INMATE EMERGENCY VISIT, PASS, AND LEAVE PROGRAM

I. GENERAL

This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes the responsibilities, policies, and procedures for granting visits, passes, leaves and furloughs for inmates confined in the ADOC.

II. POLICY

This policy establishes the guidelines for inmate emergency visits, passes, leaves and furloughs. They must be earned through the guidelines established in this AR and are privileges not rights.

III. DEFINITION(S) AND ACRONYM(S)

A. Common-Law Wife or Husband:

1. The elements of a common-law spouse are:

   a. Capacity (age, sanity, not married to anyone else, etc)

   b. Present agreement of consent to be husband and wife.

   c. Consummation (Code of Alabama 1975, as amended). There must be “clear and convincing evidence that the parties lived as to achieve public recognition of their status as husband and wife.”

   d. Public recognition of the existence of the marriage.
2. Some factors to consider are:

   a. The parties file tax returns as married.

   b. The parties cohabited.

   c. The parties consider themselves married, use the same name, wear wedding rings, have joint accounts, and refer to each other as husband and wife.

   d. If the parties are married by common law, they must get a divorce in court.

   e. There is no such thing as a common law divorce.

   f. A common law marriage is the same legally as a statutory or ceremonial marriage.

   g. A common-law marriage can be dissolved only by annulment, divorce, or death.

B. **Discretionary Furlough**: A seventy-two (72) hour absence from the institution with an approved sponsor for the purpose of seeking suitable residence, family adjustment, education/training programs or any other reason consistent with the best interest of the public, the inmate, or the ADOC.

C. **Discretionary Leave**: A thirty-six (36) or forty-eight (48) hour absence from the institution with an approved sponsor for the purpose of seeking suitable residence, family adjustment, education/training program or any other reason consistent with the best interest of the public, the inmate, or the ADOC.

D. **Discretionary Pass**: A four (4) or eight (8) hour absence from the institution with an approved sponsor for the purpose of interviewing for prospective employment, seeking suitable residence, family adjustment, education/training programs, or other reason consistent with the best interest of the public, the inmate, or the ADOC.

E. **Emergency Visit (escorted)**: The escort of an eligible inmate under circumstances where physical custody and contact is maintained by ADOC correctional officers or sheriff department officials for a prescribed purpose of visitation to specific locations, such as nursing homes, hospitals, and
funeral homes. Visits to the funeral home shall be concluded prior to the beginning of the funeral service. Escorted visits are normally one (1) hour in duration. **Cost of providing escort officers and transportation shall be borne by the inmate as set forth in Annex D, Emergency Escorted Visit Cost Instructions.**

F. **Emergency Visit (unescorted):** A visit by a minimum-community custody inmate only, for the purpose of visiting an immediate family member in the hospital, nursing home, or to attend a funeral service, normally lasting from four (4) hours up to no more than five (5) days.

G. **Immediate family member:** For the purpose of this regulation, an immediate family member is a: mother, father, husband, wife, children, brother, sister, grandparent, grandchildren, and half siblings. Stepparents in loco parentis may be considered as the basis for an emergency escorted visit, but only when it has been verified that this individual as a result of death, divorce, desertion, or other absences of a parent reared the inmate. Relationships must be verified from the inmate’s institutional file or other documentation deemed acceptable by the Warden.

H. **In Loco Parentis:** In the absence of the parents. Of, relating to, or acting as a temporary guardian or caretaker of a child, taking on all or some of the responsibilities of a parent.

I. **Institutional Pass/Leave Committee:** A three member committee designated by the Warden to review and recommend an inmate for a visit, pass, leave or furlough.

J. **LWOP:** Life Without Parole. Those inmates that are serving a life sentence and are not subject to parole.

K. **Minimum-Community Custody:** This custody is appropriate for those inmates approaching the final stage of incarceration where an intensive reintegration effort is warranted and / or who have demonstrated an ability to adjust to a semi-structured environment.

L. **PMOD:** Prisoner’s Money On Deposit. Funds belonging to inmates during their term of incarceration.

M. **Pre-Discretionary Leave (PDL):** Leave for an inmate that is to be released within one (1) year of End of Sentence (EOS) or Parole date, and living with an approved sponsor.
N. **Sponsor:** A member of the inmate’s immediate family, sheriff’s department official or others approved by the Warden, who shall pick the inmate up at the releasing institution and return the inmate in accordance with established policies and procedures.

IV. **RESPONSIBILITIES**

A. The Associate Commissioner of Operations shall approve or deny an eligible inmate on an Emergency Visit to be escorted by the sheriff’s department.

B. The Warden shall:

1. Approve/deny the request for an emergency visit, pass, or leave without regard to race, sex, religion, or origin. However, they shall ensure that all criteria for approval are met in each case.

2. Thoroughly evaluate the inmate’s record and behavior, to include work habits, attitude, and other criteria contained in this regulation.

3. Render a judgment regarding the inmate’s chances of completing a visit, pass, or leave; and, who would not pose a risk to the public or jeopardize the program.

4. Ensure only those inmates who have earned the privilege of participating in the visit, pass, and leave program through demonstrated performance are approved.

5. Determine if an inmate’s psychological status, security threat group affiliation, or extenuating circumstances such as notoriety surroundings the inmate’s offense, strong community opposition, inclement weather, or insufficient time of notice will necessitate the disapproval of the visit, pass, or leave.

6. Monitor all aspects of the visit, pass, leave, and furlough program; and, ensure the cost of the escorted visit is collected prior to the visit.

7. Notify the Sheriff and/or Chief of Police where the visit, pass, or leave is to be taken at least seven (7) days prior to granting final approval in each case. For emergency visits, the Sheriff and/or Chief of Police shall be notified via telephone as soon as possible prior to granting final approval. When the sheriff’s department is providing inmate escort, notification to his or her office is not required.
8. Ensure that the sponsor is a member of the inmate’s approved visitor list and that a “Letter to the Sponsor”, Annex A, is completed in each case. Exceptions to this requirement may be granted by the Warden on a case-by-case basis and where fully justified. All exceptions shall be documented and a copy of the approval shall be placed in the inmate’s central records file. Unforeseen events may require the Warden, and in some instances whether an inmate has a bona fide common law wife or husband.

9. Ensure that the sponsor furnishes suitable round-trip transportation from the institution to the place to be visited.

10. Ensure that dates and times of departure and return are accurately recorded on all copies of the ADOC Form 405-C, *Inmate Pass/Leave Request* form and that any tardiness or other rule infraction while on pass/leave are accurately documented and reprimanded.

11. Ensure that both the sponsor and the inmate are properly briefed on the time limits, authorized distance (no more than 30 miles from the institution on passes), standards of conduct and other requirements prior to the inmate’s departure on leave. Insure that the inmate properly executes the “Temporary Pass/Leave Agreement” on the pass/leave form.

12. Furnish to both the inmate and sponsor a copy of Annex C, ADOC *Rules – Inmate Passes and Leaves*.


14. Ensure that all documentation and leave forms are submitted to the Central Records Division (CRD).

15. Obtain verbal or electronically approval or denial from the Associate Commissioner of Operations for a request made by the sheriff’s department to escort an inmate on an emergency visit.

C. The Central Records Division (CRD) Director must ensure all correspondence, forms, or other matters pertaining to an inmate’s pass or leave are properly filed and posted in the inmate’s central records file.

D. The Institutional Classification Committee shall be responsible for:

a. Confirming and documenting the inmate’s custody status.
b. Documenting any other pertinent information regarding the inmate in the comment section.

c. Forwarding the ADOC Form 405-A, *Emergency Visit-Information Sheet*, along with the inmate’s institutional file to the Warden for review and approval or denial.

E. The inmate is responsible for complying with the procedures outlined in this AR.

V. **PROCEDURES**

A. Emergency Visits:

1. The inmate, or the inmate’s family, through the Chaplain will initiate a request for an emergency visit.

2. A sheriff may request to escort an inmate on an emergency visit via e-mail or fax to the Warden.

3. The Warden shall begin completing the ADOC Form 405-A, *Emergency Visit-Information Sheet*, and forward it to the institutional classification committee for review. The Warden shall also begin the process for determining the cost of the escorted visit and if the cost can be collected prior to final approval.

4. The Chaplain/Warden shall:

   a. Confirm the terminal illness or death by calling the hospital, nursing home or funeral home.

   b. Confirm the time and location where the body will be available for viewing.

5. The Warden shall review the ADOC Form 405-A, *Emergency Visit-Information Sheet*, and the inmate’s institutional file and approve or deny the emergency visit. The Associate Commissioner of Operations shall approve or deny emergency visits when the sheriff’s department provides escort.

   a. If *denied*, the Warden shall:

      (1) Notify the Chaplain, who will then notify the inmate and the inmate’s family.
(2) Document the reason for the denial and forward the completed ADOC Form 405-A, *Emergency Visit-Information Sheet*, to the Institutional Classification Committee for filing in the inmate’s file.

b. If *approved*, the Warden shall:

(1) Notify the Shift Commander/designee who will obtain the appropriate number of Correctional Officer escorts.

(2) Complete the ADOC Form 405-C, *Inmate Pass/Leave Request*. **NOTE:** This form is for those inmates in Minimum-Community Custody Only.

(3) Notify, by telephone, the appropriate County Sheriff and/or Chief of Police of the date and place of the emergency visit.

(4) Notify the inmate family that he or she must remain in prison whites and in necessary restraint devices during the visit, unless the inmate is assigned to Minimum-Community Custody.

6. Emergency Visits – **Escorted**:

a. Emergency visits escorted may be granted to all custody classifications, except LWOP, Death Row, Traffickers and Close Custody, as defined by the ADOC, when there is death or terminal illness in an inmate’s immediate family.

b. Emergency visits escorted shall not be automatically granted and shall be denied if the visit is not consistent with the best interests of the public, the inmate, or the ADOC.

c. The Warden has the authority to grant or deny emergency visits. Emergency conditions will be confirmed by the funeral home or attending physician, as applicable.
d. The inmate will be escorted in a state vehicle to hospital, nursing home, or to the funeral home, only, and the visit will normally be one (1) hour in duration.

e. Medium custody inmates and those sentenced for rape, child molestation, or drug trafficking must be accompanied by two (2) armed officers. These inmates shall be restrained using handcuffs, waist chains, and leg irons.

f. The number of escort officers and level of restraint for minimum-community custody inmates shall be at the discretion of the Warden.

7. Emergency Visits – Unescorted:

a. Emergency visits unescorted may be granted to inmates in MINIMUM-COMMUNITY CUSTODY ONLY.

b. Emergency visits unescorted will not be automatically granted and will be denied if the visit is not consistent with the best interests of the public, the inmate, or ADOC.

c. The Warden has authority to grant or deny emergency visits that are unescorted. Emergency conditions shall be confirmed by the funeral home or attending physician, as applicable.

d. Unescorted emergency visits may be granted for any period not to exceed five (5) days, based upon the circumstances in each case.

e. The sponsor must pick up the inmate at the institution at which time ADOC personnel shall:

   (1) Check for proper identification.

   (2) Counsel the inmate and sponsor on the conditions and standards of the leave.

   (3) Insure that the sponsor provides suitable transportation.
B. Discretionary Passes, Leaves and Furloughs:

1. General:
   a. May be granted to inmates who have exhibited exceptional behavior, work characteristics, attitude, and are in MINIMUM-COMMUNITY CUSTODY ONLY.
   b. The inmate must not have any major disciplinary action in the preceding six (6) months.
   c. Inmates who have been convicted, currently or previously, of any crime in which there was serious physical injury to a victim(s), as defined in Alabama Criminal Code 3A-1-2 (14) (1975), may not be granted a pass until they are within twenty-four (24) months of their release date or parole consideration date.
   d. If an inmate has a history of escape, or any escape with force, or while on escape committed a crime against a person, or a new crime, then the inmate may not be granted a pass, leave, or furlough.
   e. Sociological and/or psychological data should be considered in determining the degree of public risk in granting passes and leaves/furloughs.

2. Four (4) and Eight (8) Hour Passes:
   a. Inmates must be at their assigned institution at least ninety (90) days prior to taking their first pass.
   b. Inmates may not travel more than a thirty (30) mile radius.
   c. Four (4) and eight (8) hour passes can be taken on Saturdays and Sundays, or scheduled off days.
   d. Inmates must successfully complete a minimum of two (2) four-hour passes before they are eligible for an eight (8) hour-pass.

3. Thirty-six (36) hour, forty-eight (48) hour leaves and Seventy-two (72) hour furlough:
a. Inmates serving consecutive life sentences are **not** eligible for thirty-six (36), forty-eight (48) hour leaves or seventy-two (72) hour furloughs.

b. Any inmate receiving disciplinary action will be required to start the process over beginning with the four (4) hour passes and also meeting all of the criteria.

c. An inmate must successfully complete a minimum of four (4) four-hour and four (4) eight-hour passes to be eligible for a thirty six (36) hour, forty-eight (48) hour leaves or 72 hour furlough.

d. For an inmate to be eligible for a thirty-six (36) hour or forty-eight (48) leave, he or she must successfully complete a minimum of four (4) four-hour passes and four (4) eight-hour passes without incident.

e. Thirty-six (36) or forty-eight (48) hour leaves can be taken on Saturdays and Sundays, or scheduled off days, every two (2) weeks.

f. Additional criteria for forty-eight (48) hour leave include the following:

1. Must have a high school diploma, GED, or advanced a grade level at the end of fifty (50) hours of educational session. This shall be verified by the ABE coordinator.

2. Must have participated in the recommended AA/NA program for the past six (6) months uninterrupted.

3. Must not have been fired or terminated from the same job in the past nine (9) months.

4. Must have completed four (4) four-hour and (4) eight-hour passes and one (1) seventy-two (72) hour furlough.

5. Must have shown positive participation in an ADOC or sentencing judge recommend program.
6. Must be recommended by the Case Load Officer.

7. Must be up-to-date on all court ordered restitution(s).

8. Must have a twelve (12) months clear record (disciplinary or citations).

9. Must have approval from supervisor to be off work.

10. Passes may be taken twice a month.

g. Seventy-two (72) hour furloughs can be taken on any three (3) consecutive days in which an inmate is not scheduled to work and the approval of the work supervisor. This furlough can only be taken once every 90 days.

4. Requesting a Pass, Leave or Furlough:

a. The inmate shall submit an ADOC Form 405-C, Inmate Pass/Leave Request form for a pass, leave or furlough to the Warden.

b. Upon receipt of the ADOC Form 405-C, the Case Load Officer, will complete an ADOC Form 405-B, Pass/Leave Committee Review Checklist and submit the forms to the institutional pass/leave committee.

c. The institutional pass/leave committee shall review the ADOC Form 405-C and ADOC Form 405-B and provide recommendation(s) to the Warden.

d. Upon review of the ADOC Form 405-B, the Warden shall approve or deny the inmate’s pass, leave or furlough request.

(1) If denied, the Warden shall:

(a) Notify the inmate, in writing, of the reason(s) for the denial.

(b) Place a completed copy of the denied
request in the inmate’s institutional file and the original shall be forwarded to the Director of the Central Records Office for entry into the computer and/or filed in the inmate’s central record. The inmate must wait ninety (90) days from the date of the denial request before being eligible to submit another request.

(2) If approved, the Warden shall:

(a) Notify the inmate of the tentative approval.

(b) Complete the ADOC Form 405-C.

(c) Initiate Annex A, Letter to the Sponsor, and forward it to the sponsor for completion without delay.

(d) Notify the appropriate County Sheriff and/or Chief of Police of tentative approval on Annex B, Letter to the Sheriff/Chief of Police.

(e) Furnish the inmate a copy of the approved leave request and a copy of Annex C, Rules – Inmate Passes and Leaves, at the time of departure. The inmate must retain these forms at all times while he or she is on pass, leave or furlough. The inmate must read and sign the agreement on ADOC Form 405-C, Inmate Pass/Leave Request, prior to departure.

(f) Obtain the signature and other information from the sponsor’s statement on ADOC Form 405-C prior to inmate’s departure and furnish the sponsor with a copy of Annex C.
(g) Provide necessary counseling to the inmate and his or her sponsor prior to departure.

(h) Upon return from pass, leave or furlough, distribute the leave forms and initiate any disciplinary or other action required.

C. Pre-Discretionary Leave is taken at the discretion of the Commissioner and initiated from the Institutional Classification Unit (ICU).

a. The inmate shall submit an ADOC Form 405-C, *Inmate Pass/Leave Request* form for Pre-Discretionary Leave to the Warden.

b. Upon receipt of the ADOC Form 405-C, the Warden shall complete an ADOC Form 405-B, *Pass/Leave Committee Review Checklist* and submit the forms to the Institutional Classification Unit.

c. The Institutional Classification Unit shall review the ADOC Form 405-C and the ADOC Form 405-B and provide recommendation(s) and submit to the Central Review Board.

d. The Central Review Board shall review the forms and submit their recommendation to the Commissioner.

e. The Commissioner has final authority for approving the inmates Pre-Discretionary Leave.

VI. **DISPOSITION**

Any forms used will be disposed of and retained according to the Departmental Records Disposition Authority (RDA).

VII. **FORMS**

A. ADOC Form 405-A, *Emergency Visit Information Sheet*.

B. ADOC Form 405-B, *Pass/Leave Committee Review Checklist*.

C. ADOC Form 405-C, *Inmate Pass/Leave Request*.

D. ADOC Form 405-D, *Inmate Pass/Leave Request Log*. 
VIII. SUPERCEDES

This Administrative Regulation supercedes AR 405, *Inmate Emergency Visit, Pass, and Leave Program*, dated November 5, 2004 and any changes.

IX. PERFORMANCE


B. American Correctional Association (ACA), Standards for Adult Correctional Institutions, Fourth Edition, 4-4445 and 4-4502.

Richard F. Allen, Commissioner

ANNEX(S)

A. Annex A, *Sample: Letter To the Sponsor*.


SAMPLE:
LETTER TO THE SPONSOR

State of Alabama
Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883

(Date)

Dear (Sponsor’s Name)

This letter serves as notification that (Inmate’s Name) has applied for a (pass) (leave) of __________________________.

It has been indicated that this absence will be spent with you at __________________________

You should coordinate this pass or leave with the above named person at least one (1) week prior to the beginning date. All transportation and costs will be proved by those persons responsible for furnishing same for the individual.

It is requested that you personally appear to pick up __________________________
At which time you must provide proper identification and receive counseling concerning the conditions and standards of the pass/leave.

Your cooperation in making our pass and leave program a success is appreciated. Please fill out the following information and return this form immediately in the self-addressed enveloped provided for your convenience.

Sincerely,

(Warden’s Signature)

Name: __________________________
Address: __________________________
Telephone: __________________________

********************************************************************************************

For Institutional Use:

Date and Time of Pickup: __________________________
Date and Time of Return: __________________________

cc: Inmate’s Institutional File
SAMPLE:
LETTER TO THE SHERIFF/CHIEF OF POLICE

State of Alabama
Department of Corrections

Alabama Criminal Justice Center
301 South Ripley Street
P. O. Box 301501
Montgomery, AL 36130-1501
(334) 353-3883

(Date)

Dear [Sheriff/Chief of Police],

This is to advise you that the inmate whose name appears below has requested a pass or leave to visit in your areas. I have tentatively approved the request.

If the request receives final approval, the individual will be required to deliver a copy of the approved pass or leave form to your office at the beginning of his or her pass or leave.

Thanks for your continued cooperation in these matters of mutual concern.

Sincerely,

(Warden’s Signature)

Inmate’s Name: _______________________________ DOB: _______________

Address to be Visited: _______________________________

Date and Time of Pass or Leave: ____________________________

Name and Address of Sponsor: _______________________________

cc: Inmate’s Institutional File,
Alabama Department of Corrections

RULES – INMATE PASSES AND LEAVES

A pass or leave is a privilege. If your actions while on pass or leave reflect adversely upon you or this institution, you will lose this privilege of participating in the pass and leave program.

The following is not intended to cover all violations for which a pass or leave privilege may be denied, but lists some of the more common problems you may encounter.

1. You must deliver a copy of your approved pass or leave (ADOC Form 405-C, Inmate Pass/Leave Request) to the designated Sheriff/Chief of Police at the beginning of your pass or leave.

2. The use of alcoholic beverages is strictly forbidden.

3. The possession or use of un-prescribed drugs in any form is strictly prohibited.

4. You are not permitted to operate a motor vehicle.

5. You are only permitted to visit the places shown on your approved pass or leave. Passes must be taken within thirty (30) miles of your institution.

6. You must report back to your institution not later than the date and time shown on your pass/leave request.

7. You must present a neat appearance at all times while on pass or leave and your conduct must meet acceptable standards.

8. You may not be in the company of known criminals.

9. You must abide by all local, state and federal laws.

10. You must remain with your sponsor.

11. You may not bring anything back into the institution you did not have when you left the institution, unless the Warden granted prior approval.

Annex C to AR 405 – August 4, 2009
EMERGENCY ESCORT VISIT COST INSTRUCTIONS

A. COSTS:

The costs associated with escorting an inmate to a funeral home or a bedside visit is to be borne by the inmate and/or his or her family. The costs include:

1. Escort Officer’s Wages (both regular and overtime).
2. Transportation.
3. Per-diem (if claimed by the escorting officer(s)).

1. Wages:

Wage cost is computed by multiplying the total trip time (travel time required to transport the inmate to and from his or her approved destination plus the time spent at the destination) by the combined average hourly wage for each officer’s rating. Travel time should be determined using “Mapquest.” A link to “Mapquest” is available on the DOCNET (Help Files/Web Links/Address Location Assistance).

NOTE: Due to the shortage of Correctional Officers, the officers escorting the inmate may be required to work overtime. If the escort officers are required to work overtime, overtime wages must be considered when computing wage costs.

2. Transportation:

Vehicle transportation costs are computed by multiplying the roundtrip mileage between the institution and the inmate’s destination using the current mileage rate as established by the State Comptroller’s Office. For the current mileage rate, contact ADOC Accounting. For calculating the roundtrip mileage, use “Mapquest.”

3. Per-diem:

Per-diem costs are determined using the current rates as determined by the Governor’s Office. For the current per-diem rates, contact ADOC Accounting.

B. PROCEDURES:

Determining costs associated with escorting an inmate to a funeral home or a bedside visit is the responsibility of the Business Manager.

Once the Warden has given his or her approval to the inmate to visit the funeral home or to make a bedside visit, the Business Manager will prepare an estimate of the cost of the trip using the criteria outlined above (see “A. COSTS”). The inmate will then be advised of the costs and asked to sign a request slip agreeing to pay for the total cost of the trip. Once the inmate has agreed to pay for the total cost of the trip by signing the request slip, the Business Manager will then disburse funds equal to the cost of the trip from the inmate’s PMOD account to the General Fund.
EMERGENCY ESCORT VISIT COST INSTRUCTIONS (continued)

B. PROCEDURES (continued):

If the inmate does not have sufficient funds in his or her PMOD account, the inmate’s family is permitted to pay for a portion or all of the costs. To insure that the required funds are available, a family member may personally deliver the funds in the form of a money order or cashier’s check (cash and personal checks will not be accepted) to the institution, funeral home director, or other agreed upon agency. If the funeral home or other agency declines to accept the funds, the family must deliver the funds to the institution or wire the funds to the institution through Western Union, or a similar service provider. If the latter method is used, it is imperative that the wire transfer be made to “Alabama Department of Corrections – Attention Uniformed Office.” The funeral home director or the other agency must secure the funds before the inmate is escorted to the approved location. It shall be the responsibility of the Warden to ensure that the funds have been secured.

Upon completion of the trip, the Business Manager should remit the funds collected from the inmate to the ADOC Accounting Division. For audit purposes, all documents associated with the trip should be stapled together and retained for audit review. Such documents include the inmate’s signed request to pay for the cost of the trip, a copy of any money order received from the inmate’s family, and a printout of the times and distances using “Mapquest.” The inmate should also be provided a copy of the final costs.

C. EXAMPLE:

Officer’s Smith and Jones have been directed to escort an inmate from Donaldson C.F. to a funeral home in Greenville, AL. The visit in Greenville is approved for one (1) hour. Using “Mapquest,” the distance and travel round trip from Donaldson C.F. to the funeral home and back to Donaldson C.F. is determined to be 300 miles and 6 hours respectively. The average hourly wage for each officer is $13.00 (Smith) and $15.00 (Jones).

1. Travel Time equals 6 hours travel time plus one (1) hour approved for visit time.
   RESULT: Trip Time equals 7.0 hours.

2. Wages equals $28.00 ($13.00 (Smith) plus $15.00 (Jones)) times 7.0 hours (Trip Time)
   RESULT: Wages equals $196.00.

3. Transportation equals 300 miles (roundtrip miles) times $0.375 (current mileage rate)
   RESULT: Transportation equals $112.50.

4. Per Diem equals $7.50 (rate for 6-12 hours travel) times 2 (officers).
   RESULT: Per Diem equals $15.00.

5. Total Estimated Cost equals $196.00 (Wages) plus $112.50 (Transportation) plus $15.00 (Per Diem).
   RESULT: Total Estimated Costs equals $323.50.
Alabama Department of Corrections

EMERGENCY VISIT – INFORMATION SHEET

Information Taken By: ___________________________ Date: _______ Time: _______

Inmate’s Name: ___________________________ AIS #: __________ Bed #: _______

Caller’s Name Reporting Information: ___________________________

Relationship of Caller to Inmate: ___________________________

Name of Person Ill/Deceased: ___________________________

Relationship of Ill/Deceased to Inmate: ___________________________

What is the request: ___________________________

Hospital/Nursing Home: ___________________________ Room #: _______

Doctor’s Name/Location: ___________________________ Phone: _______

Funeral Home: ___________________________ Funeral Director: _______

Address: ___________________________ Phone: _______

Date of Service: ________ Time of Service: _______

Date and Time Available for Visit/Viewing: ___________________________

******************************************************************************

CLASSIFICATION: ___________________________ Date __________ Signature __________

Relationship of Ill/Deceased to Inmate Verified? Yes □ No □

Inmate’s Custody: ___________________________

Comments: ___________________________

******************************************************************************

WARDEN: ___________________________ Date __________ Signature __________

□ Approval □ Denial Reason for Denial: ___________________________

******************************************************************************

Associate Commissioner of Operations □ Approval □ Denial for Sheriff’s escort.

Shift Supervisor Notified: ___________________________

Family notified that inmate MUST REMAIN in prison whites and in necessary restraint devices during visit. □ Yes □ No

ADOC Form 405-A – August 4, 2009
Previous edition is obsolete
Alabama Department of Corrections

PASS/LEAVE COMMITTEE REVIEW CHECKLIST

Check appropriate pass/leave:

☐ 4 Hour  ☐ 8 Hour  ☐ 36 Hour  ☐ 48 Hour  ☐ 72 Hour

Case Load Officer: ___________________________  Shift: __________

Inmate: ___________________________  Race / Sex: __________  AIS#: __________

Date of Current Custody: __________  Date Assigned: __________

Offense(s): ___________________________  County: __________

Date of Offense(s): ___________________________

Total Time: ___________________________  Parole Date: __________

Maximum Release Date: __________  Minimum Release Date: __________

Current Job Assignment: __________  Any Escapes?

Anyone Injured During Crime? __________  Any Protest?

Any Violence in Past Convictions? __________  Any Injuries?

Has Inmate ever been sentenced for:

Sex Offense?  ☐ Yes  ☐ No

Drug Trafficking?  ☐ Yes  ☐ No

Is Inmate Active in:

ABE  ☐ Yes  ☐ No  AA/NA  ☐ Yes  ☐ No

Aftercare:  ☐ Yes  ☐ No

Date and Type of Last Disciplinary:

Number of Disciplinaries in the Last Twelve (12) months: ___________________________

Number and Type of Speeding Tickets in the Last Four (4) months: ___________________________

Sociology and Psychological Information:

Date of Last Pass: __________  Total Number of Passes Taken: __________

Date of Last Leave: __________  Total Number of Leaves Taken: __________

SPONSOR:

Name ___________________________  Address ___________________________

Relationship ___________________________  SSN ___________________________

Phone Number ___________________________  Cell Phone Number ___________________________

Date on NCIC ___________________________  Results of NCIC Check ___________________________

Attitude and Conduct of Inmate:

Comments: ___________________________

Committee Recommendation:

☐ Approved  ☐ Denied  Board Member: ___________________________  Date: __________

☐ Approved  ☐ Denied  Board Member: ___________________________  Date: __________

☐ Approved  ☐ Denied  Board Member: ___________________________  Date: __________

Comments: ___________________________

WARDEN:  ☐ Approved  ☐ Denied  ☐ Pass Only  ☐ Leave Only

(Warden’s Signature) ___________________________  (Date) __________

ADOC Form 405-B – August 4, 2009

Previous Edition Obsolete
Alabama Department of Corrections

INMATE PASS/LEAVE REQUEST

Check appropriate pass/leave:  
☐ 4 Hour  ☐ 8 Hour  ☐ 36 Hour  ☐ 48 Hour  ☐ 72 Hour

I, ______________________________________ AIS # _______ Institution: ____________________________

request a pass, leave, PDL for the purpose of (circle one)

**************************************************************************************************************************************************************************************************************************

Name and address of sponsor: ____________________________________________________________

Relationship to inmate: ________________________________________________________________

If emergency pass or leave is being requested include name, address, and present location (hospital, funeral home, etc.) of person who is hospitalized, dead, etc.

____________________________________________________________________________________

**************************************************************************************************************************************************************************************************************************

TEMPORARY PASS/LEAVE AGREEMENT

I will deliver a copy of my approved pass/leave form to the Sheriff and/or Chief of Police designated below at the beginning of each pass/leave. It is my responsibility to conduct myself in a proper manner and abide by the rules and regulations of the Department of Corrections and to be taken directly to the address authorized by my Warden until my return to the institution. Nothing will be brought back to the institution that I did not leave with. I understand that if I violate this pass/leave agreement that I may not be eligible for further passes/leaves.

I, ______________________________________ AIS# __________________________________ agree to the terms of this pass/leave and understand that failure to comply with them can make me subject to disciplinary action.

(Witness’s Signature) (Inmate’s Signature and Date)

**************************************************************************************************************************************************************************************************************************

SPONSOR’S STATEMENT

I, ______________________________________, after receiving a briefing of my obligations, legal and otherwise, (Sponsor’s Printed Name)

willingly accept such responsibility in sponsoring the above named inmate while on this pass/leave.

(Witness’s Signature) (Sponsor’s Signature and Date)

**************************************************************************************************************************************************************************************************************************

TO BE COMPLETED BY THE INSTITUTION

Custody: ____________________________  Current Custody Date: ____________________________

Job Assignment: ____________________________  Escort Necessary:  ☐ Yes  ☐ No

Comments:  _______________________________________________________________________

☐ Approved ☐ Denied  (Warden’s Signature and Date)

**************************************************************************************************************************************************************************************************************************

TO BE COMPLETED BY THE CENTRAL REVIEW BOARD (FOR PDL ONLY)

Approved for: ____________________________ days/hours  ☐ Denied: ____________________________ Date: ____________________________

I certify that the above named inmate fulfills the criteria established by Alabama law(s) and departmental policies.

(Commissioner’s Signature and Date)

cc: Inmate’s Institutional File, ICU, Parole Board, Inmate

ADOC Form 405-C – August 4, 2009
Page 1 of 2
Previous Edition Obsolete
Alabama Department of Corrections

INMATE PASS/LEAVE REQUEST (continued)

<table>
<thead>
<tr>
<th>Date and Time of Departure Agency</th>
<th>Date and Time of Return</th>
<th>Sponsor’s Signature</th>
<th>Police</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Alabama Department of Corrections

INMATE PASS/LEAVE REQUEST LOG

Inmate: ___________________________    AIS#: ________________

<table>
<thead>
<tr>
<th>DATE: 4-hr</th>
<th>DATE: 8-hr</th>
<th>DATE: 36-hr</th>
<th>DATE: 48-hr</th>
<th>DATE: 72-hr</th>
<th>Date:</th>
<th>Sponsor</th>
<th>Primary</th>
<th>Alt.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remarks/Comments:

ADOC Form 405-D – August 4, 2009