



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-108000 Funeral and Bedside Visits by Inmates	Issued: 03/11/22 Effective: 03/11/22	Reviewed: 08/17/23 Revised: 08/17/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. NMSA 1978, Section 33-2-12.1, as amended.
- B. Policy *CD-010100*
- C. Policy *CD-130200*

REFERENCE:

ACA Expected Practices **5-ACI-5F-04** and **5-ACI-7D-18**. *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.

PURPOSE:

To provide guidelines wherein inmate may be provided the opportunity to be with family during times of death and critical illness.

APPLICABILITY:

New Mexico Corrections Department (NMCD) employees and inmates.

FORMS:

- A. Escorted Emergency Leave Application (*CD-130202.5*)
- B. Escorted Emergency Leave Expense Worksheet / Invoice (*CD-108000.1*)
- C. Application for Family Video Visit Related to Funeral or Bedside Visit (*CD-108000.2*)

DEFINITIONS:

- A. *Escorted Emergency Leave Application*: Authorized escorted temporary leave from a Corrections Department facility to participate in a bedside visit or attend the funeral for an inmate's immediate family member.
- B. *Bedside Visit*: Visits to an immediate family member in a hospital room, nursing home, or convalescence center who is critically ill in the attending physician's opinion, is not expected to survive.
- C. *Funeral*: A ceremony that is used to honor and celebrate the life of the deceased held at the mortuary, funeral home or religious establishment.

- D. Immediate Family Member: An inmate's legal spouse; natural parents; adoptive parents; stepparents or foster parents; grandparents; brothers and sisters; and children, natural or adopted, stepchildren or grandchildren.
- E. Remote Attendance: Calls, conferencing or messaging that occurs over the internet which allows for video communication between two or more parties.

POLICY:

- A. An inmate is informed in a timely manner of the verifiable death or critical illness of an immediate family member. In case of the critical illness of an immediate family member, the inmate is allowed, whenever statutes and circumstances allow, going to the bedside under escort or alone. **[5-ACI-7D-18]**
- B. In cases of verifiable death or critical illness of an immediate family member, the facility chaplain or behavioral health staff, will be notified and the inmate allowed to contact their family members via telephone. In addition, grief counseling can be provided upon request.
- C. Written policy, procedure, and practice provide for escorted leaves into the community. **[5-ACI-5F-04]**
- D. Local law enforcement and probation and parole staff will be notified of any funeral attendance or bedside visits within the community.
- E. Funeral and bedside visits will be limited to in-state locations.
- F. The following inmates will not be considered for funeral or bed side visits:
 - 1. Inmates under the sentence of death.
 - 2. Inmates under sentence of life imprisonment.
 - 3. Inmates housed by NMCD for interstate compact agreements.
 - 4. Inmates housed in a special management population.



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PROCEDURES:

A. Escorted Leave Application:

1. Escorted leave requests will be initiated by the inmate or by the inmate's legal counsel by utilizing the Escorted Emergency Leave Application (*CD-130202.5*).
2. Attendance for a funeral service or bedside visit within a private residence is prohibited.
3. If granted, bedside visits shall be at a hospital, nursing home, or convalescence center.
4. Attendance at a funeral will be limited to one service.
5. The inmate, inmate's immediate family, or appropriate source will be responsible for all costs surrounding the in-person visit.
6. The facility business office will work with the staff to determine the rates and will provide the total cost to the classification officer. The classification officer will provide this information to the inmate.

B. Escorted Leave Approval:

1. The classification officer will verify the information provided on the application.
2. The classification officer will consider the inmate's disciplinary record, charges and any previous instance of attempted escape.
3. The warden or designee will recommend approval or denial of the application and forward it to the deputy director of adult prisons.
4. Funeral and Bedside visits final approval will be granted by the deputy director of adult prisons and particular attention shall be directed to the following:
 - a. Verification of terminal illness or death.
 - b. Location/remoteness of the residence.
 - c. Safety issues.
 - d. High profile offense.
 - e. Gang affiliation.
 - f. Travel time and distance.
 - g. Adverse public reaction.

5. The classification officer will document full payment has been received by verified funds prior to final approval being granted.

C. Escorted Leave Visit Attendance

1. Minimum escort requirements for escorted emergency leave (not including Level II and Level I Inmates) one (1) armed driver and two (2) unarmed escorts.
2. Minimum escort requirements for escorted emergency leave (Level II and Level I Inmates) one (1) unarmed driver and one (1) unarmed escort.
3. The warden or designee has the discretion to order additional security protocols, as needed.
4. Probation and parole staff will assist with preparation or visit oversight when requested by the warden or designee.
5. The inmate will be dressed in full institutional uniform and if restraints are required, the inmate will remain in required restraints for the entirety of the funeral or bedside visit.
6. Overnight accommodations for extended travel times within the state will be planned at an NMCD facility. Transports are not permitted at dusk or nighttime for funeral attendance or bedside visits.
7. Funeral attendance or bedside visits may be terminated at the escorting officer's discretion. Any deviation or violation of the escorted leave requirements will be cause for immediate termination of the visit.
8. The return of the inmate to the facility following termination of the funeral attendance or bedside visits will be immediate, via the most expeditious route.

B. Video Calls General Guidelines:

1. Video calls for funeral attendance or bedside visits can be requested, in lieu of in-person attendance.
2. Video calls for funeral attendance or bedside visits shall apply only to the immediate family members of the inmate making the request.
3. Video call requests will be made to the classification officer.
4. The classification officer shall submit the request for the video call to the warden or designee.
5. Approval by the deputy warden or designee is required for all video calls between an inmate and the immediate family member for funeral attendance or bedside visits.
7. The video call shall take place in an area away from other inmates.
8. Each video call shall be monitored by a staff member.

9. There shall be only one inmate on the video call at all times.
10. Whenever possible, the request for a video call shall be made 48 hours in advance to allow for coordination of the video call between the inmate and their immediate family members.

NEW MEXICO CORRECTIONS DEPARTMENT
Escorted Emergency Leave Application

Name: _____ Offender # _____
Institution: _____ Date of Request: _____
Purpose: Bedside visit Funeral Service

Date of Service or Visit: _____ Time of Service or Visit: _____
Person to Be Visited: _____ Relationship: _____
Name of Hospital, Funeral Home or Church: _____
Address: _____ Telephone #: _____

Inmate Signature: _____

Classification Officer

Verified Service or Visit With: _____
Custody of Inmate: Level I Level II Level III Level IV

Automatic Disqualifier: Under Sentence of Death Under Sentence of Life Imprisonment
 Housed by Interstate Compact Agreement Housed in Special Management Population

Additional Pertinent File Information: Violence in Previous 12 Months History of Escape
 Gang Affiliation Victim Information High Profile Crime Other: Explained in Comments

Comments: _____

Classification Officer: _____

Warden

SPECIAL CONDITIONS: _____

APPROVED _____ DISAPPROVED _____

Warden: _____

Deputy Director

APPROVED _____ DISAPPROVED _____

Deputy Director: _____

Date/Time of Departure _____ Date/Time of Return _____
Comments: _____

Fees paid by inmate: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Escorted Emergency Leave Expense Worksheet / Invoice

Inmate Name: _____

Offender #: _____

Requested Leave Date: _____

Requested Leave Reason: Y Funeral Y Bedside Visit

Departure Time: _____ Return Time: _____

Escort Costs:

1. Number of Custody Escorts: _____

2. Custody Series Overtime Hourly Rate Average: \$ _____

3. Number of Hours to be Billed: _____

4. **Total Fees for Escort:** \$ _____ *(line 1 x line 2 x line 3)*

Travel Details:

5. Beginning City: _____

6. Ending City: _____

7. Total Miles to Destination: _____

8. Round Trip Miles: _____ *(line 7 x 2)*

9. Approved Mileage Rate: \$ _____

10. **Total Mileage Costs:** \$ _____ *(line 8 x line 9)*

Total Expenses to be Paid:

11. Total Fees for Escort: \$ _____ *(insert total from line 4)*

12. Total Mileage Costs: \$ _____ *(insert total from line 10)*

Total Costs: \$ _____ *(line 11 + line 12)*

Method of Payment: _____ *Date Paid:* _____

NEW MEXICO CORRECTIONS DEPARTMENT
Application for Family Video Visit Related to Funeral of Bedside Visit

Name: _____ Offender # _____

Housing Unit: _____

Purpose: Funeral Bedside Visit

Date of Service or Visit: _____ Time of Service or Visit: _____

Name of Hospital, Funeral Home, or Church: _____

Person to Be Visited: _____ Relationship: _____

Address: _____ Telephone #: _____

Inmate Signature: _____ Date of Request: _____

Classification Officer

Verified With: _____

Comments: _____

Classification Officer: _____

Deputy Warden

APPROVED _____ DISAPPROVED _____

Warden: _____
