



**DEPARTMENT OF CORRECTIONS
MONTANA WOMEN'S PRISON
OPERATIONAL PROCEDURE**

Procedure:	MWP 3.1.30 Inmate Escorted Leave	
Effective Date:	February 15, 2001	Page 1 of 3 and 1 Attachment
Revision Date(s):	September 29, 2021	
Reference(s):	DOC 3.1.30 Offender Escorted Leave	
Signature:	/s/ Jennie Hansen	/ Warden

I. PURPOSE

The Warden or designee may authorize inmates eligible under the guidelines of this procedure to leave Montana Women's Prison (MWP) in the custody of MWP staff, to attend only funeral and graveside services, make bedside visits to hospitalized members of the inmates immediate family, or for other emergencies. These leaves are for in-state visits only. Out-of-state visits are not permitted under any circumstances.

II. DEFINITIONS

Immediate Family Member-An inmate's legal spouse, natural or adoptive parents and children, siblings, grandchildren, grandparents, corresponding in-law, person verified as being primarily responsible for raising the inmate in the absence of a parent and any other member of the offender's household.

Serious Illness - For the purpose of this procedure, means the patient is not expected to live as verified by a licensed physician.

III. PROCEDURES

A. Notification of Death or Serious Illness

1. When Shift LT or designee receives notification that an immediate family member of an inmate has either died or has a serious illness the Religious Activities Coordinator (RAS) will be notified. The RAS will:
 - a. notify the inmate in person of the emergency situation and advise the inmate to contact the appropriate person, i.e., family member, friend, clergy, etc.
 - b. advise the inmate they may be eligible for a temporary leave to attend a funeral or make a sick bed visit.
 - c. advise the inmate that counseling is available. If the inmate requests counseling, mental health, or pastoral help, the RAS, or designee, will ensure the proper personnel are notified of the request; and
 - d. the RAS, or designee, is responsible for notifying the Warden or designee via email.

B. Inmate Request for Emergency Temporary Leave

1. Inmates must request consideration for funeral leave or a sick bed visit from the AW of Operations or designee by providing the details of the leave on an Offender Staff Request form (OSR).

C. Processing a Request for Emergency Temporary Leave

1. The AW of Operations will:
 - a. Determine the custody level of the inmate.
 - b. Confirm the death or serious illness along with any tentative funeral arrangements and/or possibility of a sick bed visit with the attending physician. (documentation such as email or letter that is verified by a staff member). If there is no possibility of attendance, the request will be denied.
 - c. Determine if the inmate's family desires the inmate's presence. If the inmate's family does not want the inmate there; the request will be denied.
 - d. Fill out the Request for Emergency Temporary Leave form (Attachment A) if the inmate is approved at that level.
 - e. Contact the Accounting Office to determine the estimated cost of the trip and funds available on the inmate's account.
 - 1) The inmate or family will be responsible for covering all costs of the trip.
 - 2) If adequate funding is not available, the request shall be denied.
 - f. E-mail COR Victim Liaison. If there are any concerns, the request may be denied.
 - g. Forward the request to the Warden for approval.
2. The Warden or designee will approve or deny the request after consulting with the DOC Director or designee if it is deemed the inmate is a high-profile case or poses An unacceptable security risks. Determination of ineligibility is based upon the following criteria.
 - a. Unresolved felony warrants or detainers.
 - b. The inmate's presence in the community could threaten the safety of the inmate, staff, or public.
 - c. The inmate is currently in detention status, is pending discipline for a serious major rule violation or has had two or more recent serious rule violations.
3. Careful consideration will be given to all the inherent issues when determining the ramifications of granting emergency temporary leave for such inmates. If approved, the Warden or designee will forward the Request for Emergency Temporary Leave form to the Shift Lieutenant.

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4. The Shift Lieutenant will:
 - a. List the names of the Escort Officers on the Request for Emergency Temporary Leave form and have the Escort Officers sign and date the form.
 - b. Complete the Coordination and Special Equipment Taken sections of the Request for Temporary Leave form.
 - c. Contact Highway Patrol and inform them of the transport.
 - d. Contact local Law Enforcement of the destination and inform them of the transport.

5. The Escort Officer(s) will:
 - a. Sign and date the Request for Emergency Temporary Leave form.

IV. CLOSING

Questions concerning this procedure should be directed to the Warden.

V. ATTACHMENTS

Request for Emergency Temporary Leave

Attachment A

Request for Emergency Temporary Leave

Inmate: _____

DOC Number: _____ **Housing Unit:** _____

Custody Level: _____

Emergency temporary leave is requested for the following reason: _____

Associate Warden of Operations:

Approved Denied _____ Date: _____
 Signature

Victim Liaison:

Approved Denied _____ Date: _____
 Signature or attach email

Warden or Designee:

Approved Denied _____ Date: _____
 Signature

Coordination (date, time, Names(s), agencies of Law Enforcement informed): _____

Special Equipment Taken: _____

Shift Lieutenant or designee made notifications to Law Enforcement: Yes No Date: _____

Escorts	Signature	Date