I. POLICY:

To establish guidelines for correspondence between inmates and certain persons and organizations for the purpose of retaining community ties, stimulating intellectual pursuits, assisting in attainment of vocational or educational goals, resolving grievances and problems, and facilitating the flow of information in areas of legal concern.

II. EXPLANATION:

Correspondence, at a wholesome and constructive level, with family members, close friends, associates and organizations is essential to the morale of all confined persons. It may form a positive basis for both present and future adjustment in the unit/center and in the community.

A. There are generally three classes of correspondence: Privileged, General, and Interstate/Inter-Unit

1. Privileged Correspondence

Incoming and outgoing correspondence with the persons or organizations specified below shall be considered privileged correspondence as long as the designated individuals are acting in their official capacities.

   a. Officers of Federal, State, and Local Courts
   b. Any Federal, State Official or Agency
   c. Any administrator of the Department of Correction
   d. The Parole Board or any member thereof
   e. Board of Corrections
   f. Inmate's Attorney
   g. Any member of the media, including print, radio, and television

Mail from the above will be opened only in the presence of the inmate concerned for inspect of contraband. Mail opened and inspected under these circumstances will not be read or censored, but may be rejected in its entirety if it is found to contain contraband.
There will be no records kept of incoming or outgoing privileged correspondence. Outgoing privileged correspondence shall have the words "Privileged Correspondence" or "Legal Mail" marked on the envelope or it will be considered general correspondence. All incoming mail should be in official letterhead envelopes and should be clearly identified as "Privileged Correspondence". Media mail should be clearly marked "Media Mail".

2. General Correspondence

Correspondence, other than privileged or Interstate/inter-unit correspondence, shall be considered general correspondence. Inmates do not need to submit a list of the people with whom they wish to correspond, nor will any approval be needed from the administration prior to corresponding. There will be no limitation placed on the number of letters mailed or received. All general correspondence, both incoming and outgoing, may be opened, inspected, read and records may be kept of all incoming and outgoing general correspondence to see that the family contact is maintained. Such contact is essential for rehabilitation and arrangements may be made, in the absence of family contact, for correspondence with a volunteer.

The full name under which the inmate was committed and the ADC number of the inmate shall be shown in the upper left-hand corner of the envelope on the outgoing mail. Any violation of the rules and regulations which also constitutes a violation of Federal Postal Laws shall be reported to the Federal Postal authorities or appropriate personnel responsible for the processing and inspection of such mail. Inmates in punitive segregation will be allowed to send and receive letters on the same basis as inmates in the general population. This will include both general and privileged correspondence.

3. Interstate/Inter-Unit Correspondence between Incarcerated Individuals

Interstate and Inter-unit correspondence is that mail between all individuals who are incarcerated either within the Arkansas Department of Correction or another facility. Interstate, and Inter-Unit correspondence of two (2) incarcerated individuals will be restricted to members of the immediate family. It will be subjected to the usual rules under general correspondence. Inter-unit correspondence must have the approval of both the sending and receiving unit/center Warden/Center Supervisor. In the case of Interstate correspondence where the out of state facility does not take a position, only the Arkansas Warden/Center Supervisor must approve. For the purposes of this provision “immediate family” is defined as the inmate’s father, mother, sister, brother, spouse, children, grandparents, grandchildren, stepfamily members, half-siblings, verified foster child, son-in law, daughter-in-law, niece or nephew.

B. Packages:
Inmates who are authorized hobby craft cards may order and receive items previously approved by the Warden/Center Supervisor or his/her designee. No other packages will be allowed except with the approval of the Warden/Center Supervisor and the appropriate Assistant/Deputy Director.

Items needed may be purchased through the commissary.

C. Definitions:

1. Inspections: Mail or hobby craft packages can be opened in order to determine if any contraband items are contained therein and to remove any such contraband items.

2. Contraband: Any item that is not permitted under the usual rules of the unit/center.

3. Rejection: Subject to review and rejection of such material which the officials sincerely believe presents a clear and present danger to institutional security.

D. The administrator reserves the right to inspect, read, or stop any mail or hobby craft packages where there is reason to believe a clear and present danger to the security of the unit/center exists.

E. The Department will not accept postage due mail or hobby craft packages.

F. All letters will be written in the English language unless there is approval by the Warden/Center Supervisor to do otherwise.

G. Violators of correspondence regulations will be subject to disciplinary action.
I. **AUTHORITY:**

The Board of Correction is vested with the authority to promulgate this Administrative Regulation by Act 50 of 1968, First Extraordinary Session, as amended.

II. **PURPOSE:**

This Administrative Regulation establishes the policy by which the Arkansas Department of Correction institutes the Work/Study Release Program.

III. **APPLICABILITY:**

This Administrative Regulation applies to all employees and inmates within the Department of Correction.

IV. **POLICY:**

To allow the orderly reintegration of selected inmates from a prison environment back into communities through participation in a Community or Unit/Center Work/Study Release Program. Only inmates who meet the eligibility criteria for Work/Study Release may be considered for placement in a Work/Study Release Program.

V. **PROCEDURES:**

The Department has been authorized to establish Work/Study Release Programs pursuant to Arkansas Codes 12-30-401, 403, 405-408. In accordance with the Legislative mandate, the following procedures have been established for the selection of eligible inmates to be assigned to the Program.

A. Non-eligibility for Work/Study Release Program:

1. Persons convicted of a capital offense, first degree murder, rape, kidnapping, or who have been convicted for a second or subsequent offense of aggravated robbery, or who are serving a life sentence, or who are under sentence to be executed, are not eligible to participate in this program. (Act 399 of 1979).
2. Inmates having an undisposed felony detainer filed against him/her will be ineligible to participate in a Work/Study Release Program.

3. Inmates convicted of any sex offense will not be eligible for Work/Study Release.

4. Inmates convicted of a felony escape are not eligible for Work/Study Release.

B. Eligibility for Work/Study Release Program:

1. The inmate must be eligible for minimum security status.

2. An inmate must have a parole eligibility release date within forty two months or shorter as determined by the Director.

3. An inmate should have had no major disciplinary infractions for a period of not less than three months immediately prior to application. The Warden/Center Supervisor, however, may approve an inmate for selection and possible transfer to the Work/Study Release Program where he/she deems it particularly appropriate. In such a case, the ninety days minimum requirement may be waived, and written approval of the appropriate Assistant/Deputy Director must be obtained before an inmate may be transferred to a Work/Study Release Program.

4. An eligible inmate must exhibit a current medical classification commensurate with expected work assignment. This classification will be reviewed by the transferring unit/center medical authority prior to final approval for Work/Study Release eligibility. The Warden/Center Supervisor shall ensure that the medical authority is made knowledgeable of the type of work program the inmate is to participate in for any applicable medical related considerations. No inmate will be allowed to participate in a Work/Study Release Program if such participation requires physical capabilities beyond that which could have been routinely assigned at a unit/center.

5. Inmates engaged in the Study Release Program must have sufficient time remaining on his/her sentence to complete one semester of study or satisfactory proof be furnished to the Department that he/she will complete the semester work.

6. Priority will be given to inmates returning to the geographical region served by a Work/Study Release Unit/Center.

C. Application Process:

1. Eligible inmates are to submit a "Work/Study Release Application" form to the Classification Officer and/or Work Release Warden/Center Supervisor (see Attachment I). If the applicant meets the
criteria for eligibility, the Classification Officer will consider the application and forward its recommendation to the Warden/Center Supervisor. The decision of the Classification Committee must be unanimous before a favorable recommendation is forwarded to the Warden/Center Supervisor.

2. Applicants who do not meet the eligibility criteria will be informed in writing by the Classification Officer and/or Work Release Warden/Center Supervisor, and a copy will be placed in the inmate's institutional file.

3. No application for a Work/Study Program will be favorably recommended by the Classification Committee unless the Committee is satisfied that the inmate meets all requirements of eligibility and that the inmate:
   a. Does not have an abnormal or uncontrollable propensity for violence;
   b. Does not constitute a security risk;
   c. Is capable of abiding by the terms and conditions of the program.

4. Each inmate favorably recommended for transfer to a Work/Study Release Program will receive a medical, mental health, and work supervisor's evaluation that will be forwarded to the Unit Classification Committee for consideration prior to final approval.

5. Work/Release Wardens/Supervisors will have final approval of all Work/Study Release Program applicants.

D. Rules of the Work/Study Release Program:

1. Inmates participating in the Work/Study Release Program shall not:
   a. Leave the State of Arkansas for any purpose or under any circumstances.
   b. Leave the county to which he/she was assigned without the written consent of the Warden/Center Supervisor of the facility where the inmate is assigned.
   c. Possess or consume alcoholic beverages or drugs not specifically prescribed for him/her by a licensed physician.
   d. Visit any place of business where alcoholic beverages are the major item sold or consumed, except under supervision as part of the overall program (example: ball game, wrestling match, or sports activity).
e. Violate any Federal, State, County or Municipal laws.

f. Operate any motor vehicle without written consent of the Warden/Center Supervisor of the facility to which the inmate is assigned. In such a case, the inmate must be properly licensed and liability insurance documented before consideration and approval is given.

2. Transportation to and from work will be provided by the Department of Correction or by the employer upon written approval of the Work Release/Center Supervisor.

3. Inmates selected to participate in Work/Study Release will agree to participate in self-improvement programs at the Work Release Center, Basic Education, GED, etc.

4. The inmates shall obey all Department of Correction rules and regulations.

5. Inmates participating in the Work/Study Release Program will be required to sign an Agreement to Return Form.

E. Employment and Earnings of Inmates:

1. If a Work/Study Release inmate is terminated from his employment through no fault of his/her own, officials of the Work/Study Release Program will immediately assign the inmate to an institutional job. During this period of reassignment, which shall be no longer than fifteen consecutive days (excluding holidays), every effort will be made by the Department of Correction and the inmate to regain employment. If, at the end of this fifteen days reassignment period, employment has not been found, the supervisor of the Work/Study Release Program may administratively transfer this individual to an existing job assignment at the unit/center or transfer him/her back to the parent unit/center.

2. If an inmate is terminated for just cause, he/she will be dropped from the program and transferred back to his/her parent unit/center.

3. If an inmate wishes to terminate his/her employment, he/she may do so after obtaining approval of the Work/Study Release Warden/Center Supervisor who ensures the employer is notified.

4. The inmate may be awarded a program change when the supervisor feels it is in the best interest of the inmate, the Department of Correction, or his/her employer.

5. Earnings by the inmate shall be paid by check directly to the Department and to the inmate.
6. The Department shall retain an amount to be established by the Director which will be used to compensate the Department for the cost of maintaining Work/Study Release inmates.

7. If the inmate has persons dependent upon him/her for support, the inmate shall be required to remit to such persons a minimum of one-third of his/her net income or that amount which may be required by court order. Net income is defined as income after taxes and ADC rent. If the inmate does not have any dependents, the one-third should go into a savings account.

8. The inmate will normally be allowed to spend up to an amount equal to the approved weekly commissary draw.

9. The remaining balance of his/her earnings will be deposited to the inmate's ADC account. Any disbursements out of this account must be approved by the Warden/Center Supervisor.

10. All fund balances of an inmate's account will be released to the inmate upon parole or termination of sentence.

11. The inmate may provide his/her own clothing and items needed for work at his/her expense.

F. Medical Service:

1. The Department of Correction will not be liable for medical services for those Work/Study Release inmates on Furlough Status (AR 1200-A).

2. Medical service charges not covered by Workman's Compensation or other forms of insurance will be handled by the Department through its medical services program.

3. In the event medical treatment is required at work, the Warden/Center Supervisor and/or work supervisor is/are to be notified immediately. Appropriate medical response measures will be initiated following notification.

4. An inmate who procures medical treatment while engaged in a working capacity, without consulting or advising Department staff, will be responsible for such incurred costs. Disciplinary action will follow and may result in program expulsion.

G. Legal Services:

Inmates in need of legal services may contact the Inmate Attorney assigned to the unit/center or may obtain legal services through those monies earned on Work/Study Release. The inmate may be transferred to a unit/center where a complete law library is available.
ARKANSAS DEPARTMENT OF CORRECTION
APPLICATION FOR WORK/STUDY RELEASE PROGRAM

NAME: ____________________________ ADC # ___________ DATE: ________
   Last     First     Middle

AGE: _____ DATE OF BIRTH: ___________ DATE CONFINED-ADC: ___________

PRESENT JOB ASSIGNMENT: ___________________________ CLASS: ___________

# OF DEPENDENTS: _______ SSN: __________________________ P.E. DATE: ________

CITY/TOWN CRIME COMMITTED: ___________________________ COUNTY: __________

COUNTY & STATE OF LAST RESIDENCE: ___________________________ HOW LONG? ______

COMMUNITY WORK EXPERIENCE:

Company: 1. _______________ 2. _______________ 3. _______________

Position: ___________________________ ___________________________ ___________________________

How Long: ___________________________ ___________________________ ___________________________

To what location do you plan to parole? ________________________________________________________

Spouse’s Address: ___________________________ Work Address: ___________________________

Parent’s Address: ___________________________

________________________________________
Signature of Applicant

________________________________________
DO NOT WRITE BELOW THIS LINE

Eligible: _______ Not Eligible: _______ Reason: __________________________________________

Reconsider 30 – 90 days: _______

Medical Classification: ____________ Unit Treatment Coordinator Signature

RECOMMENDATION FROM:

WORK SUPERVISOR       YES _____ NO _____ REMARKS: ________________________________
MENTAL HEALTH  YES _____  NO _____  REMARKS: ________________________________

SCHOOL SUPERVISOR  YES _____  NO _____  REMARKS: ________________________________

CLASSIFICATION  YES _____  NO _____  REMARKS: ________________________________

MEDICAL SUPERVISOR  YES _____  NO _____  REMARKS: ________________________________

Warden/Supervisor, Sending Unit/Center  Date  

_____ Approval  

_____ Disapproval

Reasons: ________________________________

____________________________________

____________________________________

____________________________________

Classification Administrator  Date

_____ Approval  

_____ Disapproval

Reasons: ________________________________

____________________________________

____________________________________

____________________________________

Warden/Supervisor, Receiving Unit/Center  Date  

_____ Approval  

_____ Disapproval

Reasons: ________________________________

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