing units and Probation/Parole. The cost of care for each category will be determined annually by dividing the actual dollars expended from the operations budget of each category, plus a pro-rata share of medical and administrative costs, by the average number of inmates housed in that category. This cost will be calculated after the end of each fiscal year based upon the previous fiscal year.

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  
Third Edition Standards

Other

**RSA 545-A:2**

**RSA 622:55**

MULLEN/clr

Attachment

FINANCIAL AFFIDAVIT

NAME: \_\_\_\_\_ BOOKING NO. \_\_\_\_\_  
 PRISON ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WARNING: The information you provide is subject to the following limitations:  
 (1) The information is subject to examination by the Department of Justice  
 (2) A false or dishonest answer will be taken into consideration by the Adult Parole Board and prison disciplinary board  
 (3) The form must be signed under penalty of perjury.

MARITAL STATUS

Single \_\_\_\_\_ Married \_\_\_\_\_  
 Divorced \_\_\_\_\_ Widowed \_\_\_\_\_  
 Legally Separated \_\_\_\_\_

DEPENDENTS

Names and ages of dependents: Relation to you:  
 \_\_\_\_\_  
 Court ordered child support \_\_\_\_\_  
 Court ordered alimony \_\_\_\_\_

INCOME

Employer's name \_\_\_\_\_  
 Employer's address \_\_\_\_\_  
 Monthly wages: Gross \_\_\_\_\_ Net \_\_\_\_\_  
 Public Assistance/Welfare \_\_\_\_\_ Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_ Other \_\_\_\_\_  
 Spouse's employer \_\_\_\_\_  
 Employer's address \_\_\_\_\_  
 Monthly Wages: Gross \_\_\_\_\_ Net \_\_\_\_\_  
 Public Assistance/Welfare \_\_\_\_\_ Social Security \_\_\_\_\_  
 Pension \_\_\_\_\_ Other \_\_\_\_\_

PROPERTY

Real Estate:

	<u>Value</u>	<u>Mortgage</u>	<u>Net</u>
1. Home	_____	_____	_____
2. Other	_____	_____	_____

PROPERTY, CONTINUED

Motor Vehicles:

	<u>Value</u>	<u>Owned</u>	<u>Net</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Personal Property:

	<u>Value</u>	<u>Owned</u>	<u>Net</u>
1. Stereo/T.V.	_____	_____	_____
2. Jewelry and Personal items	_____	_____	_____
3. Other _____ Identify	_____	_____	_____
4. Other _____ Identify	_____	_____	_____

OTHER ASSETS

- 1. Cash \_\_\_\_\_
- 2. Checking Account \_\_\_\_\_  
(Include joint accounts)
- 3. Savings Account \_\_\_\_\_  
(Include joint accounts)
- 4. Credit Union \_\_\_\_\_  
(Include joint accounts)
- 5. Stocks/bonds/mutual funds \_\_\_\_\_
- 6. Trust \_\_\_\_\_
- 7. Inmate Accounts \_\_\_\_\_
- 8. Retirement Accounts \_\_\_\_\_

EXPENSES

Monthly Expenses

Rent _____	Insurance _____
Food _____	Other _____ (Identify)
Utilities _____	Other _____ (Identify)
Clothes _____	Other _____ (Identify)
Medical/Dental _____	Other _____ (Identify)

DEBTS

Real Estate:

	<u>Lender</u>	<u>Total Owed</u>	<u>Monthly Payment</u>
1.	_____	_____	_____
2.	_____	_____	_____

Other Debts:

	<u>Lender</u>	<u>Total Owed</u>	<u>Monthly Payment</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TRANSFERS

Inmate Account:

A. List all deposits within the last 3 months (by any person). Use additional pages if necessary.

	<u>Date</u>	<u>Amount</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

B. List all withdrawals or deductions within the last 3 months (by any person). Use additional pages if necessary

	<u>Date</u>	<u>Amount</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Gifts Transferred

A. List all monies or property of any kind transferred or given **TO** you from any person (including family members) in the last 3 months. Use additional pages if necessary

	<u>Date</u>	<u>Amount</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

B. List all monies or property of any kind transferred or given **FROM** you to any person (including family members) in the last 3 months. Use additional pages if necessary.

	<u>Date</u>	<u>Amount</u>	<u>Reason</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I declare under penalty of perjury that the foregoing information is true, accurate and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\*\*\*\*\*

Case No. \_\_\_\_\_  
Case Name \_\_\_\_\_  
Court \_\_\_\_\_

I declare under penalty of perjury that I have not previously brought a claim in any court arising from the same operative facts as the claim made in the above case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature