



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-043500 Offender Access and Review of Records	Issued: 10/4/91 Effective: 3/13/92	Reviewed: 4/24/26 Revised: 03/05/15
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

## AUTHORITY:

- A. NMSA 1978, Section 14-2-1, et. seq., as amended.
- B. Policy *CD-010100*

## REFERENCE:

- A. ACA Standard 2-CO-1E-06, *Standards for the Administration of Correctional Agencies*, 2<sup>nd</sup> Edition.
- B. ACA Expected Practice5-ACI-IE-04, *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5<sup>th</sup> Edition.

## PURPOSE:

To govern inmates' access to information in case records.

## APPLICABILITY:

All New Mexico Corrections Department employees (especially record bureau employees) and offenders.

## FORMS:

- A. **Request for Review of Individual Records** form (*CD-043501.1*)
- B. **Request for Health Care Records Review** form (*CD-043501.2*)

## ATTACHMENTS:

None

## DEFINITIONS:

- A. *Criminal History Information*: Any information contained in an offender record relating to prior offense, arrest, conviction or non-conviction data. Specifically arrest, adjudication or conviction information contained on the FBI or NMSP Rap Sheet, Pre-Sentence Reports (PSRs) or Admission Summaries.
- B. *Health Services Administrator*: Those individuals assigned primary responsibility for medical and mental health care in the Department.

- C. *Offenders*: An adult placed under, or made subject to, supervision, probation and/or parole, as the result of the commission of a criminal offense and released to the community under the jurisdiction of courts, paroling authorities, corrections, or other criminal justice agencies, and who is required to request transfer of supervision under the provisions of the Interstate Compact for Adult Offender Supervision.

**POLICY:**

- A. An offender wishing to review their NMCD custody record shall be allowed such access and shall be advised as to the procedures for challenge of such record should the offender disagree with the content of the record. **[2-CO-1E-06] [5-ACI-IE-04]**
- B. An offender desiring a copy of he or she FBI Identification Record (rap sheet) must personally submit such a request directly to the FBI.
- C. Offenders shall have access to information in their case records. **[5-ACI-IE-04]**



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## AUTHORITY:

Policy *CD-043500*

## PROCEDURES: [2-CO-1E-06] [5-ACI-IE-04]

### A. Offender Request for FBI Rap Sheet:

1. Neither the Department nor any of its divisions or institutions has the authority to provide an identification record (rap sheet) produced by either the FBI or the New Mexico State Police to a requesting individual. Such records may be provided ONLY to another law-enforcement agency for official purposes. A violation of this restriction by NMCD personnel may result in the discontinuance of future receipt of such records from the originating agency and may expose the employee or employees to appropriate disciplinary action.
2. Offenders desiring a copy of their FBI rap sheet must submit a request to the FBI that includes the following information:
  - a. Statement of who he or she is and that he or she is requesting a copy of he or she FBI Identification Record;
  - b. Individual's FBI Identification Number (the Corrections Department may provide this number to the individual offender) or date of birth and social security number, if the FBI I.D. Number is not available;
  - c. Current completed fingerprint card of the individual, using an applicant FBI fingerprint card (blue background). In the Originating Agency Identifier or ORI (agency) block of the fingerprint card there should be an explanation that the fingerprint card submission is for search purposes only. The fingerprint card will be returned to the individual with the requested identification record; and,
  - d. A certified check or postal money order in the amount required by the FBI and payable to the U.S. Treasury Department.

### B. Review of Departmentally-Created Information: [5-ACI-IE-04]

The offender shall be entitled to review and copy certain administratively created materials.

1. An offender desiring to review and/or copy, at his or her own expense, administratively created materials maintained in his or her NMCD custody record, shall complete a **Request for Review of Individual Records** form (*CD-043501.1*) and forward it to the Facility Records Coordinator or Probation and Parole officer. Ordinarily, file review will be permitted only once every six (6) months. Requests for review of medical or mental health records shall be made through the appropriate institutional health records personnel or the Department's Health Services Bureau.
  - a. The supervising classification officer shall ensure that those records that are public record, and therefore available for inspection and copying by the offender, are made available to the inmate no later than fifteen (15) days after the request is received, unless the request is excessively burdensome. If the records are not made available within three (3) days, or the request is excessively burdensome, the classification officer will notify the offender, in writing, within three (3) days of receiving the request, when the records will be made available.
  - b. The supervising probation and parole officer shall ensure that those records that are public record, and therefore available for inspection and copying by the probationer or parolee, are made available to the probationer or parolee no later than fifteen (15) days after the request is received, unless the request is excessively burdensome. If the records are not made available within three (3) days, or the request is excessively burdensome, the officer will notify the probationer or parolee in writing, within three (3) days of receiving the request, when the records will be made available.
  - c. Offenders who are no longer actively supervised or incarcerated may request to review their records by writing the Records Bureau, P. O. Box 27116, Santa Fe, New Mexico 87502-0116. Offender Management Services shall ensure that such NMCD custody record is made available to the offenders within ten (10) working days following receipt of such request. If the offender has been terminated from supervision or incarceration for more than one (1) year, such a request may take up to eight (8) weeks to fulfill. Notice of such a delay should be made promptly to the individual making such a request.
2. Those items maintained in an offender's file, which shall be accessible for review by the offender, are as follows:
  - a. Photograph (no copies),
  - b. \*Good Time Figuring Sheets, copies at no cost whenever time changes,
  - c. Committee Action Sheets,
  - d. Classification Scoring Forms,
  - e. Chronos,
  - f. Parole Certificate/Agreement,
  - g. Warrants/Detainers,
  - h. Parole Board Memos, Correspondence that specifies that the offender is to receive copies,
  - i. Furlough Papers,
  - j. Parole Board Actions,

- k. Description of offender,
  - l. \*Judgment and Sentence, and Commitment Papers,
  - m. Legal Documents/Court Orders,
  - n. Disciplinary Reports, in which offender was found guilty unless informants are identified, including the Record of Disciplinary Action,
  - o. Recommendation for Good Time form/Quarterly Good Time form,
  - p. Restoration/Forfeiture of Good Time form,
  - q. Authorization for Endorsement,
  - r. Disposition of Property Consent form.
3. Those items maintained in a probation/parole/reintegration file that will be accessible for review by the offender are as follows:
- a. Photograph (if available - no copies),
  - b. \*Parole Certificate,
  - c. \*Orders of Probation,
  - d. Supervision/Intensive Supervision/Community Corrections/Reintegration contracts,
  - e. Warrants and/or detainers,
  - f. Parole Board memoranda that specify parolee is to receive a copy,
  - g. Parole Board Actions,
  - h. Court Orders,
  - i. \*Judgment and Sentences,
  - j. Plea agreements,
  - k. Travel permits,
  - l. Motions filed by any District Attorney,

**NOTE:** *Copies of items in sections two and three above marked by asterisks (\*) are provided free of charge, for all other items, the offender must pay photocopy costs (\$.0.25 per copy) to receive copies. An offender's failure and/or refusal to pay these charges constitute grounds for denial of copies to the offender.*

4. If during the course of such review the offender determines that an item or items of information contained in such record is in error, the offender may seek to resolve the question informally through the Classification Officer or Probation and Parole Officer. If the offender concern cannot be resolved informally, the inmate may use the appropriate grievance procedure.
5. If the offender desires copies of permissible administratively created materials, such access to copies shall conform with established procedures of the confining or supervising Department authority.

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Request for Review of Individual Corrections Department Records**

Date of Request      /      /       
Mo. Day Yr

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

List all documents that are requested for review:

TITLED	DATED	COPY REQUESTED	COPY PROVIDED	COST

**TOTAL COST \$** \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\*\*\*\*\*

Date: \_\_\_\_\_ NMCD Employee: \_\_\_\_\_  
Name Title

- \_\_\_ Record reviewed
- \_\_\_ Requested copies provided
- \_\_\_ Amount collected at cents per page

Employee Signature: \_\_\_\_\_

\*\*\*\*\*

As indicated above, I have reviewed portions of my Corrections Department Record and have received copies and a receipt for cost of all provided.

\_\_\_\_\_  
Signature Date

**NEW MEXICO CORRECTIONS DEPARTMENT**  
**Request for Health Care Records Review**

**PART A**

Date of Request      /      /       
Mo. Day Yr

Inmate Name: \_\_\_\_\_ Offender #: \_\_\_\_\_ DOB:      /      /       
Cell / Housing Unit: \_\_\_\_\_ Mo. Day Yr.

Reason for Review of Medical/Mental Health Record: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART B - To be completed ONLY AFTER review of the medical/mental health record.**

Is there any challenge to the completeness or accuracy of the information reviewed?

No  Yes  if yes, to what portion(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby acknowledge that the above requested review of my medical/mental health record information was performed on the following date and information specified was photocopied and given to me:*

Photocopies were made of \_\_\_\_\_

\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Authority or Designee  
Institutional Psychologist or Designee

\_\_\_\_\_  
Date