INTERNAL MANAGEMENT POLICY & PROCEDURES

STATEMENT OF ANNUAL REVIEW

IMPP #  11-111

Title:  Programmatic Furloughs for Work Release Participants

The above referenced Internal Management Policy and Procedure (IMPP), issued effective 12-05-05 was reviewed during September 2007 by the KDOC Policy & Regulation Review Panel. At the time of this annual review the Policy & Regulation Review Panel determined that: no substantive changes and/or modifications to this IMPP are necessary at this time, and the IMPP shall remain in effect as issued on the above stated date.

The next scheduled review for this IMPP is September 2008.

This statement of annual review shall be placed in front of the referenced IMPP in all manuals.

04-14-08

Policy and Procedure Coordinator  Date
POLICY

Programmatic furloughs may be granted to certain inmates participating in work release as part of a structured release program providing a systematic decrease in supervision and a corresponding increase in the individual inmate's responsibility. (ACO 2-CO-4G-01, ACI 3-4391) Eligibility for furlough consideration shall be determined by the severity of the crime of conviction and shall be restricted to work release inmates with: one year or less remaining to serve on the his/her sentence; minimum custody classification status for at least sixty days; no Class I or II disciplinary convictions within sixty [60] days; and current or recent participation in self-improvement or work activity with satisfactory performance. Offenders returned to custody for violation(s) of conditions of post-incarceration supervision, pursuant to K.S.A. 75-5217, shall not be considered eligible for programmatic furloughs. An approved sponsor shall be a requirement for all furloughs.

Furlough applicants shall be reviewed and screened against criteria, which limit the potential threat to public safety and indicate some legitimate purpose for the furlough release while considering the program needs of the inmate.

Except for adjustments as may be approved to facilitate facility operations or inmate program needs, programmatic furloughs shall not exceed five (5) days in length, including travel time, and shall be authorized no more frequently than every sixty (60) days.

DEFINITIONS

Programmatic Furlough: Authorized release of an inmate on work release status into the community, in the care of an approved sponsor, for enhancement of the inmate's correctional program.

PROCEDURES

I. Applicability/General Guidelines

A. Unless special provisions are specifically said to address a particular segment of the inmate population, this IMPP shall apply to inmates participating in work release who are housed in the Wichita Work Release Facility or the Hutchinson Correctional Facility work release unit. (ACI 3-4392)

B. Offenders shall not be considered eligible for programmatic furlough if one of the following conditions apply:

1. Offenders convicted of the offenses listed in Attachment “A” (including attempt, conspiracy, and solicitation to commit the listed offenses) until after the first parole eligibility date and parole hearing subsequent to their most recent admission.
2. Offenders convicted after 7-1-93 of the offenses listed in Attachment A (including attempt, conspiracy, and solicitation to commit the listed offenses).

3. Offenders returned to custody for violations of conditions of post-incarceration supervision pursuant to K.S.A. 75-5217.

C. The work release inmate's first furlough to a particular sponsor shall have the approval of the Secretary of Corrections or designee.

1. Approval of subsequent furloughs to the same sponsor at the same address within twelve (12) months of the pre-furlough investigation shall rest with the warden, unless the prospective furlougher is serving a conviction for first degree murder or as otherwise notified by the Secretary of Corrections or designee.

a. The Secretary's approval and the warden's authority to approve subsequent furloughs shall be withdrawn any time a work release inmate's projected or anticipated release date changes to the point the work release inmate is no longer one year or less from release.

b. Prior to approving any subsequent furlough, the work release inmate's projected or anticipated release date shall be re-checked and verified as being within one year.

D. Re-verification of the furlough sponsor shall be completed when the sponsor changes, the sponsor's address changes, or at least every twelve (12) months from the date of the last investigation.

1. The first furlough following a re-verification shall require an approval/disapproval action by the Secretary or designee.

E. The following provisions shall be applicable for all work release inmates:

1. To be eligible for furlough consideration, the inmate must be employed full time.

a. For purposes here, full time shall be defined as a minimum of thirty (30) hours per week.

2. Furloughs shall not exceed forty-eight (48) hours in length, including travel time, except that:

a. Travel time may be added to the length of the furlough, if the furlough destination is more than fifty (50) miles from the facility.

3. Furloughs shall be requested and granted only to coincide with the work release inmate's scheduled days off from community employment.

4. Furloughs may be granted on a weekly basis, or as determined by the facility warden.

5. Furloughs shall begin after 8:00 a.m. and end by 9:00 p.m. on the days of departure and return.

6. Program participants shall be limited to one (1) furlough sponsor and one (1) furlough sponsor investigation, except as provided by Section I.D. of this IMPP, during the time they are in the work release program.

7. Work release participants shall have been continuously classified as minimum custody for at least sixty (60) days.
8. The work release participant shall have no Class I or II disciplinary convictions within sixty (60) days, nor any Class III disciplinary convictions within thirty (30) days, nor any pending disciplinary reports.
   a. This requirement shall apply to both the application and implementation dates of the furlough.

9. The work release participant shall be currently participating in recommended treatment/self-help programs.

10. The inmate's request for a programmatic furlough shall relate directly to the inmate's parole plan.

II. Request and Approval Process

A. Initial facility actions.

1. Work release inmates desiring a programmatic furlough shall submit an application to their unit team at least seventy (70) calendar days in advance of the desired date of the furlough, using Part I of the Application for Furlough (Attachment B, Form #11-111-001).
   a. Work release facilities may reduce the processing time required for furlough applications by work release inmates by establishing procedures which reduce the number of days for actions described at Sections II.A.2. (unit team review), II.A.4. (PMC review), II.C.2. (Warden review) and II.E.1. (Warden implementation).
   b. No reduction in the allotted processing time for action by the field service or central office staff shall be permitted.

2. The unit team shall review the furlough application within ten (10) calendar days of receipt to determine if the furlough eligibility requirements of the policy and Section I. of this IMPP have been met.

3. If the applicant meets the eligibility requirements, the unit team shall forward the application to the Program Management Committee with appropriate comments on Part II of the application.
   a. If the applicant does not meet the eligibility requirements, the application shall be rejected and the work release inmate notified in writing by the unit team, using the Furlough Disapproval Notice (Attachment C, Form #11-111-002).

4. Review and action by the Program Management Committee shall occur within ten (10) calendar days of receipt.
   a. The decision of the Program Management Committee shall be recorded on Part III of the Application for Furlough and forwarded to the unit team.
   b. If the furlough application is denied by the Program Management Committee, the work release inmate shall be notified in writing by the unit team using the Furlough Disapproval Notice (Attachment C, Form #11-111-002).
   c. If the furlough application is approved by the Program Management Committee, the approval shall be regarded as tentative, pending the results of the pre-furlough investigation.
5. Upon receiving tentative approval from the Program Management Committee, the unit team shall prepare a detailed narrative on the Furlough Plan Form (Attachment D, Form #11-111-003).

a. The furlough plan narrative shall, at a minimum, include the following information:

   (1) A summary of the work release inmate's offense, sentence structure, and parole eligibility date, conditional release date, or maximum sentence date (whichever is applicable for furlough eligibility purposes);

   (2) A summary of the work release inmate's institutional adjustment, progress, performance, and disciplinary record;

   (3) Complete sponsor information, which includes name, address, telephone number, and relationship to the work release inmate;

   (4) A statement of the purpose of the furlough, planned activities, and how the proposed furlough will benefit the work release inmate and enable him/her to re-establish family and community ties; and,

   (5) A summary of previous furloughs the work release inmate has taken, including comments on the results of previous furloughs to the current and other sponsors.

6. The unit team shall request a pre-furlough investigation by the appropriate parole office.

a. The request shall be made on the Pre-Furlough Investigation Request (Attachment E, Form #11-111-004).

   (1) The work release inmate application and four (4) copies of the proposed furlough plan shall be attached.

7. The unit team shall, on those cases where the work release inmate's release is subject to a KPB decision, forward a copy of the furlough plan and copy of the Pre-Furlough Investigation - Official's Comments (Form #11-111-006) to the Kansas Parole Board (KPB). (Cases where the work release inmate's release is governed by a determinate sentence pursuant to the Sentencing Guidelines Act are specifically excluded from this process.)

a. The above materials shall be forwarded at the same time the pre-furlough investigation is requested.

b. Comments by the KPB should be recorded on the comments form and returned directly to the requesting facility as noted on the form within twenty one (21) days of receipt.

c. Upon receipt, KPB comments shall be handled in the same manner as those of other officials from whom comments were obtained.

8. If the furlough sponsor is an out-of-state resident:

a. The unit team shall determine the suitability of the sponsor and the furlough plan; and,
b. Field service actions in such cases shall be as outlined in Procedure III.B.2.

B. Field service actions.

1. The assigned district parole officer shall complete a pre-furlough investigation. This investigation shall consist of an interview with the proposed sponsor to:

   a. Determine the suitability of the sponsor;

   b. Determine the adequacy of housing and transportation arrangements;

   c. Review and explain the conditions of furlough and the sponsor's responsibilities as outlined on the Furlough Sponsor's Agreement (Attachment F, Form #11-111-005); and,

   d. Obtain the sponsor's signature on two (2) copies of the Furlough Sponsor's Agreement (Attachment F, Form #11-111-005).

2. The assigned parole officer shall contact the local police, sheriff, and county/district attorney.

   a. This portion of the investigation shall be completed by forwarding a copy of the furlough plan to the identified officials, with a copy of the Pre-Furlough Investigation - Official's Comments (Attachment G, Form #11-111-006);

      (1) Comments by the identified officials shall be recorded on this form.

      (a) These comments shall be returned directly to the requesting work release facility as noted on the form.

      (2) The assigned parole officer shall include in the investigation report comments of the victim or victim's family if the work release inmate was convicted of an offense listed in Attachment A.

      (3) The investigation report and Furlough Sponsor's Agreement shall be returned to the unit team within twenty-one (21) days of receipt.

3. Post-furlough investigations shall not be routinely requested.

   a. If irregularities are brought to the attention of work release facility staff, a post-furlough investigation request may be made to the appropriate district parole office.

   b. Post-furlough investigations shall be completed and returned to the requesting work release facility within fifteen (15) working days.

C. Facility actions after investigation.

1. The Program Management Committee shall review the furlough plan and prefurlough investigation report within seven (7) calendar days of their receipt from the investigating parole officer.
2. The warden shall review the furlough application and plan, the pre-furlough investigation report, and the Program Management Committee's recommendation, within seven (7) calendar days of receipt.

3. If the warden determines that the risk of violence is minimal while the work release inmate is on furlough and that the furlough would be appropriate, the warden's approval shall be recorded on the Warden's Furlough Recommendation (Attachment H, Form #11-111-007).

4. If the warden determines that the furlough would not be appropriate, the warden's disapproval of the furlough shall be recorded in writing on the Furlough Disapproval Notice (Attachment C, Form #11-111-002).
   a. In providing such notice, general information may be given as to the reasons for the denial. However, no specific information about why the furlough was denied or who specifically recommended denial shall be provided.
   b. The warden's decision shall be final and shall not be subject to appeal.

5. Upon approval by the warden, the following documents shall be forwarded to the Secretary of Corrections or designee:
   a. The work release inmate's furlough application;
   b. The furlough plan;
   c. The signed sponsor's agreement;
   d. The official's comments form;
   e. The pre-furlough investigation report;
   f. The completed order of furlough prepared for signature; and,
   g. The warden's furlough recommendation.

D. Central office actions.

1. The Secretary of Corrections or designee shall review these documents and render a decision within ten (10) calendar days of receipt.

2. If the furlough is approved, the white (original) copy of the order of furlough shall be returned to the warden.
   a. The yellow copy of the order of furlough shall be retained by the Secretary or designee.
   b. The pink copy shall be forwarded to the appropriate parole office and shall serve as notice of the furlough approval.

3. If the furlough is disapproved by the Secretary or designee, the work release inmate shall be notified in writing through the Furlough Disapproval Notice (Attachment C, Form #11-111-002).
   a. The original and one copy of this notice shall be forwarded to the warden.
   b. A copy of the notice shall be retained by the Secretary's designee.
4. If a furlough is disapproved, the work release inmate shall not submit another application for a period of six (6) months, unless an earlier date is specified in the notice of disapproval.

E. Furlough implementation.

1. The warden shall have at least five (5) calendar days after approval by the Secretary to implement the furlough.

2. If any significant detail of the proposed furlough must be changed after the order of furlough is signed, the warden or designee shall advise the Secretary or designee, who shall approve or disapprove the change.
   a. If the change is approved, a new order of furlough shall be issued reflecting the change.
   b. The Secretary or designee may authorize the warden to sign the amended order of furlough if time does not allow for resubmission to the central office.
   c. In no instance shall a work release inmate be released with an order of furlough that has been altered, corrected, or gives the appearance that it has possibly been falsified.

3. When approval of a furlough has been given, the warden or designee shall notify the individuals listed below prior to the work release inmate being released, using the Official Notification of Furlough (Attachment I, Form #11-111-008). If there is not sufficient time to make this notification by mail, initial notification shall be by telephone or teletype, followed by mail notification. Telephone or teletype notification shall be noted on the mail notification form. The individuals to be notified are:
   a. The facility health authority or designee (within five days of the furlough effective date);
   b. The police department in the community to which the furlough has been granted;
   c. The county sheriff in the county to which the furlough has been granted;
   d. The furlough sponsor; and,
   e. The district parole officer.

4. The furlough sponsor shall be provided with a copy of the inmate's furlough agreement in addition to the above notification.

5. The victim(s) of the offense shall be notified in accordance with K.S.A. 22-3818 and IMPP 05-108. In cases where victim notification is required, the inmate shall not be released on furlough until the notification letter has been mailed, and sufficient time has been given for it to be received. Five (5) days shall be considered the minimum amount of time for the victim notification letter to be received.
   a. Consistent with IMPP 05-108, when a work release participant is released on furlough, notification of the victim shall not be required if the victim(s) was notified of the inmate's placement in work release and
advised that furloughs may be granted to the inmate without further notice as a part of the work release program.

6. Prior to the work release inmate's departure on a furlough the facility health authority or designee shall provide the inmate with counseling regarding communicable diseases and other relevant medical issues or precautions.
   a. The facility health authority or designee shall notify the inmate's unit team when the counseling session has been completed.
   b. The facility shall not implement the furlough without such notification by the health authority or designee.

7. Transportation for approved furloughs shall be provided by:
   a. The approved furlough sponsor; or,
   b. At the warden's discretion, a commercial bus may be used.
      (1) When commercial bus is the approved mode of transportation, the scheduled departure and arrival times shall be specified on the application prior to submission.

8. All transportation costs associated with the furlough shall be the responsibility of the work release inmate and/or the furlough sponsor.

9. A furlough that has been approved by the Secretary may be canceled prior to implementation due to disciplinary infractions by the work release inmate or other just cause, as determined by the warden. Such cancellations shall not require the concurrence of the Secretary.

III. Subsequent Furloughs To A Previously Approved Sponsor

A. The warden of each work release facility shall issue general orders, which outline the furlough application submission and approval process for subsequent furloughs.

B. At a minimum, the application process shall include:
   1. A review of furloughs previously granted;
   2. A current assessment of the work release inmate's performance and disciplinary record;
   3. Contact with the sponsor and verification that the sponsor will be available for supervision for the proposed furlough;
   4. A review and verification of transportation arrangements; and,
   5. Verification that the work release inmate's projected or anticipated release date is still within one year.

C. The Application for Furlough (Attachment B) shall be submitted for each subsequent request.
   1. A copy of the order of furlough for any subsequent furloughs granted by the warden shall be forwarded to the Deputy Secretary of Facility Management or designee.
D. If the proposed furlough is denied at the facility level, that decision shall be final, and the work release inmate shall be advised in writing of that decision and of when the inmate may apply again for such consideration.

IV. Furlough Conditions and Violation Actions

A. Conditions and consequences of violations.

1. While on furlough, each participant shall obey all federal, state, and local laws or ordinances, as well as all conditions contained in the Order of Furlough (Attachment J, Form #11-111-009).

2. Violation of any condition of the order of furlough, or deviation from the approved furlough plan, shall be a Class I offense.

3. Violation of any federal, state, or local laws or ordinances shall be cause for disciplinary action and/or prosecution in a court of law.

B. Departmental actions.

1. If, in the course of a furlough, violations of the conditions of furlough are reported to, become known, or are suspected by an employee of the department, such information shall be immediately reported to the warden of the releasing work release facility.

   a. Information regarding alleged violations may be received from the sponsor, local law enforcement personnel, district parole officers, and/or members of the general public.

   b. When appropriate, facility staff may ask the district parole officer to investigate the facts and circumstances surrounding the alleged violation and report the findings.

2. A furlough may be terminated prior to the scheduled end of the furlough if the warden believes the inmate has violated any rule or condition of furlough.

   a. In the event the decision is made to terminate the furlough prior to the scheduled time, the furloughed work release inmate shall be given either written or verbal notice of the time the furlough is to end, and where the work release inmate should surrender himself/herself.

   b. In the event the work release inmate cannot be located to be given notice, the notice shall be left at the residence to which the inmate was furloughed.

3. Based on the district parole officer’s findings, the warden or designee shall determine if the furlough participant should be arrested and detained. This determination shall be conveyed to the regional parole director who shall advise the district parole officer of the decision.

   a. Upon receiving a decision to arrest and detain a furlough participant, the district parole officer shall prepare an Order to Arrest and Detain and deliver it to local law enforcement authorities.

   b. The district parole officer shall prepare a furlough incident report detailing the facts and circumstances surrounding the alleged violation and the actions taken.
(1) This report shall be prepared and submitted on the first working day following the issuance of the order to arrest and detain.

4. Upon being notified of the furlough participant's apprehension, the district parole officer shall notify facility staff of the violator's whereabouts and availability for transportation, and of the status of other possible charges.

5. Work release facility staff shall advise the department's transportation coordinator of the need to return the furlough participant to the appropriate DOC facility.

   a. The transportation coordinator shall be provided with the work release inmate's name and number, current location, and availability for transportation, and the name of the facility granting the furlough.

6. Work release facility staff shall forward a complete report to the Deputy Secretary of Facility Management describing the furlough termination action, within three (3) days of that action.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities who are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to either employees, offenders, or third parties. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

REPORTS REQUIRED

None.

REFERENCES

K.S.A. 22-3818, 75-5210 (e), 75-5217, 75-5267
IMPP 05-108
ACO 2-4G-01
ACI 3-4391, 3-4392

ATTACHMENTS

Attachment A - Offenses For Which Inmates Shall Not Be Granted A Furlough Unless Certain Conditions Exist, 3 pages
Attachment B - Application For Furlough, 1 page
Attachment C - Furlough Disapproval Notice, 1 page
Attachment D - Furlough Plan, 1 page
Attachment E - Pre-Furlough Investigation Request, 1 page
Attachment F - Furlough Sponsor's Agreement and Work Release Facility Telephone Numbers, 2 pages
Attachment G - Pre-Furlough Investigation - Official's Comments, 1 page
Attachment H - Warden's Furlough Recommendation, 1 page
Attachment I - Official Notification of Furlough, 1 page
Attachment J - Order of Furlough, 1 page
<table>
<thead>
<tr>
<th>STATUTE</th>
<th>CRIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-3604</td>
<td>Abandonment of a Child</td>
</tr>
<tr>
<td>21-3609</td>
<td>Abuse of a Child</td>
</tr>
<tr>
<td>21-3609</td>
<td>Abuse of a Child</td>
</tr>
<tr>
<td>21-3719</td>
<td>Agg Arson</td>
</tr>
<tr>
<td>21-3411</td>
<td>Agg Assault Law Enforcement Officer</td>
</tr>
<tr>
<td>21-3415</td>
<td>Agg Batt Against a Law Enforcement Officer</td>
</tr>
<tr>
<td>21-3504</td>
<td>Agg Indecent Liberties with a Child</td>
</tr>
<tr>
<td>21-3511</td>
<td>Agg Indecent Solicitation of a Child</td>
</tr>
<tr>
<td>21-3422a</td>
<td>Agg Interference With Parental Custody</td>
</tr>
<tr>
<td>21-3833</td>
<td>Agg Intimidation Witness/Victim</td>
</tr>
<tr>
<td>21-3611</td>
<td>Agg Juvenile Delinquency</td>
</tr>
<tr>
<td>21-3405a</td>
<td>Agg Vehicular Homicide</td>
</tr>
<tr>
<td>21-3410</td>
<td>Aggravated Assault</td>
</tr>
<tr>
<td>21-3414</td>
<td>Aggravated Battery</td>
</tr>
<tr>
<td>21-3716</td>
<td>Aggravated Burglary</td>
</tr>
<tr>
<td>21-3810</td>
<td>Aggravated Escape from Custody</td>
</tr>
<tr>
<td>21-3603</td>
<td>Aggravated Incest</td>
</tr>
<tr>
<td>21-3421</td>
<td>Aggravated Kidnapping</td>
</tr>
<tr>
<td>21-3427</td>
<td>Aggravated Robbery</td>
</tr>
<tr>
<td>21-3518</td>
<td>Aggravated Sexual Battery</td>
</tr>
<tr>
<td>21-3506</td>
<td>Aggravated Sodomy</td>
</tr>
<tr>
<td>21-3433</td>
<td>Aircraft Piracy</td>
</tr>
<tr>
<td>21-3406</td>
<td>Assisting Suicide</td>
</tr>
<tr>
<td>21-3417</td>
<td>Attempted Poisoning</td>
</tr>
<tr>
<td>21-3601</td>
<td>Bigamy</td>
</tr>
<tr>
<td>STATUTE</td>
<td>CRIME</td>
</tr>
<tr>
<td>-------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>21-3428</td>
<td>Blackmail</td>
</tr>
<tr>
<td>21-3612</td>
<td>Contributing to the Misconduct/Deprivation of a Child</td>
</tr>
<tr>
<td>21-3407</td>
<td>Criminal Abortion</td>
</tr>
<tr>
<td>21-3606</td>
<td>Criminal Desertion</td>
</tr>
<tr>
<td>21-3509</td>
<td>Enticement of a Child</td>
</tr>
<tr>
<td>21-3610b</td>
<td>Furnishing Alcoholic Bev. to a Minor</td>
</tr>
<tr>
<td>21-3514</td>
<td>Habitual Promoting Prostitution</td>
</tr>
<tr>
<td>21-3602</td>
<td>Incest</td>
</tr>
<tr>
<td>21-3503</td>
<td>Indecent Liberties With a Child</td>
</tr>
<tr>
<td>21-3504</td>
<td>Indecent Liberties With a Child</td>
</tr>
<tr>
<td>21-3422</td>
<td>Interference With Parental Custody</td>
</tr>
<tr>
<td>21-3404</td>
<td>Involuntary Manslaughter</td>
</tr>
<tr>
<td>21-3404</td>
<td>Involuntary Manslaughter</td>
</tr>
<tr>
<td>21-3420</td>
<td>Kidnapping</td>
</tr>
<tr>
<td>65-4126(2)</td>
<td>MF, PO, DI O SA OF DE, ST O HA DR</td>
</tr>
<tr>
<td>65-4126(3)</td>
<td>MF, PO, DI O SA OF DE, ST O HA DR</td>
</tr>
<tr>
<td>21-3401</td>
<td>Murder 1st</td>
</tr>
<tr>
<td>21-3402</td>
<td>Murder 2nd</td>
</tr>
<tr>
<td>65-4127a(2)</td>
<td>POS/DI OP, OP O NAR DR (2D OFF)</td>
</tr>
<tr>
<td>65-4127a(3)</td>
<td>POS/DI OP, OP O NAR DR (3D OFF)</td>
</tr>
<tr>
<td>21-3605</td>
<td>Non-support of a Child</td>
</tr>
<tr>
<td>21-3513</td>
<td>Promoting Prostitution</td>
</tr>
<tr>
<td>21-3519</td>
<td>Promoting Sexual Perfor/Minor</td>
</tr>
<tr>
<td>21-3502</td>
<td>Rape</td>
</tr>
<tr>
<td>21-3502</td>
<td>Rape</td>
</tr>
<tr>
<td>21-3426</td>
<td>Robbery</td>
</tr>
<tr>
<td>STATUTE</td>
<td>CRIME</td>
</tr>
<tr>
<td>---------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>21-3516</td>
<td>Sexual Exploitation of a Child</td>
</tr>
<tr>
<td>21-3516</td>
<td>Sexual Exploitation of a Child</td>
</tr>
<tr>
<td>21-3419</td>
<td>Terroristic Threat</td>
</tr>
<tr>
<td>21-3826</td>
<td>Trafficking Contraband in a Penal Inst</td>
</tr>
<tr>
<td>21-3403</td>
<td>Voluntary Manslaughter</td>
</tr>
</tbody>
</table>
KANSAS DEPARTMENT OF CORRECTIONS  
Application For Furlough

Check the type of furlough for which application is being made

_____ PROGRAMMATIC  _____ JOB  _____ EMERGENCY

Inmate Name: ____________________________  Inmate #: ___________  Date: ___________

Facility: ____________________________  Current Custody: ____________________________  PE Date: ___________

BEGINNING DATE OF FURLough: ____________________________  ENDING DATE ____________________________

mo  day  yr  mo  day  yr

Sponsor’s Name: ____________________________  Relationship ____________________________

Sponsor’s Address: ____________________________

Street  City  State  Zip

County  Phone

Reason for Furlough:


UNIT TEAM REVIEW

Previous furlough to this sponsor:  ______ No  ______ Yes (Date) ____________________________

Date of last field investigation of this sponsor: ____________________________

Meets basic eligibility criteria established by IMPP 11-111:

_____ Yes  _____ No  (If No explain) ____________________________

Comments: ____________________________


______ Recommend Approval (Complete Furlough Plan and forward to PMC)

______ Do Not Recommend Approval

PROGRAM MANAGEMENT COMMITTEE REVIEW

Comments: ____________________________


______ Recommend Approval  ________ Do Not Recommend Approval

Form #11-111-001
KANSAS DEPARTMENT OF CORRECTIONS

Furlough Disapproval Notice

TO: ________________________________  ________________________________
    (Inmate Name)                     (Number)

Your request for furlough to begin __________ and end __________
    mo    day    yr               mo    day    yr
has been disapproved.

The reason(s) for disapproval is (are):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________  ________________
    Signature                                Date

Form #11-111-002
KANSAS DEPARTMENT OF CORRECTIONS

Furlough Plan

Name: ___________________________ Number: __________ DOB: __________

Offense(s): __________________________________________ Sex: __________

____________________________________________________________________ PE Date: __________

____________________________________________________________________ Controlling Sent: ________

Sentence Begins Date: __________ Furlough Dates: __________ to __________

mo day yr mo day yr

Comments/Recommendations:

______________________________  _______________________
Prepared By                        Date 

______________________________  _______________________
Prepared By                        Date 

THIS FORM NOT BE GIVEN TO THE APPLICANT

Form #11-111-003
KANSAS DEPARTMENT OF CORRECTIONS  
Pre-Furlough Investigation Request

TO: District Parole Office  
Date: ____________________  

(City)  

FROM: Records Office  
(Facility Unit)  

SUBJ: ____________________  
(Inmate Name)  
(Number)  

The above referenced inmate meets the eligibility criteria for programmatic furlough as established in IMPP 011-111. Tentative approval has been given by the facility for a furlough. You may, therefore, assume that institutional adjustment is such to merit consideration. Final approval of a furlough is contingent upon the investigation of the furlough plan and sponsor.

We respectfully request that you conduct a field investigation of the inmate’s furlough plan and sponsor. Your investigation of this proposed sponsor will be valid for a period of 12 months (unless the sponsor moves) and may be used in conjunction with subsequent furloughs during this period.

Along with your investigation report, please include the comments of the local police, sheriff, and district/county attorney. Also, we ask that you review the conditions of furlough and sponsor’s responsibilities with the proposed sponsor and return a signed sponsor’s agreement.

VICTIM’S COMMENTS REQUESTED:   Yes   No   (Circle one)

Last Known Address: ____________________________________________________________

SENTENCE INFORMATION

Offense(s): _____________________________________________________________
___________________________________________________________

Aggregate/Controlling Sentence: _____________________________________________

County of Conviction: ______________________________________________________

SPONSOR INFORMATION

Sponsor’s Name: ___________________________ Relationship________________________

Sponsor’s Address: ______________________________ Street ________________________

City State Zip

County Phone

Furlough Begins: ______________________________ mo day yr Time

Furlough Ends: ______________________________ mo day yr Time

Additional Comments:

Requested Reply Date: ____________________________

mo day yr

Form #11-111-004
KANSAS DEPARTMENT OF CORRECTIONS
Furlough Sponsor’s Agreement

The Department of Corrections assumes a serious responsibility when it allows an inmate to leave the facility on furlough. Part of this responsibility rests with the person who serves as sponsor. As a proposed furlough sponsor, you are asked to read and acknowledge that you understand both the conditions of the furlough and your responsibilities as a sponsor.

CONDITIONS OF FURLOUGH

1. The participant is not authorized to cross a state boundary without the approval of the Secretary of Corrections.
2. The participant is prohibited from consuming alcohol or entering an establishment where alcohol is served and consumed.
3. The participant is not allowed to operate a motor vehicle.
4. The participant is prohibited from writing and cashing checks.
5. The participant is prohibited from making installment purchases or negotiating a contract.
6. The participant is prohibited from possessing a firearm or other dangerous weapon.
7. The participant is prohibited from associating with known felons or ex-offenders.
8. The participant shall not leave the county of furlough unless specific permission is indicated on the order of furlough.
9. The State of Kansas is responsible only for emergency medical treatment an inmate receives while on furlough. Any non-emergency examination or treatment an inmate receives while on furlough shall be the inmate’s responsibility unless authorization is given in advance by medical personnel of the Department.
10. The participant shall remain in the company of the furlough sponsor at all times.
11. There may be other special conditions specifically stated on the order of furlough.

SPONSOR’S RESPONSIBILITIES

1. Ensure that the furloughee strictly abides by all the conditions of furlough.
2. Remain with the furloughee at all times during the furlough.
3. Ensure that the furloughee obeys all federal, state, and local laws.
4. Notify the facility immediately if the furloughee departs from the furlough plan or conditions of furlough at any time, or, if the furloughee becomes involved in any serious difficulty during the furlough or experiences problems that affect the ability to function properly.
5. Ensure that the furloughee returns to the facility at or before the ending time of the furloughs specified on the order of furlough.

I hereby acknowledge that I have read and understand the conditions of furlough and sponsor’s responsibilities. I also understand that the furloughee’s failure to adhere to the conditions of furlough shall be grounds for disciplinary action against the inmate and may result in denial of future furloughs.

Sponsor’s Signature __________________________ Date ___________ Witness’ Signature __________________________ Date ___________

Form #11-111-005
WORK RELEASE FACILITY TELEPHONE LISTING

Hutchinson Correctional Facility ................................................................. (316) 662-2321

Wichita Work Release Facility ................................................................. (316) 265-5211
KANSAS DEPARTMENT OF CORRECTIONS

Pre-Furlough Investigation - Official's Comments

TO: ___________________________________________ Date: ____________
   (Official’s Name)                             (Title)

FROM: District Parole Office: ______________________________

SUBJ: ___________________________ ___________________________
       (Inmate Name) (Number)

       _______ Do Not Object to Furlough
       _______ Object to Furlough
       _______ Prefer to Make No Comment

ADDITIONAL COMMENTS:

In order for your comments to be considered, please return this form to:

RECORDS OFFICE - ___________________________ (Facility)
                  ___________________________ (Address)

on or before: ____________ .
               (Date)

THIS FORM IS NOT TO BE GIVEN TO THE INMATE

Form #11-111-006
KANSAS DEPARTMENT OF CORRECTIONS
Warden’s Furlough Recommendations

TO: Secretary’s Designee

FROM: (Warden) (Facility)

SUBJ: (Inmate Name) (Number)

Date: ___________________________

mo  day  yr

Attached hereto are the following documents completed in regard to a furlough for the above referenced inmate.

(Please check attachments)

____ Inmate’s Furlough Application

____ Furlough Plan Narrative prepared by the Unit Team

____ Pre-Furlough Investigation Request

____ Official’s comments obtained during the pre-furlough investigation

____ Furlough Sponsor’s Agreement signed by the furlough sponsor

____ Completed Order of Furlough prepared for Secretary’s signature


Comments:


Be advised that I have carefully reviewed these documents. I believe that, based upon information available, the risk of violence while on furlough is minimal.

Approval of this furlough is recommended.

________________________________________

Warden’s Signature

Form #11-111-007
From: Record Clerk

Facility

Address

Name

Agency

RE: Furlough of Inmate

Name of Inmate Date of Birth

Please be advised that the above inmate is to be granted furlough from ________________ to ________________.

Furlough Sponsor Information/Destination:

Name

Address

City County

Telephone #

Telephone contact made ___ ___ Person Contacted ______________________ Date __________________

Yes No

Records Clerk

Form #11-111-008
KANSAS DEPARTMENT OF CORRECTIONS
Order of Furlough

To: ____________________________  ____________________________
   (Warden)                      (Facility)

You are hereby authorized to release __________________________ on furlough beginning ______/______ and ending ______/______ unless the furlough is terminated at an earlier time by an authorized official and the inmate is given either written or verbal notice of that action. If the furlough is terminated, the inmate shall surrender him/herself at the time and place designated in the notice.

(Name of Sponsor) ____________________________ Relationship to Inmate ____________________________

(Address of Sponsor) ____________________________ ____________________________
   Street  City  County

Type of Furlough: ___ Emergency  ___ Job  ___ Programmatic

In addition to all federal, state, and local laws or ordinances, the following special restrictions are imposed on the furloughee:

1. Authorization to cross a state boundary by the Secretary of Corrections is ___ Approved  ___ Disapproved
2. Prohibited to consume alcohol or enter any establishment where it is consumed.
3. Authorization to leave county of furlough by Secretary of Corrections’ Designee.  ___ Approved  ___ Disapproved
4. Not allowed to cash or write checks.
5. Not allowed to make purchases by installment plan or negotiate contracts.
6. Not allowed to have in his/her possession any firearm or other dangerous weapon.
7. The State of Kansas shall only be responsible for emergency medical treatment an inmate receives while on furlough. Any non-emergency medical examination or treatment an inmate receives while on furlough shall be the inmate’s responsibility unless authorized, in advance, by medical personnel of the Department.
8. Not allowed to operate a motor vehicle while on furlough.
9. No inmate shall associate with known felons or ex-offenders.
10. The furloughee shall remain in the company of the furlough sponsor at all times.
11. Other

__________________________________________________________

Secretary of Corrections

By: ____________________________ ____________________________
   Secretary’s Designee Date

I, ____________________________ have read and understand the procedures and conditions concerning furloughs, and hereby acknowledge all terms rules and conditions of my furlough. I know that any furloughed inmate who willfully fails to return to the designated place of confinement at the time specified in the Order of Furlough, or at an earlier time if so directed, verbally or in writing, by an authorized Department of Corrections official, shall be deemed an escapee and fugitive from justice, and upon conviction shall be guilty of a felony as set forth in current Kansas Statutes. I understand and agree that I have no due process protection upon termination of a furlough and that I may be transferred to a facility designated by the Secretary or designee in the event said conditions of this order are violated, public safety warrants it, or my status in the program is or becomes incompatible with the goals of the program, or for other good cause as determined by the Secretary of Corrections or designee. (K.S.A. 75-5269; K.S.A. 21-3810)

Signed ____________________________

Witness ____________________________ Date _____________

FURLoughEE MUST CARRY A COPY OF THIS ORDER AT ALL TIMES WHILE ON FURLough.
   (A copy of this Order is to be mailed to the area Parole Office.)

Form #11-111-009