POLICY STATEMENT

Initial contact between a parole officer and newly released offender shall occur no later than two (2) working days after the offender’s release or arrival in the State of Kansas if an interstate case. Contact that occurs between the parole officer and offender prior to release may serve as the initial contact in designated circumstances.

The initial interview shall be completed within five (5) working days after the offender’s release or arrival in the State of Kansas. The purpose of the initial interview is to share information and establish a framework for supervision and risk reduction work.

Intake procedures and the review of supervision conditions shall occur within seven (7) working days of release. The intake process may be abbreviated for designated offenders; however, all offenders must be furnished a copy of the supervision conditions in writing. (4-APPFS-2B-01)

Dependent upon regional and/or office policy, intake and initial interviews may be conducted at the same time. Group intake may be conducted to review information common to all offenders.

A reasonable delay in reporting to the approved post-incarceration residence plan or program may be approved by the supervising parole officer for good cause. (4-APPFS-2C-03)

DEFINITIONS

Initial Contact: Contact between a parole officer and offender in the office, by telephone, or in the field after offender’s release from a facility or arrival in the State of Kansas.

Initial Interview: Face-to-face contact by parole officer with the offender for the purpose of discussing supervision requirements and the case management needs of the offender.

Intake: Face-to-face contact by parole officer/intake officer and offender for the purpose of explaining parole supervision requirements. The intake interview may occur in a group setting.

Offender Supervision Handbook: A handbook which contains information about the supervision conditions, expectations of offenders regarding the conditions, and additional information that is relevant and/or necessary for offenders on supervision.

PROCEDURES

I. Initial Contact

A. The initial contact is conversation between the parole officer which should occur within two (2) working days of the offender's release or arrival in Kansas.

B. The initial contact may occur via phone, in a parole office or other community location. It should occur in a setting that considers confidentiality and allows unrestricted conversation.

C. The initial contact conversation should include the following:

1. Confirm the residence plan.
2. Provide the offender an opportunity to ask questions or raise concerns about his/her circumstances.
3. Discuss any risk or need factors which may require immediate attention.
4. Review any special conditions that are of immediate concern, if applicable. Examples include no contact, geographic restrictions and contact with minors.
5. Review any immediate requirements related to Offender Registration, if applicable.
6. Schedule or confirm the date and time of the initial interview.

D. The initial contact may be waived if the parole officer has had a telephone conversation with the offender while he/she is in the facility, within three (3) days prior to release, which confirmed the residence plan and the initial interview appointment date and time.

II. Initial Interview Procedures

A. At or before the initial interview, the assigned parole officer shall use the EPICS Role Clarification process to share information and establish a framework for the supervision process. The steps of that process are:

1. Identify the KDOC goals for supervision: public safety offender success.
2. Ask the offender what he/she hopes to accomplish while under supervision.
3. Identify what is hoped to be accomplished with/for the offender.
4. Define the supervision process including conditions of supervision; negotiable/non-negotiable situations; role of offender, officer, program providers and other members of the parole process.
5. Identify and discuss the expectations of confidentiality.

B. In addition, the following actions should be taken during the initial interview:

1. Ensure that the offender received a copy of the release certificate.
   a. The Institutional Parole Officer or sending state shall be contacted if the release document has not been received.
2. If the offender participated in a group intake session, provide an opportunity for questions or clarifications from the group process.
3. If the offender is managed as a sex offender, a copy of the Sex Offender Supervision Handbook shall be provided to him/her and all requirements shall be reviewed and acknowledged in accordance with IMPP 14-124A.

4. If the offender will be managed as a domestic violence offender, provide him/her with the domestic violence offender handbook and review the contents, in accordance with IMPP 14-135A.

5. Clarify the offender’s travel district, which is within a 50 mile radius of the offender’s residence unless otherwise specified by the parole officer, and the requirement to gain advance permission from the parole officer before traveling outside of the travel district.

   a. Document information relayed to the offender regarding the travel district in the TOADS contact notes.

6. Review and discuss any special conditions imposed. Provide necessary direction or assistance to ensure compliance.

7. If applicable, discuss the requirements of the Kansas Offender Registration Act and refer the offender to the appropriate Sheriff’s Office.

8. Identify any risk or need factors that require immediate attention and provide assistance or make referral to services, as available.

9. Advise the offender of procedures for contacting parole staff in case of after-hour emergencies.

10. Establish a preliminary reporting schedule and set the next scheduled report date.

C. Additional items which should be discussed at the initial personal interview or within the first 30 days of supervision depending on the offender’s needs and circumstances are:

1. Driver’s license and/or identification status. Provide any assistance needed to obtain either.

2. Review restitution, court costs or child support owed.

   a. If the offender owes child support, that parole officer shall contact Child Support Enforcement, as described in IMPP 14-126A, to determine status and needs.

   b. A payment plan for Court ordered debts shall be developed in accordance with IMPP 14-126A.

3. Identify needs related to housing and provide assistance, including referrals to housing specialists.

4. Identify needs related to employment and make appropriate referrals and provide support and assistance.

5. Identify needs related to cognitive issues, including attitudes/orientation; leisure time; and companions. Make appropriate referrals.

6. Identify specific areas where the offender has developed new skills related to cognitive-behavioral training, employment, parenting or other issues; establish specific strategies as part of case management to reinforce and give opportunity for the offender to practice and demonstrate these skills, including through meetings with the parole officer, meetings with cognitive specialists, and/or aftercare classes/sessions.
III. Intake Procedures

A. The intake process should be completed with newly released offenders to ensure an awareness of supervision conditions and to complete any necessary administrative procedures.

1. An abbreviated intake process is allowed for offenders who are released to supervision and have been on supervision and participated in an intake with KDOC during the past year.

2. The abbreviated intake process must include, at a minimum:
   a. Ensuring that the offender has signed his/her current release certificate and has been provided a copy in writing.
   b. Offer the offender a copy of the Supervision Handbook.
   c. Providing the offender the opportunity to ask questions regarding release conditions.

B. At the time of intake, the parole officer shall conduct the following actions:

1. Ensure the Offender Information Sheet and Offender Report Form have been completed by the offender.

2. Provide a copy of the Offender Supervision Handbook to the offender;

3. Review and explain the standard release conditions and the information contained in the Offender Supervision Handbook;
   a. Offenders reporting under the terms of the Interstate Compact shall be advised that both Kansas and sending state conditions will apply to them and shall be required to sign a copy of the Kansas conditions.

4. Explain the requirements of the Kansas Offender Registration Act for those who are required to register.

5. Advise the offender of the requirement to notify his/her employer(s) of all adult felony convictions (excluding expunged convictions), and any offense for which he/she is currently under supervision per IMPP 14-117A;

6. Inform the offender of the process and requirements for earning good time, per IMPP 14-120;

7. Advise the offender of the supervision fee process;

8. Advise the offender of methods to contact parole staff in the event of an emergency;

9. Obtain the offender’s signature on the Acknowledgement of Requirements form;

10. Photograph the offender in accordance with regional policy; and,

11. If the offender is unable to speak English or has a disability that would prevent his/her comprehension of the conditions, an interpreter shall be provided in accordance with IMPP 10-138.

IV. Offenders Failing to Report after Release from Facility

A. The Regional Parole Director shall be responsible for development and implementation of a system to ensure that timely follow-up is made on offenders who fail to report as directed after release from a KDOC facility.
1. Offenders who fail to report shall be processed in accordance with IMPP 14-131A.

V. PROCESSING DELAY REQUESTS (4-APPFS-2C-03)

A. Parole staff shall recognize that an offender may occasionally have a valid reason for requesting a delay en route to his/her release plan. Such delays may include, but not be limited to:

1. Visiting family;
2. Picking up clothing, tools, or other belongings;
3. Serious illness or death in the family; and/or,
4. Handling a civil legal matter.

B. When a request for delay is proposed by an offender or facility staff member, the field officer shall:

1. Investigate the proposed delay;
2. Make a determination as to the validity of the request for delay;
3. Make a decision regarding the delay, and record the decision in the chronological record; and,
4. Notify the facility staff of the decision and relay reporting instructions for the offender.

C. When a request for delay is proposed by an offender who has been released from the institution but has not reported for supervision, the parole officer shall:

1. Obtain details of the proposed delay;
2. Make a determination as to the validity of the request, and relay any revised reporting instructions to the offender; and,
3. Record the decision in the chronological record.

D. Out of state travel immediately upon release shall be limited to emergencies or urgent situations and shall be authorized in accordance with IMPP 14-128.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that 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 employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. 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. 75-5216
IMPP 10-138, 14-117A, 14-120, 14-124A, 14-126A, 14-128, 14-131A, 14-135A
### ATTACHMENTS

<table>
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<tr>
<th>Attachment</th>
<th>Title of Attachment</th>
<th>Page Total</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Offender Information Sheet</td>
<td>4 pages</td>
</tr>
<tr>
<td>B</td>
<td>Acknowledgment of Requirements form</td>
<td>1 page</td>
</tr>
</tbody>
</table>
OFFENDER INFORMATION SHEET

Date: ____________________

First Name ____________________ Middle Name __________ Last Name __________

Aliases: ________________________________

Social Security #: ____________________ Birthplace: ______________ Date of Birth __________

Height: ______ Weight: ________ Sex: ______ Hair Color: _______ Eye Color: _______

Drivers License #: ____________________ State: ______ Expiration Date: __________

Vehicle Owned or Driven: Make & Model: ____________________ Year: ______ Color: ______

Registration State: ________________ Tag No.: ______________

Marital Status: ____________________ Spouse/Ex-spouse Name: ____________________

Spouse/Ex-spouse Address: ________________________________

Children(s) Names:

____________________________ Age: ______ Address: ____________________________

____________________________ Age: ______ Address: ____________________________

____________________________ Age: ______ Address: ____________________________

____________________________ Age: ______ Address: ____________________________

____________________________ Age: ______ Address: ____________________________

____________________________ Age: ______ Address: ____________________________

Parents:

Father’s Name: ____________________ Address: ________________________________

Mother’s Name: ____________________ Address: ________________________________

Names of Siblings:

____________________________ Address: ________________________________

____________________________ Address: ________________________________

____________________________ Address: ________________________________

____________________________ Address: ________________________________

____________________________ Address: ________________________________

Are any of your family members on supervision or in prison? If so, please list:

Emergency Contact Person: Name: ______________________

Address: ______________________________ Phone Number: ________________
Do you have any outstanding warrants? If so, please describe: ________________________________

________________________________________________________________________________

Are you on probation or parole with any other agency? If yes, please describe:

________________________________________________________________________________

________________________________________________________________________________

**SUBSTANCE ABUSE AND TREATMENT HISTORY**

Do you have a history of illegal drug use, abuse of alcohol, addiction, or illegal use of prescription drugs? If so, please describe:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Please list any drug, alcohol or mental health treatment that you have been involved in:

Where: ________________________________ Dates: __________ Completed: Yes ___ No ___

If not completed, why not? ____________________________________________________________

Where: ________________________________ Dates: __________ Completed: Yes ___ No ___

If not completed, why not? ____________________________________________________________

Where: ________________________________ Dates: __________ Completed: Yes ___ No ___

If not completed, why not? ____________________________________________________________
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<tr>
<th>SUBSTANCE:</th>
<th>METHOD OF USE</th>
<th>FREQUENCY OF USE</th>
<th>LENGTH OF USAGE</th>
<th>DATE OF LAST USAGE</th>
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<tr>
<td>NARCOTICS</td>
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<tr>
<td>Opium</td>
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<td>Morphine</td>
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<td>Codeine</td>
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<td>Heroin</td>
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<tr>
<td>Methadone</td>
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<tr>
<td>Prescription pain medications – Lortab, OxyContin, etc.</td>
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<td>Others:</td>
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<tr>
<td>DEPRESSANTS</td>
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<tr>
<td>Barbituates – Amobarbital</td>
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<td>Methqualone – Quaalude</td>
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<tr>
<td>Benzodiazepines – Xanax, Klonopin, Valium, Ativan, etc.</td>
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<tr>
<td>STIMULANTS</td>
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<tr>
<td>Cocaine</td>
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<tr>
<td>Amphetamines</td>
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<tr>
<td>ADHD Drugs: Ritalin, Adderall, Strattera, Dexedrine, etc.</td>
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<tr>
<td>HALLUCINOGENS</td>
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<td>LSD</td>
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<tr>
<td>Mescaline and Peyote</td>
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<tr>
<td>PCP, Angel Dust, Wet</td>
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<tr>
<td>CANNABIS</td>
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<tr>
<td>Marijuana</td>
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<tr>
<td>Hashish – Hash, Hash Oil</td>
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<td>OTHERS</td>
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<tr>
<td>Alcohol – Beer, Liquor, Wine</td>
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<td>Huffing: gasoline, paint, other substances</td>
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<tr>
<td>K2 or synthetic marijuana</td>
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<tr>
<td>Synthetic methamphetamine or Bath Salts</td>
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</tbody>
</table>

List the substance(s) used in order of preference:

1. _______________  2. _______________  3. _______________  4. _______________
<table>
<thead>
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<th>Scar, Mark or Tattoo (circle one)</th>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE</strong> Scar, Mark or Tattoo</td>
<td>EXAMPLE Upper Left Arm</td>
<td>EXAMPLE Butterfly</td>
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<td>Scar, Mark or Tattoo (circle one)</td>
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<tr>
<td>Scar, Mark or Tattoo (circle one)</td>
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</tbody>
</table>
ACKNOWLEDGMENT OF REQUIREMENTS FORM

ACKNOWLEDGMENT OF EXPLANATION OF SUPERVISION CONDITIONS

I acknowledge that I have been informed of all the conditions of release, that they have been explained to me and that I understand the requirements of supervision. I have received of a copy of the KDOC Supervision Handbook, which has been reviewed and explained to me.

ACKNOWLEDGMENT OF FIREARM PROHIBITION

I have been informed of the prohibition governing possession of a firearm by a convicted felon. I have been provided with information, via the Supervision Handbook, which explains how to gain information about relief from the prohibition, once discharged from supervision.

ACKNOWLEDGMENT OF GRIEVANCE PROCEDURE

I have been informed of the grievance process, and the procedures for filing a formal grievance in the event that a problem cannot be resolved informally.

ACKNOWLEDGMENT OF INFORMANT POLICY

I have been informed of the Kansas Department of Corrections policy which requires that while being supervised by the Kansas Department of Corrections, I may not act as an informant without prior approval from KDOC staff.

FOR INTERSTATE COMPACT OFFENDERS ONLY

I understand and agree to comply with all conditions of my release as established by both the State of Kansas and the sending state.

I hereby acknowledge that all of the above have been explained to me.

Signed: _________________________________ Date: _____/____/_____
(Offender)

Witnessed: ______________________________ Date: _____/____/_____
(Parole Officer)