

1.4.G.3 Interstate Compact

I Policy Index:



Date Signed: 01/17/2020
Distribution: Public
Replaces Policy: 4G.1
Supersedes Policy Dated: 12/11/2018
Affected Units: All Institutions & Parole
Effective Date: 01/17/2020
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Office of Primary Responsibility: DOC Administration

II Policy:

The South Dakota Department of Corrections (DOC) will participate in the Interstate Compact for Adult Offender Supervision program, pursuant to SDCL §§ 1-15-10.1 and 1-15-10.3. The program establishes a means to allow offenders to transfer to and from other correctional systems. The Director of Classification is the Interstate Compact Administrator for the adult system.

III Definitions:

Interstate Compact for Adult Offender Supervision:

A formal agreement between member states that seeks to promote public safety by systematically controlling the interstate movements of certain adult offenders.

Man Day Credit:

The total number of inmate days that another correctional system owes the State of South Dakota.

Man Day Debt:

The total number of inmate days owed to another correctional system by the State of South Dakota.

Mixed:

Inmate sentences to the South Dakota prison system as a result of a parole violation or a suspended sentence violation with an additional conviction and sentence where at least one (1) of the prison sentences is a new system offense. Inmates with mixed sentences may have multiple parole dates.

New System:

Inmate sentences to the South Dakota prison system as a result of a crime committed on or after July 1, 1996.

Old System:

Inmate sentences to the South Dakota prison system as a result of a crime committed prior to July 1, 1996.

Receiving State:

A state to which an offender requests transfer or is transferred.

Sending State:

A state requesting the transfer of an offender, or which transfers an offender.

IV Procedures:

1. Overview:

- A. No inmate has any an implied right or expectation to be housed in any particular facility, to participate in any specific program, or receive any specific service. Inmates are subject to transfer from a facility, program or service at the discretion of the Warden or Secretary of Corrections (See SDCL § [24-2-27](#)). Nothing in this policy nor its application may be the basis for establishing a constitutionally protected liberty, property or due process interest in any inmate.
- B. The DOC may transfer any inmate from any institution under its control to another state or federal government for like institutional care and custody (See SDCL § [1-15-10.3](#)), even if the transfer was not requested by the inmate.
 - 1. To be eligible to receive a South Dakota offender, the receiving institution shall be compliant (or working towards compliance) with the Prison Rape Elimination Act (PREA) and established standards, as the standards apply to housing inmates in custody.
- C. This policy does not apply to interstate compact transfers of parolees. Parole is included as a unit affected by this policy to address the conduct of parole hearings for South Dakota inmates housed in other jurisdictions through an inmate interstate compact transfer.

2. Inmate Requests to Transfer:

- A. Inmates requesting transfer to another correctional system must submit an *Interstate Compact Request* form (See [Attachment 1](#)) to their unit staff.
 - 1. Unit staff will review the request and gather information pertinent to the request. The information and request will be forwarded to the Classification and Transfer office.
- B. Upon receipt of the request, the Director of Classification will enter a disposition.
 - 1. Possible dispositions are “denied”, “filed” or “continued for approval”.
 - 2. The following factors may be considered:
 - a. The circumstances of the inmate’s confinement, including the term of the inmate’s sentence remaining.
 - b. Protection issues, including monitoring, separation requirements or protective custody (See DOC policies 1.4.B.2 [Male Inmate Classification](#) and 1.4.B.14 [Female Inmate Classification](#))
 - c. Specific needs of the inmate.
 - d. The inmate’s prior state of residence (if not South Dakota).
 - e. The availability of transportation options.

- f. Fiscal impact.
 - g. The man-day credit balance.
 - h. Legitimate penological interests of the SD DOC.
3. The disposition will be documented on the *Interstate Compact Transfer Request Response* form (See [Attachment 2](#)). The disposition will be returned to the inmate's unit staff. Unit staff will notify the inmate of the decision. If the disposition is "continued for approval", unit staff will proceed with the steps in Section 4 of this policy (See "Out of State Transfer Application Continued for Approval").
- C. The Director of Classification or designee will brief the Secretary of Corrections whenever there is a decision to pursue an involuntary interstate compact transfer for a South Dakota inmate.

3. Denied or Open/Active Requests:

- A. If the request for transfer to the receiving state is denied, the inmate may reapply for a transfer to that state one year from the date the request was denied.
- B. If the request for transfer is denied, the inmate may reapply for a transfer to another state one year from the date of denial.
- C. If the request is filed, staff will maintain the request on active/open status for future reference, should the circumstances contributing to the decision change; e.g. a change in man-day credit balance.
- D. Inmates with an active/open request to transfer to a specific receiving state may not reapply for transfer to that same state while the request is active/open. The inmate must notify the Director of Classification in writing if they wish to terminate the request.
- E. Duplicate requests submitted by an inmate will be disposed of without a response.

4. Applications:

- A. Unit staff will have the inmate sign an *Application for Transfer Pursuant to the Interstate Corrections Compact* form (See [Attachment 3](#)) and forward this to DOC Central Records in Sioux Falls, SD for placement in the inmate's legal file.
- B. The Director of Classification or designee will initiate the *Transfer Mental Health Care Summary* and *Transfer Health Care Summary* (See [Attachments 4 & 5](#)), which Behavioral Health and Health Services staff will complete and return to the director or designee.
- C. The Director of Classification will send copies of the following information to the compact administrator for the prospective receiving system/state:
 - 1. Judgment and sentence papers.
 - 2. Pre-sentence Investigation (PSI).
 - 3. Current NCIC III.
 - 4. Fingerprint card.

5. Current inmate photo.
6. Most recent classification review.
7. Transfer screen.
8. Assignment screen.
9. Sentence information.
10. Disciplinary record.
11. Visit list.
12. Copy of completed Attachments 3, 4 and 5.
13. Health evaluation.
14. Case summary.
15. Related assessments (SOMP, High Risk, IPD).

- D. Upon acceptance by the receiving state, the Director of Classification or designee will make the necessary arrangements to transfer the inmate. If the inmate requested the transfer, he/she may be responsible for all or part of the transportation expenses. Involuntarily interstate compact transfers are not generally responsible for transportation expenses without cause.
- E. If the request to transfer is denied by the receiving state, the Director of Classification or designee will notify the inmate's unit staff, who will notify the inmate of the denial.

5. Requests to Transfer to the South Dakota DOC:

- A. All requests to transfer to the South Dakota DOC received from an inmate housed in another state DOC, must be reviewed and approved by the Director of Classification. If approved by the director, the request will be forwarded to the respective Warden for consideration.
1. Requests from male inmates must be approved by the respective Warden of the receiving male facility. Requests from female inmates must be approved by the Warden of the South Dakota Women's Prison.
 2. The review and the final disposition will be documented on the *Interstate Compact Transfer Review* (See [Attachment 6](#)).
- B. If the application is approved, the Director of Classification or designee will contact the sending state and coordinate the transfer.
- C. If the application is denied, the Director of Classification or designee will notify the sending state.
- D. The Director of Classification or designee will be responsible for maintaining an accurate record of the man-day debt or credit.
- E. The Director of Classification or designee will notify the Secretary of Corrections, Director of Prison Operations and the applicable Warden of all finalized transfers to or from another correctional system on a monthly basis.

6. Parole Hearings for South Dakota Inmates:

- A. Parole hearings for SD inmates transferred to another state will be conducted telephonically or electronically (See SDCL §§ [24-15-8](#) and [24-15A-35](#)).

V Related Directives:

SDCL §§ [1-15-10.1](#), [1-15-10.3](#), [24-2-27](#), [24-15-8](#) and [24-15A-35](#).

1.4. B.2 – [Male Inmate Classification](#)

1.4. B.14 – [Female Inmate Classification](#)

VI Revision Log:

Removed revisions from October 2002 to October 2009.

October 2009: **Deleted** reference to forwarding onto the AW of former ss (A2 of Requests by SD Inmates to Transfer Out of State). **Revised** DOC policy 1.4.B.2 into its two respective policies of 1.4.B.2 and 1.4.B.14. **Added** hyperlinks.

October 2010: **Revised** formatting of Section I.

October 2011: **Reviewed with no changes**

November 2012: **Added** “The completed form will be returned to the inmate’s unit staff. Unit staff will notify the inmate of the CTM’s decision” in Section 3 B. 3. **Deleted** “Last classification packet” and **Replaced** with “Most recent classification review” in Section 4 C. 6. **Added** “Inmates who are an involuntary transfer are not responsible for transportation expenses associated with the transfer” in Section 4 D. **Deleted** “If an inmate has signed the Acknowledge of Parole Hearing Process and Waiver of Personal Appearance, the SD Board of Pardons and Paroles may elect, at the discretion of the Board, to hold any review through:” and **Replaced** with “Parole hearings for inmates held out of state will be conducted telephonically (See SDCL)” in Section 6 A. **Deleted** “A hearing by the paroling authority in the receiving state (See SDCL) and **Replaced** with “If an out of state inmate wishes to admit to noncompliance with the individual program directive or wishes to admit to an alleged violation of conditions of parole, the inmate/parolee may waive his hearing” in Section 6 A. 1. **Deleted** “A hearing by teleconference, and/or a hearing based on a review of the inmate’s record including any written materials the inmate has submitted on his or her behalf” and **Replaced** with “The Parole Board may receive documentary evidence via facsimile machines or other electronic means of document transfer” in Section 6 A. 2. **Deleted** B. “If an inmate has not signed the Acknowledgement of Parole Hearing Process and Waiver of Personal Appearance, the SD Board may elect, at the discretion of the Board, to hold parole hearings” in Section 6. **Deleted** 1. “For old system cases through:” **Deleted** a. “A hearing by the paroling authority in the receiving state and/or” and **Deleted** b. “A hearing by teleconference” and **Deleted** 2. “For new system cases through” and **Deleted** a. “A hearing by the paroling authority in the receiving state and/or” and **Deleted** b. “A hearing by teleconference (A hearing by teleconference is not allowed for an initial non-compliance hearing or revocation hearing)” all in Section 6 B. **Deleted** Attachment 4 “Acknowledgement of Parole Hearing Process and Waiver of Personal Appearance”.

October 2013: **Added** 1. “To be eligible to receive a South Dakota offender, the receiving institution shall be compliant (or working towards compliance) with the Prison Rape Elimination Act (PREA) and the accompanying standards.” to Section 1 B.

October 2014: **Reviewed** with no changes.

October 2015: **Reviewed** with no changes.

October 2016: **Reviewed** with no changes.

October 2017: **Reviewed** with no changes.

October 2018: **Replaced** “CTM” with “Director of Classification or designee” in the policy. **Added** “and other specific needs of the inmate or availability of accommodations currently provided to the inmate” in Section 2 B. 2. b. **Added** “Director of Prison Operations” Section 5 E.

January 2020: **Reviewed** with no changes.

Mike Leidholt (original signature on file)

01/17/2020

Mike Leidholt, Secretary of Corrections

Date

Attachment 1: Interstate Compact Request

The *Interstate Compact Request* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Interstate Compact Request.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: Interstate Compact Request I Please refer to DOC policy 1.4.G.3 Inmate Interstate Compact
INTERSTATE COMPACT REQUEST	
Inmate Name: <input type="text"/>	Number: <input type="text"/>
State in which placement is requested: <input type="text"/>	
Reason for request: <input type="text"/>	
Institution Recommendation: <input type="text"/>	
Signature	Date
<input type="text"/>	
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Attachment 2: Interstate Compact Transfer Request Response

The *Interstate Compact Transfer Request Response* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Interstate Compact Transfer Request Response.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: Interstate Compact Transfer Request Response Please refer to DOC policy 1.4.G.3 Inmate Interstate Compact	
INTERSTATE COMPACT TRANSFER REQUEST RESPONSE			
Inmate Name	█	Number:	█
Current facility placement:	█		
State placement is requested:	█		
Compact Director response:	█		
	Signature		Date:
Revised: 10/14/2008		Page 1 of 1	

Attachment 3: Application for Transfer Pursuant to the Interstate Corrections Compact

The *Application for Transfer Pursuant to the Interstate Corrections Compact* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Application For Transfer Pursuant to the Interstate Corrections Compact.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public	Attachment: App. For Transfer Pursuant To The Interstate Cor. Compact Please refer to DOC policy 1.4.G.3 Inmate Interstate Compact
APPLICATION FOR TRANSFER PURSUANT TO THE INTERSTATE CORRECTIONS COMPACT	
I, _____, # _____, hereby apply for confinement as an inmate pursuant to the Interstate Corrections Compact Act for transfer of inmates. I urge the authorities for whom this application is made, and all other judicial and administrative authorities, to recognize that confinement in another state, if granted as requested in this application, will be a benefit to me and will improve my opportunities for rehabilitation.	
It is understood by me that I will be under the authority of the State of South Dakota and the provisions under which I serve my sentence, am paroled or discharged from my sentence will be determined by the South Dakota Code. At all times I will remain under the jurisdiction of the State of South Dakota.	
I understand that the very fact my confinement will be in another state makes it likely there will be certain differences between the confinement I would receive in this state and the confinement which I will receive in any state to which I am requesting to go. Particularly, I understand the state I transfer to may have different disciplinary policies and procedures than the South Dakota Department of Corrections. I agree to abide by those policies and procedures and waive my right to the disciplinary policies and procedures of the South Dakota Department of Corrections while incarcerated in another state. In order to derive the advantages of supervision under the Interstate Corrections Compact for transfer of inmates, I do hereby accept such differences in course and character of confinement as may be provided, and I do state that I consider the benefits of confinement under the compact to be worth any adjustments in my situation which may be required.	
I also agree that this request is deemed as my waiver of extradition with respect to any charge or proceeding contemplated hereby or included herein, and a waiver of extradition to another state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state.	
I also agree that this request constitutes a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purpose of the Interstate Corrections Compact Act and I further consent voluntarily to be returned to the institution in which I now am confined.	
In view of the above, I do hereby apply for permission to be confined in the State of _____ for the following reasons:	
I _____ have read the above or _____ have had the above read and explained to me, and understand its meaning and agree thereto.	
Inmate Signature:	Date:
Witness:	Date:
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Attachment 4: Transfer Mental Health Care Summary

The *Transfer Mental Health Care Summary* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Interstate Compact Transfer Mental Health Care Summary.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: Transfer Mental Health Care Summary Please refer to DOC policy 1.4.G.3 Inmate Interstate Compact	
TRANSFER MENTAL HEALTH CARE SUMMARY			
Name: <input type="text"/>		ID Number: <input type="text"/>	
Birth Date: <input type="text"/>	Supervised Release Date: <input type="text"/>	Expiration Date: <input type="text"/>	Case Manager: <input type="text"/>
Current Mental Health Problems/Disorders: <input type="text"/>			
<u>Mental Health Background Information</u>			
History of Suicide Attempts: <input type="text"/>			
Psychotropic Medications: <input type="text"/>			
Follow-up Appointments Needed: <input type="text"/>			
Name and Title (Mental Health Services Designee): <input type="text"/>			Date: <input type="text"/>
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Attachment 5: Transfer Health Care Summary

The *Transfer Health Care Summary* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Interstate Compact Transfer Health Care Summary.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: Transfer Health Care Summary Please refer to DOC policy 1.4.G.3 Inmate Interstate Compact	
TRANSFER HEALTH CARE SUMMARY			
Name: <input type="text"/>		ID Number: <input type="text"/>	
Birth Date: <input type="text"/>	Supervised Release Date: <input type="text"/>	Expiration Date: <input type="text"/>	Case Manager: <input type="text"/>
Monitors Date: <input type="text"/>	Results: <input type="text"/>	Chest X-ray: <input type="text"/>	Results: <input type="text"/>
If Monitors was positive, was PNI administered? <input type="text"/>		Date PNI completed: <input type="text"/>	
		If no PNI administered/completed, was offender treated with any other medication? <input type="text"/>	
Current Dental Problems/Disorders: <input type="text"/>			
Toiletequip. Appointments: <input type="text"/>			
Current Medical Problems/Disorders*: <input type="text"/>			
HIV Status: <input type="text"/>			
Physical Health Background Information			
Medications (Medication Administration Record Attached): <input type="text"/>			
Adaptive Device: <input type="text"/>			
Special Diet/Drops/Injections: <input type="text"/>			
Allergies: <input type="text"/>			
Exercisions/Linjections: <input type="text"/>			
Toiletequip. Appointments: <input type="text"/>			
*If Hepatitis C positive, please provide liver function test results and biopsy results if available.			
Name and Title (Health Services Designer): <input type="text"/>		Date: <input type="text"/>	
1			
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Attachment 6: Interstate Compact Transfer Review

The *Interstate Compact Transfer Review* form is located at:

<M:\DOC\DOC Policies\Agency\DOC Policies\Attachment Templates\Interstate Compact Transfer Review.doc>

The gray areas indicate the information that is to be entered.

South Dakota Department of Corrections Policy Distribution: Public		Attachment: Interstate Compact Transfer Review Please refer to DOC policy 1.4.G.3 Inmate Interstate Compact	
INTERSTATE COMPACT TRANSFER REVIEW			
Date:			
Inmate:			
Transfer From:			
Transfer To:	South Dakota		
Monthly Balance:			
Additional Transfer Information: 			
Warden:			
<input type="checkbox"/> Recommend Approval		<input type="checkbox"/> Recommend Denial	
Classification and Transfer Manager:			
<input type="checkbox"/> Recommend Approval		<input type="checkbox"/> Recommend Denial	
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