



- process shall commence as soon as possible after intake.
- D. Inmates who are denied C-1 status by the Court are not eligible to apply for AHC. If an AHC application is in process when the court objection is received by the Department of Corrections, it will be withdrawn.
  - E. At the time of application, eligible inmates shall have a verified, established residence and employment. Inmates without employment may be considered provided they have reasonable prospects for employment or an acceptable alternative and a verified ability to pay for monitoring. Employment must be within the State of New Hampshire. Out of state travel is prohibited.
  - F. Eligible inmates must reside in New Hampshire with no plans of relocating to another state while on electronic monitoring. The inmate must agree to maintain option free (i.e. no call waiting, Internet, answering machine, etc) telephone service in their residence, if necessary, at all times at their own expense.
  - G. Referrals should be felony level offenders who would, but for the existence of the home confinement provision under RSA 651:2V and the electronic monitoring program, be incarcerated.
  - H. Offenders in the community who have a high-risk score and are in need of a highly structured program may be considered. This is true especially with offenders who require structured activities beyond employment, self-improvement pursuits and the fulfillment of basic needs. Such offenders may require strict and close monitoring that cannot be accomplished by standard probation/parole supervision or curfew restrictions.
  - I. Offenders selected for the program must complete the attached electronic Monitoring Program Agreement (attachment 4).
  - J. Sources of referral for the program are limited to the following areas:
    1. Parole Board order;
    2. Technical and non-violent probation and parole violators in lieu of a full return to custody;
    3. PSI recommendations to the Superior Court submitted after consultation with the Chief Probation/Parole Officer (CPPO). The offender must sign the appropriate forms prior to appearing in Court.
    4. AHC inmates who are approved by the Commissioner.
  - K. Inmates sentenced to State Prison for the following offenses are **NOT** eligible for the AHC Program:
    1. Capital, First Degree, or Second Degree Murder;
    2. Attempted Murder;
    3. Manslaughter;
    4. Aggravated Felonious Sexual Assault, Felonious Sexual Assault, Sexual Assault or Failure to Register/Duty to Report (RSA 651-B);
    5. First Degree Assault;
    6. Second Degree Assault;
    7. Class B Assault by Prisoner;
    8. Robbery;
    9. Escape;
    10. Two or more DWIs within the past five years from the date sentenced to prison;
    11. Any AHC revocations in the past three years; and
    12. All other offenses will be considered on a case by case basis.
  - L. Inmates who currently have outstanding charges in other states, for which the state will not lodge a detainer, are not precluded from applying.
  - M. In a case where an inmate has a consecutive sentence, the inmate must be serving the last consecutive sentence when applying for the program.

V. INSTITUTIONAL APPLICANT PROCEDURES:

- A. At all C-3 and below unit reclassification boards, AHC will be discussed with the inmate and the AHC information made available by the Case Counselor/Case Manager (CC/CM). Inmates who meet the requirements for C-2 status will be reviewed and considered for AHC by the CC/CM. Those who have an established support system within the community (i.e. family, employment, civic/religious activities as well as any necessary community-based treatment programming) shall be encouraged to apply for AHC, upon attaining C-2 status. The CC/CM will provide the application.
- B. Transitional Housing Unit inmates shall be considered for AHC by the CC/CM. The CC/CM shall conduct 30-day reviews on eligible inmates to determine if AHC is appropriate and document this in the inmate's file. Should the inmate refuse, the inmate shall be considered for a transfer to another housing unit.
- C. Each application will contain verification of the following facts:
1. The applicant has or is likely to obtain full time employment or an educational opportunity and is able to meet the financial obligations; written verification of employment or rationale describing why the applicant believes they will secure employment or education;
  2. The applicant has or can secure an acceptable place to live;
  3. The applicant will pay or arrange for the full cost of maintaining the electronic monitoring device and its associated services;
  4. The applicant will pay or arrange for the full cost of maintaining telephone service, if required, to the approved residence;
  5. The applicant waives any rights that may restrict, in any way, full searches and inspections of their person, property, possessions or work places and that those with whom they may reside waive any such rights they may have;
  6. The applicant agrees to return from any location when so ordered by Corrections authorities for any reason, or for no reason at all, and waives any rights to extradition or the due process associated in any way therewith;
  7. The applicant understands that failure to be at the specified place at the specified time or tampering with electronic monitoring devices or failure to return to the Prison voluntarily constitutes escape or attempted escape and will result in return to prison to face additional administrative and judicial penalties.
- D. Application Process:
1. The inmate will initiate the application process with the assistance of the CC/CM. The CC/CM will gather information that will include the following documents:
    - a. Application (attachment 1);
    - b. Pre-Parole/AHC Interview Form (attachment 2);
    - c. Routing Sheet (attachment 3);
    - d. Electronic Monitoring Agreement (attachment 4);
    - e. Pre-Sentence Investigation, if available;
    - f. Parole/probation violation, if applicable;
    - g. Treatment Transfer Plan;
    - h. All court sentencing orders;
    - i. All indictments;
    - j. Employer Notice of Intent to Hire Form (attachment 6);
    - k. Verification of residence;
    - l. Criminal and Motor vehicle records checks; and
    - m. The application process is summarized on attachment 5.
  2. It is critical that all sentencing orders and indictments are included in the application. The mittimus must be legible, and include all docket numbers, or the packet will be returned to the originator's supervisor.
  3. Applications that are not processed within 60 days must have an updated synopsis, NCIC record check and release plan if the packet is subsequently resubmitted.
  4. Within three business days of receiving the application, the CC/CM verifies information

supplied by the inmate and requests a synopsis from Offender Records and a National Crime Information Center (NCIC) from Classifications.

5. Upon receipt of the synopsis, the CC/CM will mark the routing sheet to indicate the application is complete and does or does not meet program requirements and forward the packet to the facility's Classification Office within one business day. The CC/CM shall review the victim/witness notification in CORIS. If victim/witness notification is required, the CC/CM shall inform the Victim Services Office and note this on the AHC Routing Sheet.
  6. Classification will mark the routing sheet to indicate the application is complete and does or does not meet program requirements and forward the packet to the Warden/Director of Community Corrections on the next business day. The Warden/Director of Community Corrections will make a recommendation, and forward the packet, if recommended to Field Services.
  7. The Field Services Central Office logs the packet and forwards it to the respective District Office within one business day after receipt. Investigations sent to a District Office will be completed within 15 days of being received in the District Office. If unable to complete the investigation within the 15 days, or if there are correctable issues that require additional time to make the plan viable, the Director of Field Services will be informed. The Field Services Director may grant an extension. The investigation will provide information regarding the suitability of the residence, employment, and/or financial support, and will be forwarded to the Field Services Director who will submit a recommendation to the Commissioner no later than the next business day.
  8. PPOs who find deficiencies within the plan will attempt to correct the deficiencies with the assistance of the CC/CM.
  9. Any new disciplinary reports shall result in additional review and reconsideration by the Warden/Director of Community Corrections.
- E. Approved placement into status:
1. Approved applicants may be placed into AHC status at a date arranged by Offender Records subsequent to judicial approval or non-objection.
  2. Inmates are in C-1 custody status while placed in the AHC Program.
  3. Inmates who fail to obtain employment through their own actions or lack of initiative may be returned. Inmates who have not obtained employment through no fault of their own and who do not need additional structure will continue on AHC status with continued monitoring of their efforts.
- F. Approval notification:
1. Once approved by the Commissioner, the routing sheet will be returned to the Offender Records. Offender Records will send an original synopsis (attachment 7) to the appropriate Clerk of Court with copies to the County Attorney or Attorney General's Office giving them 20 days in which to make an objection. A synopsis is not submitted to the court for applicants who are beyond their minimum parole date. Offender Records will notify the Field Services Central Office when the court notification has cleared, and Central Office will then fax the approval to the assigned District Office, the CC/CM, Offender Records and the monitoring company. Field Services will forward the approved packet to Offender Records for filing.
  2. Offender Records will coordinate a release date with the monitoring company and Field Services and will notify Central Control, the inmate, the District Office, the applicable facility Shift Commander, applicable CC/CM, electronic monitoring vendor, Victim Services, Inmate Accounts and the facility R & D Unit of the date.
- G. Denial notification:
1. Applications denied by the Warden/Director of Community Corrections will be returned to Offender Records for notification to the inmate and originator and for filing. The reason for denial shall be noted on the routing sheet.

2. Applications denied by the Commissioner will be returned to the Field Services Central Office. The Central Office staff will fax a copy of the routing sheet to the assigned Probation/Parole Officer (PPO) and forward the original packet to Offender Records for notification to the inmate and filing.
  3. The applicant can receive a copy of the routing sheet and their application form, if requested. Final denials cannot be appealed. Should the applicant later choose to reapply, the application will state what has changed from the earlier disapproved application.
  4. When the Court objects to or denies an application, Offender Records will notify the Field Services Central Office and the inmate.
  5. If the Court objects, the inmate is not eligible to reapply, unless subsequent consideration is recommended by the Court in their response.
- H. Inmates approved for this program are supervised initially in accordance with the risk/needs assessment. The supervising PPO shall submit a progress report to the Parole Board for consideration at the inmate's parole hearing using the AHC Progress Report Template (attachment 8).
  - I. PPOs are authorized to add special conditions of behavior as a requirement for supervision. Compliance with standard conditions of probation/parole is expected of the inmate.
  - J. PPOs are authorized to approve attendance at treatment programs or other activities that are consistent with the inmate's rehabilitation and positive transition to the community.
  - K. The general curfew for inmates who are placed on AHC is 10:00 p.m. to 6:00 a.m. Curfews may be modified for employment or programming needs at the discretion of the supervising PPO.
  - L. In consonance with paragraph IV F of PPD 2.16, persons performing PPO duties are designated part-time members of the prison security force empowering them as officers to arrest and detain inmates who have or are escaping by violating the AHC agreement or who are violating rules set forth in RSA 651:25 III.
  - M. Inmates who are on AHC status and cannot be located by their supervising PPO shall be reported to the Bureau of Investigations as being in escape status. The Bureau of Investigations shall implement procedures outlined in PPD 5.02 - Fugitive Apprehension. Any subsequent criminal charges will be coordinated between the Bureau of Investigations and Field Services until the matter is resolved.
  - N. Should the inmate's behavior not be acceptable, they will be taken into custody and returned to confinement if necessary. AHC inmates may be returned to the closest appropriate state prison facility. Field Service staff can request transportation assistance from the prison when necessary. The Pending Administrative Review (PAR) process may be used with a detailed report serving as the complaint (see PPD 5.25). PPOs or any other law enforcement officer may make or assist in such arrest and return to custody. **The PPO shall complete a disciplinary report and the Shift Commander will complete the PAR Slip in accordance with PPD 5.25.**
  - O. Inmates released to AHC will be provided with a prison issued inmate ID card that identifies them as an AHC inmate. The card should be returned to the Parole Office and placed in the closed AHC file when granted parole.
  - P. Inmates released to AHC will be responsible for the cost of their own medical, dental and mental health care and will not receive these services from the Department of Corrections. Inmates who are on medications at the time of their release to AHC will be responsible for checking with their facility's medical staff regarding arrangements for having these medications after release.

#### VI. ELECTRONIC MONITORING PROCEDURES:

- A. The Client Information Form/Schedule will be completed and forwarded to the vendor by the supervising PPO.

- B. Inmates selected for the Administrative Home Confinement or Electronic Monitoring Program will be instructed to report to the vendor for equipment installation.
- C. The assigned PPO will review the Electronic Monitoring Program Contract (attachment 4) with the inmate and provide payment instructions. Inmates must be prepared to pay for two weeks of service in advance. Payment must be made by money order or bank check only, no personal checks. The cost of the program may vary depending upon the contract with the vendor and any other program obligations imposed upon the inmate. Indigent inmates who are otherwise eligible may still be considered for program participation, as for every 10 units in use, one has been set aside for indigent inmates. The same may be true for inmates on the program who lose their job or are unable to meet the per day contract price.
- D. Each monitoring case shall be entered in CORIS in accordance with case opening and case management procedures.
- E. In the event of a system "alert" during duty hours, the supervising PPO will be expected to respond to the situation. The inmate's home will be contacted if appropriate to resolve the matter or the PPO will respond as appropriate.
- F. During non-duty hours, prison control will be contacted by the monitoring center. The prison control officer will contact the supervising PPO and proceed up the chain of command as needed.
- G. PPOS who must investigate an alert should attempt to verify the inmate's presence via telephone. The vendor should also be contacted for technical information relating to the reported violation. If the inmate's equipment has malfunctioned but their presence has been verified, the PPO will make arrangements to replace the equipment at the next reasonable opportunity.
- H. In the event a PPO must respond to a violation, arrangements shall be made for back up assistance with local law enforcement authorities or other PPOs. All arrests of inmates shall be reported pursuant to PPD 5.07.

#### VII. ELECTRONIC MONITORING VENDOR

- A. Electronic Monitoring services are provided by contracted vendor.
- B. All offender payments must be made directly to the vendor.
- C. All participants must pay for two weeks of monitoring service in advance or at the time of service.
- D. The fee schedule for monitoring equipment is as follows:
  - \$5.75 a day for RF landline, \$80.50 for 14 days
  - \$6.00 a day for RF Cellular, \$84.00 for 14 days
  - \$6.00 a day for passive GPS, \$84.00 for 14 days
  - \$6.25 a day for Intermediate GPS, \$87.50 for 14 days
  - \$8.00 per day for active GPS, \$112.00 for 14 days
  - VICAP: \$3.25 a day with Patrol RF landline (\$45.50 for 14 days), \$5.75 a day stand alone (\$80.50 for 14 days)

#### 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 651:2V**

**PPD 5.02 Fugitive Apprehension**

McALISTER/pf

Attachments

TO: Commissioner of Corrections

- 1) I request to be approved for Administrative Home Confinement, in accordance with the provisions of PPD 5.94.
- 2) I am parole eligible or will be parole eligible on \_\_\_\_\_.
- 3) I have obtained full-time employment or can obtain full-time employment.
- 4) I have enrolled in a full-time educational program or intend to enroll in a full-time educational program, if required.
- 5) I have an approvable residence and have notified all persons living there of the conditions under which I must live.
- 6) I will pay or arrange to pay for the full cost of maintaining the electronic monitoring device and its associated services as will be stated in the Electronic Monitoring Program agreement. I will pay two weeks in advance prior to hookup.
- 7) I will arrange for having and maintaining option-free (no call waiting, internet, answering machine, etc.) telephone service at the residence stated above.
- 8) I waive any rights that may restrict, in any way, full searches and inspections of my person, property, possessions or workplace(s). Those persons with whom I reside will also waive any such rights that they may have.
- 9) I agree to return to New Hampshire State Prison from anywhere I may be when so ordered by Corrections authorities for any reason, or for no reason at all and waive any rights I may have to extradition or due process associated in any way therein.
- 10) I understand that failure to be at the specified place at the specified time or tampering with electronic monitoring devices constitutes escape and will result in return to prison to face additional administrative and judicial penalties.
- 11) I understand that inmates enrolled in the Administrative Home Confinement Program are responsible for the costs of their own medical care and will not receive medical services from the Department of Corrections. If I am currently on any medications, I will check with my facility's medical staff regarding arrangements for insuring that I have these medications upon release, if needed.

(NOTE: All other attachments must be completely filled out, signed and accompany this page in order for the application to be processed).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inmate Signature

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

PRE-PAROLE/AHC INTERVIEW FORM

INSTRUCTIONS:

Please read and complete all information. Failure to do so may result in the disapproval of your plan. If you have problems or questions, please see your counselor.

FOR PAROLE USE:

Once the form is completed, please send to your Case Counselor/Case Manager (CC/CM). Once approved for parole, the plan will be sent to the appropriate Probation/Parole Officer or Unit Manager/Captain for investigation. If your plan is disapproved, you will be informed of the reasons in writing. You then must submit a new plan for consideration.

FOR AHC USE:

Please submit completed application to your counselor.

DATE: \_\_\_\_\_

CHECK IF PV: \_\_\_\_\_

NAME: \_\_\_\_\_ BOOKING #: \_\_\_\_\_ MPD: \_\_\_\_\_

DOB: \_\_\_\_\_ SS #: \_\_\_\_\_

SUMMARY OF OFFENSE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOME PLAN:

1) ADDRESS/PHONE #: \_\_\_\_\_  
\_\_\_\_\_

2) NAME OF LANDLORD/PHONE #: \_\_\_\_\_  
\_\_\_\_\_

3) WHO WILL BE LIVING IN THE HOME WITH YOU? (Full names, relationship to you, and if they are adults, their date of birth):  
\_\_\_\_\_  
\_\_\_\_\_

4) ARE ANY CURRENT OR FORMER VICTIMS RESIDING IN THE RESIDENCE? IF YES, EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

5) ARE THERE ANY FIREARMS, ALCOHOL, OR ILLEGAL DRUGS IN THE RESIDENCE? IF YES, EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

6) DO ALL OCCUPANTS OF THE RESIDENCE UNDERSTAND THERE CAN BE NO FIREARMS, ALCOHOL OR ILLEGAL DRUGS IN THE RESIDENCE? \_\_\_\_\_

7) DO ALL OCCUPANTS OF THE RESIDENCE UNDERSTAND YOU ARE SUBJECT TO UNANNOUNCED HOME VISITS AND SEARCHES? \_\_\_\_\_

EMPLOYMENT PLAN:

1) NAME AND ADDRESS OF PLACE YOU WILL WORK: \_\_\_\_\_

2) NAME AND PHONE NUMBER OF YOUR SUPERVISOR: \_\_\_\_\_

3) RATE OF PAY AND NUMBER OF HOURS PER WEEK YOU WILL WORK: \_\_\_\_\_

4) HOW WILL YOU GET TO WORK? \_\_\_\_\_

5) IF SOMEONE IS DRIVING YOU TO WORK LIST THEIR NAME, PHONE NUMBER AND DATE OF BIRTH: \_\_\_\_\_

EDUCATION PLAN:

1) NAME AND ADDRESS OF SCHOOL: \_\_\_\_\_

2) CONTACT PERSON AND PHONE NUMBER: \_\_\_\_\_

3) WILL YOU BE A FULL TIME STUDENT? \_\_\_\_\_

TREATMENT PLAN

1) LIST TREATMENT/PROGRAM PLAN (SUBSTANCE ABUSE, SEX OFFENDER), AND NAME AND PHONE NUMBER OF TREATMENT PROVIDER: \_\_\_\_\_

\_\_\_\_\_  
INMATE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COUNSELOR/CASE MANAGER SIGNATURE

\_\_\_\_\_  
DATE

COUNSELOR/CASE MANAGER COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADMINISTRATIVE HOME CONFINEMENT  
ROUTING SHEET

Subject: \_\_\_\_\_ Booking # \_\_\_\_\_ Date: \_\_\_\_\_

Current Housing: \_\_\_\_\_ County of Proposed Residence: \_\_\_\_\_

ORIGINATOR (Please print) \_\_\_\_\_ MINIMUM PAROLE DATE: \_\_\_\_\_

Victim/Witness Notification Y N (circle one). If yes, notified Victim Services Office on: \_\_\_\_\_

(REFER TO PRECATIONS/KEEP AWAY SCREEN ON CORIS)

\_\_\_\_\_  
CC/CM Signature

\_\_\_\_\_  
Date

ADDRESSEE	DATE IN	DATE OUT	INITIALS	MEETS REQUIREMENTS
CC/CM				YES/NO
Comments:				
Classification				YES/NO
Comments:				
Warden/Director of Community Corrections:				RECOMMENDATION
Comments, if denied state reason:				
FIELD SVS:				RECOMMENDATION
Comments, if denied state reason:				
COMMISSIONER:				APPROVED YES/NO
Comments:				
OFFENDER RECORDS				Judge's Letter Clears:

APPROVE FOR RELEASE ON THE FOLLOWING DATE \_\_\_\_\_

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS  
ELECTRONIC MONITORING PROGRAM AGREEMENT

I, \_\_\_\_\_, agree to participate in the Electronic Monitoring Program and agree to comply with the terms and conditions as specified below:

1. I am to reside at \_\_\_\_\_  
 Telephone number ( \_\_\_\_\_ ) \_\_\_\_\_, at all times  
 except: \_\_\_\_\_
  - a. Travel directly to and from my place of employment between the hours of \_\_\_\_\_ to \_\_\_\_\_.
  - b. Other authorized activities that are approved by the Parole Board or Probation/Parole Officer.
  - c. I will not leave my residence at any other time except in case of an emergency or when authorized in advance by my Probation/Parole Officer. If I have to leave my residence for a bonafide emergency, I will first attempt to obtain permission from my Probation/Parole Officer and if unable to do so, will report the emergency to my Probation/Parole Officer as soon as possible and immediately call the New Hampshire State Prison at 271-1804. I understand that I may be required to furnish documentation to my Probation/Parole Officer for any emergency departure from my schedule.
  - d. I will maintain a checking account for disbursement of funds and explain and prove all financial transactions to the satisfaction of my Probation/Parole Officer if requested to do so.
2. The duration of my participation in the Electronic Monitoring Program shall be until paroled unless revoked.
3. I understand that my house arrest restrictions will be monitored through the use of electronic technology. I agree to wear a tamper-proof, non-removable device 24 hours a day for the entire duration of my participation. I understand and agree to maintain telephone service that is free of optional services (i.e. No call waiting, internet, answering machine, etc.) in my place of residence and further understand that verification of my status may be also accomplished by unannounced visits to my residence by my Probation/Parole Officer.
4. I agree and consent to permit authorized persons in my place of residence for the purposes of inspection and maintenance of the monitoring device.
5. I understand that the purpose of the Electronic Monitoring Program is to assist my Probation/Parole Officer in verifying my compliance with AHC.
6. I understand that I am to immediately report any equipment problems or malfunctioning to my Probation/Parole Officer and understand that I am responsible for any damage to the equipment.
7. I understand that my status may be revoked should I damage or otherwise tamper with the equipment.
8. I agree to return all equipment to the Department of Corrections in satisfactory working condition upon my completion of the Electronic Monitoring Program and should I fail to do so, may be prosecuted for theft, criminal mischief and/or probation/parole revocation should the equipment be in a damaged condition.

- 9. I waive any rights that may restrict, in any way, full searches and inspections of my person, property, possessions, or workplace(s). Those persons with whom I reside will also waive any such rights that they may have.
- 10. I agree to return to a New Hampshire Department of Corrections facility when so ordered by corrections authorities for any reason, or for no reason at all, and waive any rights to extradition or due process associated in any way therein.
- 11. I understand that failure to be at the specified place at the specified time or tampering with electronic monitoring devices constitutes escape and will result in return to prison to face additional administrative and judicial penalties.
- 12. I agree to pay the sum of \$\_\_\_\_\_ per week commencing on \_\_\_/\_\_\_/\_\_\_ directly to the monitoring company and understand that failure to do so may result in my removal from the program and return to custody.
- 13. I have read the above (or had the above read to me) and agree to comply with all conditions thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department of Corrections

**AHC APPLICATION PROCESS**

1. Inmates, along with their Case Counselor/Case Manager (CC/CM), complete AHC Application, AHC Interview Form and Electronic Monitoring Form.
2. The CC/CM verifies information supplied by inmate and requests a synopsis and NCIC from Offender Records. The CC/CM requests a synopsis from Offender Records and compiles all applicable documentation i.e., NCIC, PSI if available, probation/parole violation if applicable, aftercare plans, if applicable, routing sheet, treatment transfer plan and mittimus/indictments  
Time Frame: 3 Days
4. Upon receipt of the synopsis the CC/CM sends the application to Classification for review, who then forwards to the Warden/Director of Community Corrections/designee.  
Time Frame: 2 Days
5. The Warden/Director of Community Corrections forwards packet to Field Services.
6. The Field Office returns packet to the Director's office with investigation letter. (PPO may contact originator of plan [CC/CM] with any problems or concerns).  
Time Frame: 15 Days
7. The Director forwards to Commissioner's Office.  
Time Frame: 1 Day
8. The Commissioner/designee forwards the approved/denied packet to Offender Records. Offender Records will send notification to the Court and prosecutor. The judge's letter takes 20 days to clear.  
Time Frame: 5 Days
9. The monitoring company coordinates the release date with Offender Records  
Time Frame: 1 Day
10. Offender Records notifies Inmate Accounts, R&D Unit, and Facility at which the inmate is housed of the approval and release date.  
Time Frame: 2 Days
11. Offender Records notifies the inmate of disapprovals.
12. The AHC packet is filed in the applicant's offender record.

**NOTICE OF INTENT TO HIRE**

Inmate Name \_\_\_\_\_

Booking Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Starting Salary \_\_\_\_\_ Hours/week \_\_\_\_\_

Date to Start (if known) \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

As of this date the above-named person is being offered a job with the above-named company. This information may now be included in the pre-release/pre-parole plan.

\_\_\_\_\_  
Person Hiring

\_\_\_\_\_  
Inmate

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This Notice of Intent to Hire does not guarantee a job. Circumstances which affect either the company or he inmate may warrant a change in this agreement. The inmate will only be hired when he/she is physically able to start actual work.



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS

William Wrenn  
Commissioner

Bureau of Offender Records

P.O. BOX 14  
CONCORD, NH 03302-1806

603-271-1825 FAX: 603-271-1867  
TDD Access: 1-800-735-2964

Date

**ADMINISTRATIVE HOME CONFINEMENT  
DOCKET:**

Clerk of Court

**RE:                      NHSP #                      RECEIVED:**

This synopsis is being compiled at the request of the Commissioner of Corrections, who has approved this individual for release under Administrative Home Confinement. It is an accurate report of the information presently contained in subject's offender record and pertains to his/her current incarceration.

**PRESENTLY HOUSED:**

**PRESENT CRIME:**

**PRIOR NEW HAMPSHIRE STATE PRISON INCARCERATIONS:**

**PAROLE VIOLATIONS:**

**PRESENT MINIMUM PAROLE ELIGIBILITY DATE:**

**MAXIMUM RELEASE DATE:**

**COURT ORDER/RECOMMENDATIONS:**

**CASE PLAN REQUIREMENT/RECOMMENDATIONS:**

Page #2 –

**STATUS OF REQUIREMENTS/RECOMMENDATIONS:**

**OTHER PERTINENT INFORMATION:**

**DISCIPLINARY RECORD:**

Under the provisions of RSA 651:25, we are required to determine whether the Court has any objections to this supervised program for this inmate. If the Court interposes no objection before **TBD (20 days from letter sent)**, and satisfactory performance and behavior continue, we will continue to process this request.

Sincerely,

Nicole Desmarais  
Offender Records

Approved \_\_\_\_\_

Objection; will not be approved \_\_\_\_\_

Objection; Premature, will be reconsidered after \_\_\_\_\_

cc: Inmate  
County Attorney  
AHC Packet  
File

\*NOTE: Eff. 8/20/2010 NH State Prison has changed Intervention Services Program Requirements. **Anger Management** waived unless it is a court ordered condition, or ordered by prison staff going forward. Anger Management is addressed in the program **Thinking for a Change**. **Impact of Crime** is being waived as a requirement and is offered as a voluntary participation program.



**STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
DIVISION OF FIELD SERVICES OFFICE**

**William L. Wrenn  
Commissioner**

**AHC Progress Report**

**Date:** \_\_\_\_\_

**Inmate Name:** \_\_\_\_\_ **CORIS ID #** \_\_\_\_\_

**Date Released to AHC:** \_\_\_\_\_ **Minimum Parole Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Summary of  
Inmate Conduct:** \_\_\_\_\_

**Parole  
Recommendation:** \_\_\_\_\_

**Respectfully Submitted,**

\_\_\_\_\_

**Probation/Parole Officer**



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE COMMISSIONER

William Wrenn,  
Commissioner

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ADDENDUM TO A PPD

DATE: April 2, 2013  
FROM: William Wrenn, Commissioner  
TO: All Staff  
PPD: 5.94 Administrative Home Confinement and Electronic Monitoring

Current Effective Date: 02/01/13  
Current Review Date: 02/01/14

Modify IV B 3 to say

3. Are within 14 months of their minimum parole date; **inmates may serve a maximum of 12 months on AHC** and

Modify IV C to say

- C. Inmates who meet the requirements for **the** AHC Program and C-2 status; and who are recommended for Administrative Home Confinement by the Court in the sentencing order shall be exempt from the 90 day ~~and 14-month~~ time requirements, **provided they are within 12 months of their minimum sentence.** The AHC application process shall commence as soon as possible after intake.

This change is effective immediately and will be incorporated into the policy when it is reissued.

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Commissioner Approval