I. GENERAL

A. This Alabama Department of Corrections (ADOC) Administrative Regulation (AR) establishes responsibilities, policies, and procedures for the Supervised Re-Entry Program (SRP).

B. The purpose of the SRP is to place selected inmates in a residential environment, under supervision of their sponsors and ADOC SRP Supervisors, where they may obtain employment, education, and / or training and pay court-ordered restitution. Rehabilitation, re-socialization, and reintegration of an offender are the SRP’s primary goals and allows for offenders to re-enter society in a structured manner.

II. POLICY

It is the policy of the ADOC to administer an inmate Supervised Re-Entry Program through the proper use of classification review, SRP Review Board, applicable state statutes, and ADOC AR’s.

III. DEFINITION(S) AND ACRONYM(S)

A. Deoxyribonucleic Acid (DNA): The identification of an individual’s patterned chemical structure of genetic information.

B. Designated SRP Facility: A facility that is designated as the base of operations for the supervision of those SRP inmates in an assigned district (See Annex 2, Supervised Re-Entry Program Districts).

C. Disciplinary: A major violation of departmental administrative regulations and institutional rules and regulations for which sanctions may be imposed.
D. **District SRP Supervisor:** An ADOC employee appointed by the Associate Commissioner of Programs to manage the district SRP.

E. **Drug Test:** A urinalysis test conducted by ADOC as governed by AR 440, *Inmate Drug Screening*.

F. **Electronic Monitoring:** Monitoring of an inmate’s movement and location via electronic equipment while on an authorized leave from an ADOC institution.

G. **EOS:** End of Sentence.

H. **Immediate Family:** For the purpose of this regulation, immediate family includes: mother, father, step-parent, foster parent, spouse, child, step-child, grandchild, brother, sister, grandparent, half-sibling, daughter-in-law, son-in-law, mother-in-law, father-in-law, brother-in-law, and sister-in-law as documented in the institutional file of the inmate, or whose relationship can otherwise be verified. When recommended by the District Supervisor and approved by the SRP Review Board, an aunt or uncle may be considered immediately family.

I. **ISAP:** Institutional Substance Abuse Program.

J. **NCIC:** The National Crime Information Center is a nationwide criminal justice information network that receives and provides information regarding stolen articles, wanted persons, warrant information, criminal history data, and missing children.

L. **SAP:** Substance Abuse Program.

M. **Serious Injury:** Physical injury that creates a substantial risk of death, or which causes serious and protracted disfigurement, protracted impairment of health, or protracted loss or impairment of the function of any bodily organ(s) (Ref: Code of Alabama 1975, as amended, section 13A-1-2(9)).

N. **Sponsor:** A person approved by the SRP Review Board that will assist in the SRP inmate’s supervision as established by ADOC rules and regulations. This person may be a member of the inmate’s immediate family, clergy, or a transition center representative. An inmate’s aunt or uncle may be allowed to sponsor an inmate participatory in the SRP. Documentation of this relationship must be provided during the field screen, so the relationship can be validated.

O. **SRP Coordinator:** An ADOC employee appointed by the Associate Commissioner of Programs to administer the ADOC SRP.
P. **SRP Review Board**: A board composed of three (3) ADOC members that review an inmate’s security level, custody, SRP criteria, and consider placement recommendations for entry into SRP, or to another institution.

IV. **RESPONSIBILITIES**

A. The Commissioner is responsible for ensuring that the department is in compliance with federal and state statutes and regulations.

B. The Associate Commissioner of Programs is responsible for:

1. Ensuring that the SRP is in compliance with statutes and ADOC regulations and policies.

2. Serving as the SRP Review Board Chairperson.

3. Appointing two (2) members to serve on the SRP Review Board. One member of the board shall be in the class code of Classification Supervisor or Classification Analyst. Additional members may be selected to serve, as necessary.

4. Appointing the SRP Coordinator, District SRP Supervisors and other SRP staff positions necessary to administer the program.

5. Directly supervising the SRP Coordinator.

6. Directing personnel changes to those positions, if necessary, for the effectiveness of the SRP.

7. Authorizing all transfers of inmates into the SRP; or, to a diverted institution when such is the decision of the SRP Review Board.

8. Designating the counties in each SRP district. They are:

   a. **District 1**: Lauderdale, Limestone, Madison, Jackson, Colbert, Morgan, Marshall, DeKalb, Franklin, Lawrence, Marion, Winston, Cullman, Blount, Lamar, Fayette, Walker.

   b. **District 2**: Etowah, Cherokee, Jefferson, St. Clair, Calhoun, Cleburne, Shelby.
c. **District 3:** Pickens, Tuscaloosa, Bibb, Greene, Hale, Perry, Sumter, Dallas, Marengo, Choctaw, Wilcox, Clarke, Monroe, Washington, Conecuh, Escambia, Mobile, Baldwin.

d. **District 4:** Talladega, Clay, Randolph, Chilton, Coosa, Tallapoosa, Chambers, Autauga, Elmore, Lee, Lowndes, Montgomery, Macon.

e. **District 5:** Russell, Bullock, Butler, Crenshaw, Pike, Barbour, Covington, Coffee, Dale, Henry, Geneva, Houston.

**C. The SRP Coordinator is responsible for:**

1. Supervising the District SRP Supervisors and other staff assigned to the SRP.

2. Coordinating the implementation of the SRP and managing its day to day operations thereafter.

3. Ensuring that the SRP is operating in an efficient manner.

4. Providing assistance to responsible parties when needed to ensure program success.

5. Ensuring that program forms are completed and submitted in a timely manner.

6. Ensuring that NCIC checks are completed on inmates and potential sponsors in the SRP.

7. Assisting with the coordination of SRP inmate transfers, when necessary.

**D. The SRP Review Board is responsible for:**

1. Reviewing SRP forms and making decisions in accordance with Annex 1, *Supervised Re-Entry Program Criteria*.

2. Approving, disapproving or diverting a candidate upon initial review.

3. Notifying the District SRP Supervisor to complete ADOC Form
452-B, *Supervised Re-Entry Program Field Screen* and ADOC Form 452-C, *Supervised Re-Entry Programs NCIC Request* on the initially approved SRP inmates.

4. Ensuring that ADOC Form 452-B, ADOC Form 452-C, ADOC Form 452-D are completed as necessary to approve SRP candidates. AlaCourt, AlaCop, and any other relevant database may be utilized to assist with the decision making by the SRP Review Board.

5. Reviewing SRP forms and all related documentation for selecting inmates into the SRP.

E. The Warden is responsible for:

1. Ensuring compliance with SRP rules, regulations, and policies and providing available assistance to ensure program success.

2. Coordinating the collection and dissemination of SRP forms.

3. Reviewing the SRP forms for policy compliance.

4. Submitting the SRP forms to the SRP Review Board in a timely manner.

5. Ensuring that the monthly SRP candidate report is reviewed and acted on in a timely manner.

6. Ensuring that the inmate has read and signed, or a staff member has read to the inmate and the inmate signed, ADOC Form 452-E, *Supervised Re-Entry Program Inmate Agreement*.

7. Ensuring that the inmate is transferred to the approved sponsor in accordance with established ADOC release procedures.

8. Ensuring that the Transfer Division and SRP Coordinator are notified of an SRP inmate transfer.

9. Ensuring that the appropriate inmate database is updated upon the inmate’s transfer.

F. The Designated SRP Facility Warden is responsible for providing an office space and the necessary logistics for the District SRP Supervisor to operate.

G. The institutional Classification Supervisor / Specialist / Analyst / designee is responsible for:
1. Collecting information on potential SRP inmates.

2. Collecting information on the inmates’ sponsor from the inmate, database, or other sources. This information should include, but is not limited to, name, relationship, physical address, phone numbers, date of birth, race, sex, employer occupation, driver’s license number and state of issuance.

3. Reviewing SRP forms for completeness and compliance with Annex 1, *Supervised Re-Entry Program Criteria*.

4. Providing comments on ADOC Form 452-B.

5. Submitting the SRP forms that are recommended to and by the Warden.

H. The District SRP Supervisor is responsible for:

1. Completing the District SRP Supervisor Recommendation section on ADOC Form 452-B.

2. Making a determination as to the suitability of the potential SRP sponsor.

3. Providing sponsor information to the SRP Review Board.

4. Communicating with the necessary parties to manage the caseload assigned to him / her.

5. Supervising inmates assigned to the SRP.


7. Maintaining documentation to substantiate compliance with this AR.

I. The Central Records Division is responsible for ensuring that program forms are scanned into the inmates’ Central Records file.

V. **PROCEDURES**

A. Selecting an SRP inmate:

1. The institutional Classification Supervisor / Specialist / Analyst
shall:

a. On a monthly basis, retrieve and review the SRP listing from the SRP database.

b. Complete the Candidates Information, Sponsor Information and Classification Recommendation sections on ADOC Form 452-A, Supervisor Re-Entry Program Application on potential candidates.

c. Submit the ADOC Form 452-A, risk assessment form, and any other supporting documentation to the Warden.

2. The Warden shall:

a. Review and analyze the ADOC Form 452-A, risk assessment form, and any supporting documentation for his / her recommendation on the potential candidate.

b. Complete the Warden Recommendation section on the ADOC Form 452-A.

c. Submit the ADOC Form 452-A, risk assessment form, and any supporting documentation to the SRP Review Board in a timely manner.

d. If the inmate has been approved by the SRP Review Board, the Warden shall ensure, prior to transferring the inmate to the sponsor, that the inmate has read and signed, or a staff member has read to the inmate and the inmate has signed, ADOC Form 452-E, Supervisor Re-Entry Program Inmate Agreement. 

NOTE: The inmate may refuse to be placed into the SRP and participation in the SRP is voluntary.

e. If the inmate refuses to be placed into the SRP, the Warden shall have the inmate to acknowledge the refusal by signature and date on ADOC Form 452-E. The refusal document shall be faxed to the SRP Division.

f. If the sponsor has been approved by the SRP Review Board, the Warden shall ensure, prior to transferring
the inmate to the sponsor, that the sponsor has read and signed, ADOC Form 452-F, *Supervised Re-Entry Program Sponsor Agreement*. NOTE: The respective District SRP Supervisor completes the ADOC Form 452-F during the field screen and the inmate’s approved sponsor shall bring the signed agreement when the inmate is transferring to the sponsor.

g. Ensure that a DNA sample has been accomplished prior to the inmate being transferred to the SRP.

3. The SRP Review Board shall:

a. Review the SRP forms and supporting documentation in accordance with Annex 1, *Supervised Re-Entry Program Criteria*.

b. Complete the Initial SRP Review Board Action section on the ADOC Form 452-A. **NOTE: Two-thirds (2/3) of the board is required for approval or disapproval action.**

c. For those candidates that are approved, the SRP Board shall notify the designated District SRP Supervisor.

d. For those candidates that were not approved for SRP placement, the SRP Review Board may reduce the inmate’s security and / or custody level, and direct a transfer of the inmate to an appropriate institution.

e. For those candidates that were denied for SRP placement, the SRP Review Board shall return the documents to the originating institution.

f. Return a copy of the application to the originating institution.

4. The District SRP Supervisor shall:


b. Complete two copies and have the approved sponsor sign both of the ADOC Form 452-F, *Supervised Re-
Entry Program Sponsor Agreement. NOTE: Inform the sponsor to bring his / her copy to the institution currently housing the inmate.

c. Complete and submit ADOC Form 452-C, Supervised Re-Entry Program NCIC Request on the potential SRP inmate and each sponsor to the Staton Communications Division.

5. The Staton Communications Division shall:

a. Process the ADOC Form 452-C according to the requested information.

b. Upon receipt of requested information from the NCIC database, submit ADOC Form 452-D, Supervised Re-Entry Program NCIC Response to the District SRP Supervisor.

6. The District SRP Supervisor shall:

a. Complete the NCIC Checks Completed section on ADOC Form 452-A.

b. Submit the completed ADOC Form 452-B, ADOC Form 452-F, and any supporting documentation to the SRP Review Board.

7. The SRP Review Board, upon receipt of the SRP forms and documentation from the District SRP Supervisor, shall:

a. Search the inmate database, AlaCourt, or other relevant databases, as necessary, for the most recent information on the inmate candidate and sponsors.

b. Review the SRP forms and all related documentation and complete the Final SRP Review Board Action section on the ADOC Form 452-A.

c. During the review of an SRP candidate, the SRP Review Board has the authority to:

(1) Reduce the inmate’s security level and / or custody level to minimum or community for the purpose of SRP placement.
(2) Reduce the inmate’s security level and / or custody level for the institutional placement.

(3) Direct a transfer of the inmate to an appropriate institution.

(4) Deny the application.

d. The Associate Commissioner of Programs shall complete the Authorization to Transfer (Final Decision) section of the ADOC Form 452-A.

e. Forward the original ADOC Form 452-A to the Central Records Division.

f. Forward a list of the approved SRP inmates to the District SRP Supervisor at the Designated SRP Facility. Appropriate institutions, sections, or divisions shall be notified, as necessary.

8. The Central Records Director shall ensure that the ADOC Form 452-A is scanned into the inmate’s file.

9. The District SRP Supervisor, upon receipt of the final approved inmate listing, shall:

a. Coordinate with the approved sponsor and institution the date and time to transfer the inmate to the SRP.


c. Supervise the SRP inmate in accordance with Section V. J.

d. Upon notification by the inmate or sponsor of hospitalization or emergency treatment, coordinate with the SRP Coordinator and ADOC Medical Health Services to transport the SRP inmate to an ADOC institution with healthcare unit services.

B. Supervision of an SRP inmate:

1. The SRP inmate shall:
a. Maintain, or pursue, employment that is approved by the District SRP Supervisor; or, be enrolled in an education, or training program which has been approved by the District SRP Supervisor. Community service may also be utilized while employment is being sought.

b. Report weekly, or as directed by the District SRP Supervisor, to a designated location.

c. Submit to a drug test, as directed by the District SRP Supervisor.

d. Agree to electronic monitoring, if directed by the SRP Review Board.

e. Adhere to the SRP Inmate Agreement, ADOC Administrative Regulations, federal, state, and local laws.

2. The District SRP Supervisor shall:

a. **Face to Face Contact**: The District SRP Supervisor shall have the inmate report weekly to a designated location for a face to face interaction. The District SRP Supervisor, after six (6) months, may change the reporting frequency, but no less than once a month.

b. **Employment / Education / Training Verification**: The District SRP Supervisor shall contact, via telephonic, electronic, and / or personal contact, with the employer, educator, or trainer, twice (2) a month to confirm that the SRP inmate is employed or attending education or training courses.

c. The SRP inmate shall show the employment pay stub, or education / training enrollment verification document at the Face to Face Contact visit.

d. The SRP inmate shall furnish receipts for payment of court ordered payments, restitution, child support, court costs at the Face to Face Contact visit.

e. **Curfew**: The curfew for the SRP inmate shall be from 9:00 p.m. to 6:00 a.m. for the first four (4)
months. The District SRP Supervisor may change the curfew time after that initial period, but no later than 11:00 p.m. to 6:00 a.m. An exception to the curfew time shall be when the District SRP Supervisor has approved the change due to employment work hours.

f. **Home Visits:** The District SRP Supervisor shall visit the SRP inmate at his / her home once a month. When making the home visits in a high risk area, a law enforcement officer shall be required to accompany the District SRP Supervisor.

g. **Community Service / Education / Training Program:** When the SRP inmate is employed for less than forty (40) hours per week, the remainder of the forty (40) hours shall be performed on community service / public projects; or, enrolled in an educational / training program as approved by the District SRP Supervisor.

h. **Local Records Check:** The District SRP Supervisor shall check weekly relevant databases and judicial agencies to determine if the SRP inmate has had any recent arrests.

i. **District SRP Supervisors Notebook:** The notebook shall be used to record information on the SRP inmate. All contacts with the SRP inmate shall be documented in the “Supervisors Notebook.” When the District SRP Supervisor has a Face to Face Contact with the SRP inmate, the inmate shall sign and enter the date and time of the contact in the notebook. The notebook may include general comments regarding the supervision of the SRP inmate. The District SRP Supervisor may maintain these notes in electronic format and have the inmate sign and date a contact form approved by the SRP Coordinator.

j. **Caseload:** The District SRP Supervisor shall maintain responsibility of the SRP inmates assigned to his / her caseload.

k. **Contacts:** The District SRP Supervisor shall develop contacts with the local employers / educators /
trainers in order to establish and maintain employment / education / training opportunities for the SRP inmate.

1. **Transporting SRP inmates:** The District SRP Supervisor shall follow the procedures as stated in:

   (1) AR 012, *Use of Two-way Radio Equipment, Cell Phones, and Pagers.*

   (2) AR 228, *Employee Sexual Misconduct and Sexual Harassment.*

   (3) AR 318, *Staff / Inmate Relationships.*

   (4) AR 336, *Searches.*

3. **The SRP Progressive Disciplinary Actions.**

   a. **Minor Rule Violations:** The following sanctions may be imposed for minor rule violations in accordance with AR 414, *Behavior Citation Procedures for Informal Disciplinary Actions.*

      (1) Increased supervision requirements.

      (2) Stricter curfew.

      (3) Restriction on allowed in-state travel.

      (4) Increased time to be spent in stricter supervision.

      (5) Weekends in confinement, (must be approved by the SRP Coordinator) or performing community service.

      (6) Home confinement on weekends.

      (7) Verbal reprimand.

      (8) Increased drug and alcohol testing.

      (9) Increased searches of person, residence, vehicle, and personal property.
(10) Temporary assignment to a community based relapse program.

b. Removal from SRP: SRP inmates that violate the SRP agreement may be removed from the program. Removal shall occur when it has been determined that other sanctions will not correct the behavior of the SRP inmate. The Associate Commissioner of Programs or SRP Coordinator may order an SRP inmate from the program for reasons of public safety, or the inmate’s continued presence would not be in the best interest of the program.

c. Major Rule Violations: When the conduct of the SRP inmate rises to the seriousness of a major rule violation, the District SRP Supervisor shall forward the disciplinary actions taken and all supporting documentation to the Designated SRP Facility Warden. The Warden shall follow the procedures outlined in AR 403, Disciplinary Hearing Procedures for Major Rule Violations.

d. Re-assigning an SRP Inmate: An SRP inmate may be temporarily re-assigned pending further review with the approval of the District SRP Supervisor.

e. Re-classifying an SRP Inmate: An SRP inmate may be re-classified as necessary utilizing existing reclassification procedures.

f. Incident Reports: The District SRP Supervisor shall complete an ADOC 302-A, Incident Report on all incidents, including escapes.

(1) On Class A and Class B incidents, the Associate Commissioner of Programs shall be notified.

(2) On escapes, the procedures outlined in AR 409, Escape Reporting and Processing shall be followed.

4. Monthly Reports: The District SRP Supervisor shall submit an ADOC Form 452-G, Supervised Re-Entry Program Monthly Statistical Report to the Associate Commissioner of Programs,
SRP Coordinator, and the Research and Planning Director, electronically, no later than the fifth (5) day of each month.

5. Releasing SRP Inmates: The District SRP Supervisor shall process an SRP inmate on their EOS date, or parole date as reflected by the Parole Certificate.

VI. DISPOSITION

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

VII. FORMS

A. ADOC Form 452-A, Supervised Re-Entry Program Application.
B. ADOC Form 452-B, Supervised Re-Entry Program Field Screen.
C. ADOC Form 452-C, Supervised Re-Entry Program, NCIC Request.
D. ADOC Form 452-D, Supervised Re-Entry Program, NCIC Response.
E. ADOC Form 452-E, Supervised Re-Entry Program Inmate Agreement.
F. ADOC Form 452-F, Supervised Re-Entry Program Sponsor Agreement.

VIII. SUPERCEDES

This regulation supercedes any other regulation, including AR 400, Classification of Inmates, but only to the extent that such regulation conflicts with this one.

IX. PERFORMANCE

C. Code of Alabama 1975, as amended, § 13A.
E. AR 022, Interstate Corrections Compact (ICC).
F. AR 228, Employee Sexual Misconduct and Sexual Harassment.

G. AR 303, Visitation.

H. AR 318, Staff / Inmate Relationships.

I. AR 336, Searches.

J. AR 403, Disciplinary Hearing Procedures for Major Rule Violations.

K. AR 414, Behavior Citation Procedures for Informal Disciplinary Actions.

ANNEXES:

A. Annex 1, Supervised Re-Entry Program Criteria.

B. Annex 2, Supervised Re-Entry Districts.

C. Annex 3, Sample Letter: Notice to Sheriff.

Richard F. Allen, Commissioner
ALABAMA DEPARTMENT OF CORRECTIONS

SUPERVISED RE-ENTRY PROGRAM
CRITERIA

I. The following inmates may be considered for the SRP:

A. Males inmates that are within one (1) year of their EOS date. Female inmates that are within eighteen (18) months of their EOS date.

B. Inmates convicted of property crimes with no prior convictions for violent crimes. Drug crimes are considered as non-violent with the exception of drug trafficking. Drug trafficking convictions are discussed in paragraph III. A.

C. Inmates whose current convictions that are only for property crimes, or other non-violent offenses(s) but who may have had prior Class A or crime of violence convictions (not otherwise barred).

D. Inmates convicted of Class A crimes and / or crimes involving a weapon or threat of a weapon with no serious injury¹ to victim(s), if not otherwise barred.

E. Inmates convicted of Class A crimes with serious victim injury and whose crimes are not otherwise barred by any other provision of the SRP criteria. These cases will be individually considered on a case-by-case basis and will require excellent, sustained institutional records (more than six (6) months disciplinary free).

F. Any inmate, except if he / she are serving for a conviction that classifies him / her as a sexual offender or otherwise barred SRP placement, may be considered for placement in the SRP within three (3) months of EOS.

II. Inmates convicted of the following crimes, past or present, shall not be eligible for the SRP:

A. Inmates convicted of sex crimes, past or present. Any other case where there is not an actual conviction of record will be governed by the criteria and guidelines of the ADOC Classification Manual.

B. Restricted inmates shall not be considered unless they are within three (3) months of EOS.

¹Serious injury is defined as physical injury that creates a substantial risk of death, or which causes serious and protracted disfigurement, protracted impairment of health, or protracted loss or impairment of the function of any bodily organ(s). Code of Alabama 1975, § 13A-1-2(9).
SUPERVISED RE-ENTRY PROGRAM
CRITERIA (continued)

C. Inmates with a felony conviction for assault or attempted assault on a correctional officer or corrections employee while victim was serving in his/her official capacity.

D. Inmates convicted of a violent crime while on escape, Supervised Intensive Restitution (SIR) Program, Pre-Discretionary Leave (PDL), Community Corrections Program (CCP), SRP, or Work Release.

E. Inmate’s current incarceration is for homicide, unless the inmate is within three (3) months of EOS. Inmates serving a DUI (Driving Under the Influence) offense wherein a victim died as a result, but the inmate was not convicted of the death, are not considered in the homicide category (for example, leaving the scene of an accident).

F. Three (3) or more offenses involving either the threat of a weapon or injury resulting from the use of a weapon. NOTE: Robbery of three (3) persons in the same offense would not fit in this category.

G. Inmates with three (3) prior failures in community custody during their present incarceration.

III. Additional Requirements:

A. Inmates convicted of drug trafficking are not eligible until the mandatory minimum portion of their sentence has been served, in compliance with the Code of Alabama (see Code of Alabama 1975, as amended, § 13A).

B. Inmates with two (2) community failures of record on the present incarceration may be considered for the SRP if at least one (1) full year has passed since last failure. The inmate must have maintained a record clear of major disciplinary during that year and otherwise meet all criteria. The SRP Review Board will be the approving authority.

C. Inmates serving split sentences are eligible for the SRP within six (6) months of their EOS.

D. Inmates must have a 120 day record clear of any major violations (disciplinary offenses). The SRP Review Board shall consider inmates who have received behavior citations that fall inside that time frame.
ALABAMA DEPARTMENT OF CORRECTIONS

SUPERVISED RE-ENTRY PROGRAM
CRITERIA (continued)

E. Escape Criteria:

1. Inmates currently serving time for an escape conviction (any degree) may be considered for placement in the SRP within three (3) months of their EOS.

2. Inmates with any escape (no force) of record that may not have resulted in prosecution and / or disciplinary action must have been back in the ADOC’s custody for twelve (12) months before SRP consideration. Inmates with two (2) escapes (no force) of record that may not have resulted in prosecution and / or disciplinary action must have been back in the ADOC’s custody for twelve (12) months before SRP consideration.

3. Inmates with more than two (2) escapes of record (with or without force) will be considered for placement into the SRP on a case-by-case basis. Inmates must have been back in the ADOC’s custody for twelve (12) months before SRP consideration.

4. Inmates with two (2) escapes within the past five (5) years are not eligible for SRP for five (5) years from the date of the first recapture.

F. Inmates must have no felony detainers or outstanding felony warrants.

G. Inmates must not be currently dependent on drugs or alcohol or have a serious long-term dependency unless they have been treated and / or are currently in treatment for the dependency. Inmates in the SRP who test positive for cocaine or any other hard drug shall be removed from the program on the first positive and will be assigned to a Level IV institution. Inmates who test positive for alcohol or marijuana may be removed from the program.

H. The following guidelines shall be used in cases of positive drug tests resulting in removal from a community program.

1. Inmates who have never had primary treatment may be required to complete ISAP or other approved SAP before being considered for return.
ALABAMA DEPARTMENT OF CORRECTIONS

SUPERVISED RE-ENTRY PROGRAM
CRITERIA (continued)

2. Inmates who had primary treatment may be required to complete either Relapse or ISAP / SAP treatment (to be determined by the SRP Review Board before return).

3. Inmates who refuse treatment or fail to complete a treatment program shall not be reassigned to the SRP.

4. Inmates returned to an ADOC institution for drug positives shall not be considered for return to the SRP for the minimum of ninety (90) days.

I. Inmates must not have committed a felony while in community placement, Work Release, SIR, PDL, CCP, or SRP – within the last three (3) years. Any violent felony committed while in one of these programs shall render the inmate forever ineligible for the SRP.

J. Must not be an Interstate Corrections Compact (ICC) inmate.

K. The inmate custody level shall be minimum or less for eligibility to the SRP.
SAMPLE LETTER:  
NOTICE TO SHERIFF

State of Alabama 
Department of Corrections

June 18, 2008

Sheriff __________________________
_______________________________
_______________________________

Dear Sheriff ______________________ :

This letter is to inform you that the Alabama Department of Corrections is placing the below named individual on the Supervised Re-Entry Program (SRP). This program allows an inmate that poses the least risk to the public to return to the community for the purpose of seeking employment and / or education / training. Male SRP inmates will be within one (1) year of their end of sentence date, and female SRP inmates will be within eighteen (18) months of their end of sentence date. The participants are responsible for paying any and all court costs, child support payments, and court ordered payments. The SRP inmates shall be supervised by Alabama Department of Corrections District SRP Supervisors.

The inmate who is eligible for the Supervised Re-Entry Program is:

Name: ___________________________ AIS: _______________ R/S: ______
County: _______________ DOB: _______________ EOS/PD: _______________
Case(s):

Sincerely,

District SRP Supervisor

Annex 3 - June 18, 2008
I. Candidate Information:

Date: ___________________________  Completed by: ___________________________
Name: ___________________________  County: ___________________________
R/S: _____________________________  Offense: ___________________________
AIS: _____________________________  Sentence: ___________________________
DOB: _____________________________  EOS: ___________________________
SSN: _____________________________  Case Number(s): ___________________________
Inst: _____________________________  Alias: ___________________________
SAP Completed: [ ] Yes [ ] No  GED/High School Cmpltd: [ ] Yes [ ] No
Other programs completed: ____________________________________________

II. Sponsor Information:

Date: ___________________________  Completed by: ___________________________
Name: ___________________________  Relationship: ___________________________
Physical Address: ___________________________  ___________________________
Phone Numbers: ( ) __________ ( ) __________ ( ) __________
DOB: _____________________________  R/S: __________________________
Employer: ___________________________  ( )
Driver’s License No.: ___________________________  State of Issue: ___________________________

III. Classification Recommendation:

Classification: ___________________________  Date: ___________________________
Approved: [ ]  Denied: [ ]
Comments: ____________________________________________

IV. Warden Recommendation:

Warden: ___________________________  Date: ___________________________
Approved: [ ]  Denied: [ ]
Comments: ____________________________________________

V. SRP Review Board Recommendation:

Member 1: ___________________________  Date: ___________________________
Approved: [ ]  Denied: [ ]
Comments: ____________________________________________
V. SRP Review Board Recommendation (continued):  

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Member 2:  
Approved:  
Denied:  
Comments: 

Member 3:  
Approved:  
Denied:  
Comments: 

VI. Initial SRP Review Board Action:  

SRP placement after satisfactory Field Screen/Sponsor.  
District: 

Diverted to:  
Approved custody: 

Denied 

VII. NCIC Checks completed by: 

VIII. Field Screen Approval:  

Completed by:  
Date: 

IX. Final SRP Review Board Action:  

SRP Placement  
District: 

Diverted to:  
Approved custody: 

Denied 

X. Authorization to Transfer (Final Decision):  

Assigned to:  
Custody:  
Transfer date: 

Authorized by: 
Date: 

Associate Commissioner of Programs
ALABAMA DEPARTMENT OF CORRECTIONS
SUPERVISED RE-ENTRY PROGRAM
FIELD SCREEN

I. INMATE:

Name: _________________________ AIS: ____________ R/S: ______
DOB: _______________ SSN: ______________
Present Location: ____________________________
NCIC Check: ________________________________

II. SPONSOR:

Name: _________________________ Relationship: ________________
Physical Address: _____________________________
Phone Numbers: (____)__________ (____)__________ (____)__________
DOB: __________________________ R/S: ______
Occupation: _________________________________
Driver’s License No.: ______________________ State of Issue: ______________
NCIC Check: ________________________________

III. District SRP Supervisor Recommendation: ☐ Yes ☐ No

If no, provide explanation: ____________________________________________

_________________________________Date__________________________
District SRP Supervisor  Designated SRP Institution

ADOC Form 452-B – June 18, 2008
Previous edition is obsolete
State of Alabama
Department of Corrections
Staton Communications Division
P. O. Box 56
Elmore, AL  36025
Phone:  334-567-2221
Fax:  334-567-0704

SUPERVISED RE-ENTRY PROGRAM
NCIC REQUEST

<table>
<thead>
<tr>
<th>Date</th>
<th>Facility</th>
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<thead>
<tr>
<th>District SRP Supervisor</th>
<th>Reason for Request</th>
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<table>
<thead>
<tr>
<th>Person Making Request</th>
<th>Check the Appropriate:</th>
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<tbody>
<tr>
<td></td>
<td>Wanted Check</td>
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<tr>
<td></td>
<td>Driver’s History</td>
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<td>Criminal History</td>
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<td></td>
<td>Vehicle Registration</td>
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</table>

Please fill in all information. Please include the state if the person’s DL# or ID# is out of State.

<table>
<thead>
<tr>
<th>Name</th>
<th>R/S</th>
<th>SSN</th>
<th>DOB</th>
<th>DL# or ID# and State</th>
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ADOC Form 452-C – June 18, 2008
Previous edition is obsolete
SUPERVISED RE-ENTRY PROGRAM
NCIC RESPONSE

To: ___________________________ Date: ______________

Attention: ___________________________ Fax#: ______________

Ref: Wanted Check Driver’s History Criminal History Vehicle Registration

We are beginning to send a communications of _______ pages including the cover sheet.

Please contact ___________________________ at Staton Communications Division should you not receive all pages.

Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Information: ___________________________ R/S: _______ DOB: ______________

Received by: ___________________________ Date: ______________

NOTE: The person receiving the above information must sign this cover sheet and fax it back to Staton Communication Division for NCIC / ACJIC compliance regulations.

DISCLAIMER: The information contained in this transmission is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of or taking of any action in reliance in the contents of this Tele-copied information is strictly prohibited. If you have received this transmission in error, please notify us.
ALABAMA DEPARTMENT OF CORRECTIONS

SUPERVISED RE-ENTRY PROGRAM

INMATE AGREEMENT

I, ______________________ AIS __________ , an inmate of the Alabama Department of Corrections recognize the privileges of working while continuing to serve my sentence and agree to abide by the terms and conditions set forth in this agreement.

1) I understand and agree that my hours of work will be regulated according to the job requirement of my employer and that my employment must be in accordance with the prevailing working conditions and wages in the area. My District SRP Supervisor must approve my employment. I understand that I must show my pay stub to my District SRP Supervisor at my scheduled reporting time and location.

2) I agree to report any deviation from these conditions to my District SRP Supervisor immediately upon having knowledge of such conditions.

3) I understand and agree that when I am not employed, I will work forty (40) hours per week on community / public projects. I understand that if I am employed for less than forty (40) hours per week, the remainder of the forty (40) hours will be performed on community / public projects or enrolled in an educational / training program as approved by my District SRP Supervisor.

4) I understand and agree that I will be responsible for my own medical and dental expenses. Hospitalization or emergency treatment shall be reported to my District SRP Supervisor as soon as practical. Failure to notify my District SRP Supervisor shall render me liable for all medical expenses incurred. __________ Inmate’s Initials

5) I understand and agree that I will pay all restitution, court costs, and court appointed attorney fees that the clerk of the sentencing court reports that I owe. These payments are to be made directly to the clerk of the sentencing court.

6) I agree to report to work if employed and, should my employer require my services for overtime, I will report this to my District SRP Supervisor.

7) I agree not to make any major purchases or enter into contracts not specifically authorized in writing by my District SRP Supervisor.

8) I agree not to purchase, have in my possession, nor consume alcoholic beverages or synthetic narcotics and drugs in any form, nor enter upon the premises of a drinking establishment (bar or tavern), nor enter a residence where this activity is ongoing.

9) I agree to conduct myself as a good citizen and comply with all Municipal, State, and Federal Ordinances and Laws.

10) I agree to avoid socializing with any known felon or any person associated with criminal activity.

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Previous edition is obsolete       Page 1 of 2
11) I agree not to allow any visitors, relatives, or friends to visit me during my work hours.

12) I agree to assume the expense of my transportation to and from work, if employed.

13) I understand that I may not travel more than fifty (50) miles from my approved residence, without the permission of my District SRP Supervisor. I also understand that I may not leave the confines of the State of Alabama for any reason, at any time.

14) I will submit to alcohol and urine tests whenever required by my District SRP Supervisor. I agree to pay $31.50 for any positive drug test to cover the cost thereof. (This cost is subject to change.)

15) I understand that my willful failure to return to my approved residence as specified will be considered an escape from confinement and is punishable as prescribed by law.

16) I will abide by the curfew rules established by my District SRP Supervisor.

17) I will not marry without the permission of the Alabama Department of Corrections.

18) I will maintain the grooming standards established for inmates of the Alabama Department of Corrections.

19) I understand that I must receive permission prior to any change of residence.

20) I understand that I must report to my District SRP Supervisor any changes in my sponsorship.

21) I understand that I must maintain telephone service while on the SRP and notify my District SRP Supervisor immediately should my service be disconnected or phone number changed.

22) I understand that I must attend aftercare programs if directed by my District SRP Supervisor.

I understand and agree that if I should violate any of these conditions or rules of the SRP, or my continued placement in the SRP is not in the best interest of the ADOC, or any investigation is warranted, I may be removed from the privileges of the SRP. As placement in the SRP is a privilege, and not a right. I further waive a due process hearing prior to my termination from the program, or thereafter.

I certify that I have read, or had read to me, this agreement in its entirety, and that I fully understand and will abide by these terms and conditions. I understand that the ADOC Supervised Re-Entry Program (SRP) is completely voluntary, and by participating I agree to the terms of this agreement. I further understand that ADOC rules and policies apply to me while I am assigned on the SRP.

Signed this the __________ Day of ______________, __________

Inmate’s printed name ____________________________________________

AIS # __________________________________________________________

Inmate’s Signature ________________________________________________

ADOC Witness’s printed name _________________________________________

Date _____________________________________________________________

ADOC Witness’s Signature __________________________________________

□ I refuse to be placed into the SRP.
I, _____________________________, of _____________________________,

Name                                     Address

agree to sponsor ____________________________, while he / she is assigned to the ADOC Supervised Re-Entry Program.

1) I agree to assist the Department of Corrections District SRP Supervisor in providing supervision of the above named SRP inmate while I am his / her sponsor.

2) I understand that, if I do not cooperate fully with the District SRP Supervisor, my sponsorship may be terminated and the above named SRP inmate may be removed from the SRP.

3) After receiving a briefing on my obligations, legal and otherwise, I willingly accept such responsibilities in sponsoring the above named inmate while he / she is assigned to the SRP.

4) I understand that the inmate is responsible for his / her own medical and dental expenses. I will immediately notify the District SRP Supervisor if the SRP inmate is taken to a hospital for medical care. __________ Sponsor’s Initials.

5) I understand that the SRP inmate is responsible for his / her own court costs, restitution, court ordered payments, etc. I will immediately notify the District SRP Supervisor if the inmate is not paying said costs.

6) I understand that it is my responsibility to notify the District SRP Supervisor immediately if the SRP inmate fails to return to his / her place of residence, if his / her whereabouts are unknown for twenty-four (24) hours, and if he / she leaves the State of Alabama for any reason.

7) I understand that it is my responsibility to maintain telephone service while I am sponsoring the SRP inmate.

8) I have been orientated to the rules outlined on this orientation and have also have been orientated to the rules of the inmate agreement as well described on ADOC Form 452-E.

_________________________  __________________________
Date                             Sponsor’s signature

_________________________
Witness’s signature

Distribution: Inmate Institution file
Sponsor

ADOC Form 452-F – June 18, 2008
Previous edition is obsolete
# ALABAMA DEPARTMENT OF CORRECTIONS
## SUPERVISED RE-ENTRY PROGRAM
### MONTHLY STATISTICAL REPORT

<table>
<thead>
<tr>
<th>SRP District:</th>
<th>Month:</th>
<th>Year:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>I. SRP Inmate Case Load:</th>
<th>For the Month</th>
<th>Fiscal Year</th>
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</thead>
<tbody>
<tr>
<td>Number brought forward</td>
<td></td>
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<tr>
<td>New Admissions</td>
<td></td>
<td></td>
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<tr>
<td>Transfers In</td>
<td></td>
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<tr>
<td>Transfers Out</td>
<td></td>
<td></td>
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<tr>
<td>Terminated – Disciplinary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminated – New Cases:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Non-violent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Violent</td>
<td></td>
<td></td>
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<tr>
<td>c. Other (specify)</td>
<td></td>
<td></td>
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<tr>
<td>Terminated – Due Process</td>
<td></td>
<td></td>
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<tr>
<td>Escapes</td>
<td></td>
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<tr>
<td>Released:</td>
<td></td>
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<tr>
<td>a. EOS</td>
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<tr>
<td>b. Paroled</td>
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<td>c. CCP</td>
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<tr>
<td>Deceased</td>
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<td>Total (should match Sec. I)</td>
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<table>
<thead>
<tr>
<th>II. SRP Inmate Race/Sex</th>
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<tbody>
<tr>
<td>W/M</td>
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<td>W/F</td>
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<td>O/F</td>
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| III. Community Work:    |           |     |
| Number inmates participating |         |     |
| Number of hours          |           |     |

| IV. Education / Training Prgm. |   |
| Number inmates enrolled      |   |

| V. Employment               |   |
| Number inmates employed     |   |

---

Distribution: Associate Commissioner of Programs  
SRP Coordinator  
Research and Planning  
ADOC Form 452-G – June 18, 2008  
Previous edition is obsolete