ATTACHMENT #1C

Community Correctional Center-Lincoln
**INMATE ORIENTATION CHECKLIST**

**INMATE NAME / NUMBER:**

(Please PRINT Your Name and Number)

The following information will be reviewed with all inmates transferred to CCCL. Where indicated, separate receipts will be signed by the inmate and witnessed by a staff member. Each inmate will initial/check-off each subject in order to verify that he/she was present at the orientation session and did receive the information presented orally and/or received a copy of the material.

Upon completion of the orientation session, this Checklist will be signed and dated by the inmate and witnessed and dated by the staff member conducting the session.

<table>
<thead>
<tr>
<th>Inmate Initials</th>
<th>SUBJECT</th>
<th>NOTE: An asterisk (*) indicates that a separate receipt is signed by the inmate. A plus sign (+) indicates that the inmate received a copy of the form.</th>
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<td>* Warden’s Memo (See Addendum C): Violation of Passes and Furloughs, ESCAPE Information and EXTRADITION Waiver</td>
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  • Community Incentive Program (CIP) Guidelines (See Addendum E)  
  • Health Information (See Addendum H)  
  • Inmate Emergency Procedures (See Addendum M) |
| 3               | **+ Detail Crew Agreement |
| 4               | * State Issue / Personal Property and Linen Information Receipt (See Addenda A and B) |
| 5               | **+ Personal Property Agreement |
| 6               | * Victim Awareness Programming – Report Form |
| 7               | * Power of Attorney |
| 8               | ** Intake Information Form (Includes Central Monitoring) |
| 9               | Sexual Assault / Abuse Awareness (See Addendum K)  
  • Prevention/intervention  
  • Self-protection  
  • Reporting sexual abuse/assault  
  • Treatment and counseling |
| 10              | CCCL Inmate I.D. Card |

**SIGNATURE** of Inmate/Number: ____________________________ Date: ___________

**SIGNATURE** of Staff Witness/Title: ____________________________ Date: ___________

**DISTRIBUTION:**

This completed form, along with the other individual original signature receipts noted, will be forwarded to the Records Office for filing in the inmate’s permanent record file; photocopies of the signed receipts/forms may be made for staff reference.

Ref: AR 113.02, OM 201.02.01, AR 203.11, AR 204.02  
Rev: 01/95, 05/98, 10/98, 11/00, 04/04, 07/04, 03/05, 07/06, 01/08, 01/10.
MEMORANDUM

Date: January 13, 2014
To: All CCCL Inmates
From: Rich Cruckshank, Warden
RE: Violation of Passes & Furloughs, ESCAPE INFORMATION and EXTRADITION WAIVER

Inmates in a community custody facility are eligible to earn the privilege to participate in community-based activities. Be advised that when you leave the community custody facility for any reason, you are held to a high level of accountability.

- You MUST comply with the conditions established by work/educational release or detail crew assignments, and all types of passes and furloughs. Passes and furloughs allow you to visit only the locations(s) listed on the itinerary, and are subject to your ability to complete the authorized activity or appointment listed. Going anywhere other than the location(s) listed on the approved pass or furlough without authorization will be considered beyond the limits of your confinement, and you will be subject to disciplinary action.

- If you have a pass to an activity at a given location, you are to be AT that activity – not in the parking lot, in a lounge in a different area of the building, or sitting on the steps outside of the building. You must strictly adhere to the designated time of arrival at an activity, appointment and/or assignment and your designated time of return to the institution/furlough address. If you complete the activities on your approved itinerary ahead of the scheduled time frame or if any condition of your pass cannot be completed as authorized (e.g. the bank or store is closed, the appointment or activity is cancelled, etc.), you MUST return to the institution immediately. If you complete the activities on your approved itinerary ahead of the scheduled time frame or if any condition of your furlough cannot be completed as authorized, you MUST return to your furlough address immediately.

- If you cannot arrive at an assigned location or return to the institution on time, you MUST call the institution as soon as possible to receive instructions. In certain situations, you will be directed to return to the facility with written documentation to verify the unforeseen circumstance(s) causing your delay in returning (e.g. receipt for flat tire repair).

- If you depart from any work assignment or the extended limits of a facility with the intention to remain away, or fail to return from a pass or furlough with the intent to remain away, you may be charged with escape, and local prosecutors will be notified. Nebraska statute provides in Section 83-184 (4), "The willful failure of a person to remain within the extended limits of his confinement or to return within the time prescribed to a facility designated by the Director Correctional services may be deemed as escape from custody punishable as provided in 28-912."

- If you are late in returning to the facility or fail to remain with the extended limits of confinement, or are absent from an approved location, you may be charged with violation of passes or furloughs. In either case, you could lose up to 90 days good time and are subject to 60 days disciplinary segregation. In addition, you may be recommended for reclassification, which could result in your being transferred to a secure facility.

Being in a community facility gives you the opportunity to earn more privileges, but also requires that you exhibit responsible behavior when you earn them. You are responsible for knowing where you are allowed to go and when to return to the facility.

WAIVER OF EXTRADITION: I UNDERSTAND THAT I AM NOT ALLOWED TO LEAVE THE STATE OF NEBRASKA. FURTHERMORE, I HEREBY FREELY AND VOLUNTARILY WAIVE EXTRADITION PROCEEDINGS AND WILL RETURN TO THE APPROPRIATE CORRECTIONAL FACILITY WITHOUT THE GOVERNOR'S REQUISITION WHEN THE DIRECTOR OF THE DEPARTMENT OF CORRECTIONS OR HIS DESIGNEE ORDERS SUCH RETURN.

ESCAPE INFORMATION & EXTRADITION WAIVER – ACKNOWLEDGEMENT RECEIPT

I, __________________________, have read / have had read to me and have had the above information explained to me.

Witness Signature: __________________________ Date: ________
Inmate Signature / Number: __________________________ Date: ________

Effective: 06/30/95. Revised/Reviewed: 07/12/14

COMMUNITY CORRECTIONS CENTER - LINCOLN
P.O. Box: 22200 - Lincoln, Nebraska 68542-2200 - Phone (402) 471-0740
An Equal Opportunity Employer
I, ________________________, acknowledge that I have been told and I understand that there is a current copy (January 2012) of the Community Corrections Center-Lincoln’s Inmate In-house Rules and General Information book available for me to read in my assigned room.

I have been told and I understand that my roommates and I are to share the copy of this book, it is not my personal property, and is to be stored on the hook that is attached to the door of my room. I also have been told and understand that a copy of the Inmate In-house Rules and General Information book is available for me to borrow from my Housing Unit Staff and that I can check out a copy by exchanging my inmate ID. Card for the book.

In addition to the rules and general information, I acknowledge the following specific additional (addendum) information is also contained in the book in the section known as the “Yellow Pages”:

- Addendum “A”: State Issue & Personal Clothing Allowance – Females and Males
- Addendum “B”: Inmate Authorized Personal Property List
- Addendum “C”: Violation of Passes and Furloughs & ESCAPE Information and Extradition Waiver
- Addendum “E”: Community Incentive Program (CIP)
- Addendum “F”: Laundry Room Procedures
- Addendum “G”: StarTran Information
- Addendum “H”: Health Education
- Addendum “I”: Mailing Addresses (CCCL, NDCS, Facilities, Adult Parole, Parole Offices, Parole Board)
- Addendum “J”: Post Office Regulations
- Addendum “K”: Institutional Checks and Inmate Prepaid Debit Card
- Addendum “L”: Sexual Assault Awareness Information
- Addendum “M”: Inmate Emergency Procedures

I further understand that I am responsible for reading the information provided in the book and that I may receive a misconduct report for failure to follow the In-house Rules, General Information, the Addendum Information, and/or any Posted Rules, Instructions or Schedules.
NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES
COMMUNITY CORRECTION CENTER
DETAIL CREW AGREEMENT

I, _______________ ________________, on Community Custody A status and a
member of a detail crew, agree to abide by all rules, regulations, and directives governing the
Community Corrections Administration, its Community Corrections Centers, and the Department of
Correctional Services.

I fully understand that I am subject, but not limited, to the following conditions:

1) I will perform my assigned job duties as directed by Department personnel.

2) I am subject to disciplinary action if found in violation of any of
the rules, regulations, or directives.

3) I may be reclassified and transferred off of Community Custody
A status for below-average work performance, violation of rules and
regulations, and/or for the general safety of myself, other inmates,
the Community Corrections Administration or society.

4) I may earn certain community release privileges while on detail
assignment and these privileges, in part or in total, may be termi-
nated due to poor work performance, poor attitude, disciplinary
action, and/or for the general safety of myself, other inmates, the
Community Corrections Administration or society.

5) I will participate in all programming as may be stipulated for, for
placement on community custody status and/or as developed
through a personalized plan and/or determined by the Center
Classification Committee.

6) I also agree to the following special conditions:

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

SIGNATURE of INMATE: _______________________________ DATE: ____________

SIGNATURE & TITLE of WITNESS: __________________________ DATE: ____________

DISTRIBUTION:
White - Office File
Canary - Center File
Pink - Inmate

DCS-A adrms-078 (Rev. 2/98)
I understand the following information that concerns inmate personal clothing and property:

1. I am responsible for maintaining my personal clothing and property within the institutional limits outlined in the following documents, which are in the yellow section of the CCCL Inmate In-house Rules and General Information book, a copy of which is in my assigned room; I may also borrow a copy of the CCCL In-house Rule Book from housing unit staff in exchange for my inmate ID Card.
   - State Issue and Personal Clothing Allowance (as appropriate for Male or Female Inmates; Addendum A)
   - Inmate Authorized Personal Property List (Addendum B)

2. I am financially responsible for my state issued property and will reimburse the state of Nebraska for any missing, lost, damaged, and/or altered clothing, bedding and laundry soap container.

3. I understand that I may be served a Notice of Excess Property form. I understand that it is my responsibility to arrange for the pick-up of my excess property or clothing. I also understand that all confiscated property or clothing will be disposed of within thirty (30) days.

4. I understand that upon discharge or parole from CCCL or transfer from Community A to Community B status, I will be required to turn in all state issue clothing, including shirts, pants, T-shirts, underwear, socks, coats, gloves, stocking hats and sweatshirts. If discharged, paroled or transferred, I understand I will be required to turn in all state issue bedding, which includes blankets, pillowcases and sheets, towels, and washcloths.
   - A housing unit staff member will inventory those items against my original Inter-Institutional Clothing Requisition form. If any state issued items are not turned in, or are altered in any way, I must pay for those items as noted in #2 above. I will be required to sign an Inmate Check in the amount of the cost of the item(s); if I am discharging or paroling, the money will be withheld from my final pay. If I refuse to sign this check, then my gate pay will be withheld and mailed to me after the appropriate deduction is made and the reissue of the check is completed.
   - Housing unit staff will maintain an inventory of my Inter-Institutional Clothing requisition in the Personal Property Management log book, which will be kept in the housing unit's property room. This log book will be used for comparison with the final inventory for state-issued returns of clothing and bedding. Staff will complete a new Inter-Institutional Clothing Requisition form when I turn in my state issue property.

I understand that if I am found to be in violation of the clothing/property limits the clothing/property will be confiscated and I may be subject to disciplinary action.

______________________________  ______________________________  ______________
Inmate Signature                   Number                                   Date

______________________________  ______________________________
Staff/Witness Signature            Job Title                                Date
I, ____________________________, hereby acknowledge that my personal property is limited to those items listed in the facility In-House rules and Operations Memoranda. All personal property items excluding musical instruments, televisions and walkman type units must fit within a space of four cubic feet. I understand that I am responsible for securing my personal property in my personally assigned locker or storage area. I understand that I may be directed to reduce the amount of my personal property as deemed necessary by staff.

I understand that the Community Corrections Center will not maintain an inventory of my personal property. The Community Corrections Center will only be responsible for that personal property for which it takes possession of and will only be liable for up to $50 per item in the event that staff negligence results in the loss or damage of the item. The Community Corrections Center is not responsible for any personal property that is stolen.

I understand that Community Corrections Center staff will secure and inventory my personal property if:

1. I am placed on immediate segregation status.
2. I am placed on an extended medical furlough.
3. I am reclassified to a Minimum, Medium or Maximum custody level.
4. I walk away from the community corrections center.

Community Corrections Center staff will make reasonable efforts to contact the person I have authorized below to receive my personal property. The person listed below must accept my personal property at the Community Corrections Center. I understand that I may ship of mail my personal property at my own expense. I understand that Community Corrections Center staff will dispose or donate any or all of my personal property that is not claimed within 30 days of my walk away or reclassification. This may be accomplished by donating the items to charity or by destroying them, as deemed appropriate by the warden.

I HEREBY AUTHORIZE COMMUNITY CORRECTIONS TO RELINQUISH POSSESSION OF MY PERSONAL PROPERTY TO:

NAME: __________________________________________

ADDRESS: __________________________________________

CITY: __________ STATE: _____ ZIP CODE: ______

TELEPHONE: (Home) __________ (Cell/Office) __________

RELATIONSHIP: __________________________

Signature of Inmate __________________________ Date __________________________

Signature of Witness __________________________ Date __________________________

Distribution:
White - Records
Canary - Center File
Pink - Inmate's Copy

DCS- A-ADM-077 (Rev. 2/10)
POWER OF ATTORNEY

I, ___________________________________________, (#) (Principal), an inmate committed to the Nebraska Department of Correctional Services (Department), desiring and intending to establish a Power of Attorney operative under the Nebraska Short Form Act, designate the Department’s Controller or his/her designee (Agent), my true and lawful Agent and attorney in fact as follows:

1. This is a Present Durable Power of Attorney.
2. By this Power of Attorney, Principal authorizes the Agent to accept and endorse, or take any other action necessary to deposit any check or other financial instrument issued to Principal while committed to the Department into the Inmate Trust Fund.
3. This Power of Attorney revokes and supersedes all prior executed instruments of like import.
4. This Power of Attorney remains in effect until revoked or Principal is discharged from the Department, whichever is earlier. I understand that revocation of this Power of Attorney prior to my discharge from the Department shall be cause for reclassification from community custody and removal from my community custody program.

EXECUTED AT Lincoln, Lancaster County, Nebraska, on ____________, 2014

Inmate’s Signature (Principal)

STATE OF NEBRASKA )
)}
COUNTY OF Lancaster )
)

The foregoing instrument was acknowledged before me on ____________, 2014, by the Principal, ____________________ .

__________________
Notary Public

Rev. 07/2005
IN CASE OF EMERGENCY NOTIFY

Name: ___________________________________________ Relationship to Inmate: ____________________________
Address: _________________________________________ City/State: ____________________________
Telephone Numbers: Home (___) Work (___) Cell (___)
SECTION V: EDUCATIONAL / VOCATIONAL INFORMATION

- Speak English: Yes No
- Read English: Yes No
- Write English: Yes No
- Language(s) other than English (indicate speak, read, and/or write and your fluency level):

- High school graduate: Yes No
- Last school attended (include city/state):
- Post High School College/University: Yes No
- Last school completed (include city/state):
- Vocational/Technical School: Yes No
- School (include city/state):

SECTION VI: IMMEDIATE CONCERNS

> MEDICAL / DENTAL
  Do you have any medical/dental appointments or problems needing immediate attention? Yes No If so, please note and explain:

If you have a personal doctor, please note; include city/state:

If you have a personal dentist, please note; include city/state:

Do you have any medical or health problems that would prevent you from performing any particular job type? Yes No If so, please describe:

> LEGAL NEEDS
  Do you have any legal matters, warrants, detainers, child support and/or other court obligations needing immediate attention? Yes No If yes, please note:

If you have a personal attorney/lawyer, please note; include city/state:

> PERSONAL NEEDS
  Do you have an immediate need for clothing, toiletry articles, laundry supplies and/or any other personal necessities? Yes No If yes, please list:

Do you have money in your inmate account to purchase these items? Yes No

SECTION VII: ADDITIONAL INFORMATION

Please note any additional information that your housing unit staff should know that is not covered above:

SECTION VIII: CONFIDENTIAL INFORMATION (CENTRAL MONITORING)

Are you concerned that you might have problems with any of the inmates living at CCCL? Yes No If yes, please identify:

Inmate Signature/Number: Date:

CCCL Staff Signature/Title: Date:
SELF PROTECTION

Inmates/offenders should take all reasonable measures to protect themselves. Inmates/offenders should take reasonable measures to avoid conflict, confrontations, and/or altercations by leaving the immediate area, soliciting staff assistance and taking a defensive posture during altercations.

Be aware of situations that make you feel uncomfortable. Trust your instincts. If it feels wrong, LEAVE.

Don't be afraid to say "NO" or "STOP IT NOW."

Walk and stand with confidence. Many rapists choose victims who look like they won't fight back or are emotionally weak.

Casual nudity and talking about sex may make another person/inmate believe that you have an interest in a sexual relationship.

Do not accept canteen items or other gifts from other inmates/persons. Avoid placing yourself in debt to another inmate; this can lead to the expectation of repaying the debt with sexual favors.

Avoid secluded areas. Position yourself in plain view of staff members. If you are being pressured for sex, report it immediately.

IF YOU ARE SEXUALLY ASSAULTED

If the attack just happened........
As soon as it is safe to do so, REACT!
THE ATTACK IMMEDIATELY. The longer you wait to report the attack the more difficult it is to obtain the evidence necessary for a criminal and/or administrative investigation. The assault can be reported to any staff member or trusted party.

Do not shower, brush your teeth, use the rest room, or change your clothes. You may destroy important evidence.

Do request immediate medical attention. You may have serious injuries that you are not aware of, and any sexual contact can expose you to sexually transmitted diseases.

Later on........
Please seek support. The days ahead can be traumatic and it helps to have people who care about you supporting you.

Professional help is available. Any nonconsensual sexual activity is degrading. Mental Health Staff within the institution are available to help inmates and offenders recover from the emotional impact of sexual assault.

SEXUAL ASSAULT AWARENESS

Inmate, Offender & Parolee Sexual Assault/Abuse Awareness

NEBRASKA CORRECTIONAL SERVICES
Making A Difference
THE DEPARTMENT'S POLICY ON SEXUAL ACTIVITY

The Nebraska Department of Correctional Services will not tolerate sexual abuse in any of its facilities or programs. Inmates, offenders, parolees, visitors, volunteers and employees have a right to living and working areas that are free from any form of sexual abuse. This policy covers sexual abuse by employees, visitors, volunteers, sponsors and inmates.

Staff-on-Inmate Sexual Behavior
Employees, contractors, volunteers and sponsors (other than the inmate or parolee's spouse) are prohibited from:

- Making verbal statements of a sexual nature to an inmate, parolee or offender.
- Threatening an inmate, parolee or offender in an attempt to induce the inmate, parolee or offender to engage in sexual behavior with the employee.
- Physically touching an inmate, parolee or offender in a sexual manner. This includes the intentional touching of the genitalia, anus, groin, breast, inner thigh or buttocks with the intent to abuse the inmate, offender or parolee or to arouse or gratify the employee's sexual desire.
- Attempting to have sex with an inmate, parolee or offender.
- Having sex with an inmate, parolee or offender.

Sexual acts involving staff, contractors, sponsors or volunteers are a felony.

State Statute 28-322.01 Sexual abuse of an inmate, offender or parolee. A person commits the offense of sexual abuse of an inmate, offender or parolee if such person subjects an inmate or parolee to sexual penetration or sexual contact as those terms are defined in section 28-318.

It is not a defense to a charge under this section that the inmate, offender or parolee consented to such sexual penetration or sexual contact.

State Statute 28-322.02 Sexual abuse of an inmate, offender or parolee in the first degree. Any person who subjects an inmate, offender or parolee to sexual penetration is guilty of sexual abuse of an inmate or parolee in the first degree. Sexual abuse of an inmate or parolee in the first degree is punishable from 1 to 20 years in prison.

State Statute 28-322.03 Sexual abuse of an inmate or parolee in the second degree. Any person who subjects an inmate, offender or parolee to sexual contact is guilty of sexual abuse of an inmate or parolee in the second degree. Sexual abuse of an inmate or parolee in the second degree is punishable from 0 to 5 years in prison.

If there is sufficient evidence that an employee, contractor, volunteer or sponsor has violated section 28-322.01, the matter WILL be referred to a County Attorney for prosecution.

If there is sufficient evidence that an employee, contractor, volunteer or sponsor has committed any of these activities, there WILL be administrative, disciplinary and/or criminal sanctions.

Inmate-on-Inmate or Inmate-on-Staff Sexual Behavior

The Department of Correctional Services will not tolerate abusive sexual contacts or acts within the correctional setting. The Code of Offenses prohibits inmates, offenders or parolees from engaging in sexual behavior with another inmate, offender or parolee or forcing an employee to engage in unwanted or nonconsensual sexual behavior with an inmate, offender or parolee. Inmates and offenders should expect a facility that is free from any form of abuse to include:

- Physical/sexual assault
- Physical/sexual pressuring
- Extortion (pressuring for personal property, charging rent, demanding sexual favors or money)
- Physical/sexual intimidation or manipulation
- Retaliation/retribution

Inmates and offenders who engage in the above cited prohibited acts are subject to disciplinary action and/or criminal prosecution. Inmates who are determined to be a threat to staff or inmates will be considered for Administrative Segregation placement through the inmate classification process. Offenders will be referred to the Court.

All cases of sexual assault or abuse will be referred to the DCS investigators/Nebraska State Patrol for criminal investigation and possible prosecution.
Victim Awareness Programming – Report Form

Please complete the information requested below. The information requested is used to track participation only; no names or institutional numbers are used.

Have you taken a Victim Awareness or Victim Impact Class while incarcerated in the Nebraska Prison System? Thank you!

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<tr>
<th>Name (Please Print)</th>
<th>Number</th>
<th>Taken class:</th>
<th>Facility</th>
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<th>Your signature</th>
<th>Today's Date</th>
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Staff Witness: ___________________________ Date: ___________________________

Forward to: Administrative Assistant
Effective: 07/04, Rev. 08/09.