

**SUBJECT: EMERGENCY ABSENCES FOR SAFPF – CSCD OFFENDERS**

**APPLICABILITY:** Community Supervision Corrections Department (CSCD) offenders assigned to a Substance Abuse Felony Punishment Facility (SAFPF) Program

**PURPOSE:** To establish policy and procedures for review of and requests for emergency absences for CSCD offenders (community supervision) assigned to a Substance Abuse Felony Punishment Facility (SAFPF) Program.

**DISCUSSION:** The following procedures apply to the review process utilized in considering SAFPF – CSCD offenders for an emergency absence. An emergency absence is a privilege granted to an offender to be considered by his/her sentencing judge as an acceptable security risk for unescorted temporary release for a particular purpose and a period of time. In certain circumstances, the sentencing judge may request that the offender be allowed an emergency absence under the escort of TDCJ staff due to security risk factors. These offenders are considered to be in the custody of the TDCJ throughout the entire emergency absence.

**DEFINITIONS:**

*CSCD Offender* – The offender assigned to a SAFPF as a condition of his/her community and under the supervision of a Community Supervision Corrections Department (CSCD) – SAFPF Coordinator (Community Supervision Officer).

*Emergency Absence* – A privilege granted to a CSCD offender who is approved by his/her sentencing judge for temporary release unescorted or escorted for a particular period and reason. Temporary release is considered for the following reasons:

- To attend the funeral of an immediate family member, or
- To visit a critically ill immediate family member.

*Immediate Family Member* – The offender’s parents, grandparents, spouse, siblings, half-siblings, and children. Surrogate parents are included, if verifiable, from established TDCJ files.

**PROCEDURES:**

I. Emergency Absence Review Process:

- A. When the Unit is contacted by an offender family member regarding the death or critical illness of a family member, an Offender’s Family Member Death or Illness Work Sheet (***Attachment A – Form I-241 – Chaplaincy Manual***) shall be completed.
- B. The individual contacting the Unit shall be given instructions on the process for applying for an emergency absence. They will be told that the attending physician or funeral home director shall fax the information to the Classification and Records Office (CRO) in Huntsville using the following number: 936.437.8721.

1. Requests initiated by the physician shall include the following information:

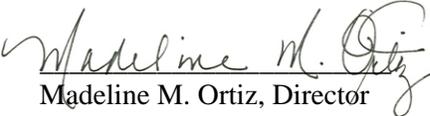
- a. Offender's name and TDCJ number;
  - b. Name of the ill person and his/her relationship to the offender;
  - c. Name and location of the hospital, hospice, or nursing home, or home address if the ill person is at home;
  - d. Nature and seriousness of illness or injury;
  - e. Physician's certification on official letterhead of the patient's critical illness; and
  - f. Full name, address, telephone, and facsimile number of the attending physician.
2. Requests initiated by a funeral home director shall include the following information:
- a. Offender's name and TDCJ number;
  - b. Name of the deceased and relationship to the offender;
  - c. Date, time, and location of funeral service; and
  - d. Full name, business name, address, telephone, and facsimile number of the attending funeral home director.
- C. The CRO shall fax a verification of receipt of request for an emergency absence to the Unit Warden. Along with the fax shall be a copy of the letter received from the requesting physician or funeral home director. Upon receipt of this fax, the Emergency Absence Information Sheet (***Attachment B***) shall be completed. Some or all of the information included on this form may have been obtained at the time of initial contact; however, if it was not, then additional contact shall be made with the offender's family. Once all of the information has been provided for the Emergency Absence Information Sheet, the Warden or designee shall review the offender's records and other pertinent documentation and provide recommendations and comments as appropriate.
- D. Once the Emergency Absence Information Sheet is completed, it shall be faxed to the CSCD SAFPF Coordinator in the county that sentenced the offender. The CSCD SAFPF Coordinator shall present the request to the sentencing judge for a decision.
- E. Upon the judge's approval or denial of the emergency absence request, the CSCD SAFPF Coordinator shall fax the appropriate documentation to the Unit. The Unit shall verify the authenticity of the fax by contacting the CSCD SAFPF Coordinator.
- F. The offender's family contact person shall be notified of the judge's decision and given instructions as necessary. If approved, the release order shall be faxed to the Unit.
- G. The CRO shall be notified of the judge's decision.
- H. If the emergency absence is approved, the appropriate Regional Director shall also be notified.
- II. Un-escorted Emergency Absences

- A. The following actions shall be taken prior to an offender departing the Unit for an un-escorted emergency absence:
1. Rules and regulations relating to emergency absences shall be explained to the offender.
  2. The offender shall be outfitted in appropriate bench warrant clothing.
  3. A photograph shall be taken of the offender dressed in the bench warrant clothing for identification purposes.
  4. Upon arrival on the Unit, all necessary information to include rules, regulations, emergency contact information, and return date and time will be explained to the person picking up the offender.
  5. The Emergency Absence Release Form (*Attachment C*) shall be completed.
- B. Offenders approved for unescorted emergency absences shall be picked up at and returned to their Units of assignment by a pre-designated person.
- C. In the event an offender does not return from an un-escorted emergency absence at the designated time, the following notifications shall be made:
1. The Unit Warden;
  2. The appropriate Regional Director;
  3. The Emergency Action Center;
  4. The offender's CSCD SAFPF Coordinator;
  5. The Sheriff's office in the county in which the absence was approved;
  6. The TDCJ CSCD liaison staff;
  7. The TDCJ Substance Abuse Treatment Program (SATP) staff; and
  8. The Unit Treatment Program Director.
    - Once the notifications have been completed, the Unit shall continue to monitor the situation and forward additional information as needed. The Unit will not actively pursue or attempt to recapture an offender who does not return from an un-escorted emergency absence unless such action is approved by the Regional Director.
- D. Offenders who may subsequently be returned to the Unit shall be subject to disciplinary action under the TDCJ rules and treatment sanctions as determined by the appropriate treatment team.
- E. All offenders returning from an un-escorted emergency absence shall be drug tested.

### III. Escorted Emergency Absences

- A. The sentencing judge may elect to approve an emergency absence with a stipulation that the offender remain under the escort of the TDCJ staff for the duration of the absence due to security concerns.
- B. The Unit Warden shall ensure that the appropriate level of supervision is provided throughout the emergency absence.
- C. The following actions shall be taken prior to an offender departing the Unit for an escorted emergency absence:
  - 1. Rules and regulations relating to emergency absences shall be explained to the offender.
  - 2. The offender shall be outfitted in the appropriate bench warrant clothing. The family may provide clothing for the offender to wear to the funeral.
  - 3. A photograph shall be taken of the offender dressed in the bench warrant clothing for identification purposes.
- D. An offender released on escorted emergency absence is considered to be in the custody of the TDCJ. Thus, the offender remains subject to the TDCJ disciplinary rules and procedures for offenders, any orders or instructions given to him by the TDCJ officials, and to state and federal laws.
- E. The Warden or the supervising officers with notice to the Warden shall have the discretion to cancel an offender's escorted emergency absence for good cause. Good cause includes any of the following:
  - 1. Violation of emergency absence instructions, TDCJ offender disciplinary rules, or state and/or federal laws;
  - 2. Posing a risk to the safety of the general public, the escort staff, or the offender himself; or
  - 3. Attempt to escape or evade the oversight of the assigned officer.
- F. In the event an escorted emergency absence is cancelled, the Unit Warden shall ensure notification of the following:
  - 1. The appropriate Regional Director;
  - 2. The Emergency Action Center;
  - 3. The offender's CSCD SAFPF Coordinator;
  - 4. The TDCJ Substance Abuse Treatment Program (SATP) staff; and
  - 5. The Unit Treatment Program Director.

- G. Offenders that violate any rules during an escorted emergency absence shall be subject to disciplinary action under the TDCJ rules and treatment sanctions as determined by the appropriate treatment team.

  
Madeline M. Ortiz, Director  
Rehabilitation Programs Division

(Attachment A)

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
OFFENDER’S FAMILY MEMBER DEATH OR ILLNESS WORKSHEET**  
*To Be Used When Taking Emergency Telephone Messages*

Person Taking Call \_\_\_\_\_

Date of Call \_\_\_\_\_ Time of Call \_\_\_\_\_

Offender’s Name \_\_\_\_\_ TDCJ # \_\_\_\_\_

Name of Caller \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Telephone # to Call Back ( ) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Relationship of Caller to Offender \_\_\_\_\_

Name of Deceased or Sick Person \_\_\_\_\_

Relationship to Offender \_\_\_\_\_

Condition \_\_\_\_\_ Illness \_\_\_\_\_ Critical Illness \_\_\_\_\_ Death \_\_\_\_\_

**IN CASE OF DEATH OR CRITICAL ILLNESS OF FAMILY MEMBER**

Allowed Offender to Make Phone Call \_\_\_\_\_

Gave Family Information About Furlough \_\_\_\_\_

- 1) In a case involving **DEATH**, the party should be told to have the funeral home send a Fax to the Classification and Records Office, P.O. Box 99, Huntsville, Texas, 77342, Fax # (936) 437-8721 (if no Fax is available, a telegram can be sent). The information should include:
  - The identity of the inmate (name and number)
  - The name of the deceased
  - The relationship of the deceased to the inmate
  - The date, time, and place for the scheduled service
  
- 2) In the event of **CRITICAL ILLNESS**, the calling party should be informed to ask the physician to send a FAX to the Classification and Records Office, P.O. Box 99, Huntsville, Texas, 77342, Fax # (936) 437-8721 (if no Fax is available, a telegram can be sent). It should identify:
  - The inmate (name & number)
  - The name of the ill person
  - The relationship of the ill person to the inmate
  - Physician’s telephone number
  - The cause of the emergency

**ADDITIONAL INFORMATION:**

Name of Funeral Home \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name of Hospital \_\_\_\_\_ Room # \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Person to whom this worksheet was given \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

After emergency is completed, file a copy in the offender unit file.  
I-241 form (This form revised 1/01)

(Attachment B)

**EMERGENCY ABSENCE INFORMATION SHEET**

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NAME: \_\_\_\_\_ TDCJ#: \_\_\_\_\_ HOUSING: \_\_\_\_\_

REASON FOR REQUEST : \_\_\_\_\_

COUNTY OF CONVICTION: \_\_\_\_\_ JUDGE: \_\_\_\_\_ COURT: \_\_\_\_\_

CSCD SAFPF COORDINATOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

NAME & RELATIONSHIP OF CALLER: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

NAME OF PERSON OFFENDER WILL BE STAYING WITH: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

PERSON RESPONSIBLE FOR PICKING UP OFFENDER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

VEHICLE INFORMATION:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ LICENSE# \_\_\_\_\_

COLOR: \_\_\_\_\_

Warden's Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Warden's Signature

(Attachment C)

**Texas Department of Criminal Justice  
EMERGENCY ABSENCE RELEASE FORM**

On \_\_\_\_\_ at \_\_\_\_\_ hours  
Date Time

Offender: \_\_\_\_\_ TDCJ#: \_\_\_\_\_  
Last Name First Name Middle Name or initial

has been picked up for an emergency absence by the following person who accepted responsibility for this offender during the time of his approved absence:

Name of Individual Assuming Responsibility: \_\_\_\_\_

Address (\*Obtain physical location if address given is a P.O. Box or Route #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Driver's Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**DRIVER'S VEHICLE INFORMATION:**

Car Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**DESCRIPTION OF BENCH WARRANT CLOTHES BEING WORN BY OFFENDER AT TIME OF DEPARTURE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHOTO TAKEN BY:** \_\_\_\_\_

**DEADLINE FOR OFFENDER'S RETURN TO THE UNIT:**

Day of Week: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

**VEHICLE SEARCH:**

Shift Supervisor: \_\_\_\_\_

Person Searching Vehicle: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Items found:

\_\_\_\_\_  
\_\_\_\_\_