

## 1.4.G.4 Inmate Furlough

### I Policy Index:



**Date Signed:** 11/09/2015  
**Distribution:** Public  
**Replaces Policy:** 4G-5  
**Supersedes Policy Dated:** 11/18/2014  
**Affected Units:** Adult Institutions  
**Effective Date:** 11/10/2015  
**Scheduled Revision Date:** October 2016  
**Revision Number:** 13  
**Office of Primary Responsibility:** DOC Administration

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### II Policy:

The Department of Corrections, giving due consideration to public safety, may allow eligible inmates unsupervised access to the community for certain pre-approved reasons through a furlough program.

### III Definitions:

#### **Immediate Family:**

For the purposes of this policy, immediate family consists of the inmate's spouse, children, step children, parents, step parents, siblings, step siblings, grandparents, grand children, or at the discretion of the Warden or his/her designee, a relative who was the inmate's primary care giver, Relationship of the immediate family member to the inmate will be verified through inmate records and/or the inmate's visit list.

#### **Furlough:**

A furlough is the authorized absence of an inmate from DOC custody for an approved reason. An inmate released to furlough shall remain in the legal custody of the Department. A furlough is a privilege and not a right of the inmate and will not be granted automatically as a reward for good conduct.

#### **Bedside Visit:**

The act of an inmate visiting an immediate family member that has been seriously injured and received emergency medical care, or a immediate family member suffering from a serious illness who is under the care of a physician, or an immediate family member with a terminal illness that is reasonably expected to result in the death of the family member within a short period of time.

### IV Procedures:

#### **1. Inmate Eligibility for a Furlough:**

A. Inmates must meet the following eligibility criteria at the time of their request:

1. Must be minimum custody status and currently assigned to, and residing in, a minimum/low medium custody facility (See DOC policies 1.4.B.2 *Male Inmate Classification* and 1.4.B.14 *Female Inmate Classification*).
  2. The inmate's behaviors and history support a reasonable belief that if released on furlough status, the inmate will return to the facility at the pre-approved time and date, and will follow all conditions set forth by the DOC regarding the furlough (SDCL § 24-2-25).
  3. The inmate has arranged for his/her own transportation and will be responsible for all travel expenses related to the furlough.
  4. The inmate does not have an active felony warrant or hold listed within a current warrants check.
- B. Any inmate who misleads the DOC in any way during the application process or while released on furlough, will have his/her furlough denied. The Warden may order the immediate return of any inmate released on furlough.

## 2. Reasons for a Furlough:

- A. Qualifying minimum custody inmates may be granted a furlough for the following reasons:
1. To visit a terminally or seriously ill immediate family member, critically injured immediate family member; or to attend the funeral of an immediate family member.
    - a. Inmates will only be allowed one (1) bedside visit (furlough) per immediate family member.
    - b. An inmate may be granted a bedside visit for an ill or injured immediate family member and a furlough to attend the funeral of the same family member, provided the furlough requests are submitted at least thirty (30) days apart. The Warden may grant an exception for requests submitted less than thirty (30) days apart.
  2. To receive health care services outside of the facility, as deemed medically necessary by DOC health services/outside health care provider, including but not limited to medical, surgical, psychiatric, or dental (See DOC policy 1.4.E.2 *Medically Necessary Health Care*). Does not include elective procedures unless deemed medically necessary.
  3. To appear at a scheduled civil court proceeding before a grand jury, or to comply with an official request/order to appear from the court a judge, or prosecuting attorney.
    - a. DOC staff will assist in making arrangements for an inmate to appear telephonically, (from the confines of the institution) as directed by the court/judge or prosecuting attorney.
    - b. If an inmate is ordered to appear and testify in a criminal proceeding , grand jury investigation or other criminal proceeding in a court located in another state, the judge within the jurisdiction where the inmate is housed, or the South Dakota Attorney General, will direct the location and time when the inmate shall appear in that state (SDCL § 24A-14A-2).
  4. For compelling reasons consistent with public interest and the mission of the DOC. Such reasons are subject to prior approval by the Warden or his/her designee.

### 3. Application/Approval for a Furlough:

- A. Minimum custody inmates may initiate the furlough application process by contacting their unit team or staff at the halfway house/ contract facility (See [Attachment 1](#)).
  - 1. Staff will verify the inmate's eligibility and the accuracy of all information provided on the application.
  - 2. Staff will ensure a warrant check is completed and verify the inmate has no active felony warrants or holds (questions may be directed to Central Records staff).
  - 3. If it is determined the inmate is not eligible for a furlough, staff will inform the inmate of his/her ineligibility and terminate/deny the application/request.
  - 4. If it is determined the inmate is eligible for a furlough, staff will forward the completed application to the appropriate Associate Warden or Deputy Warden.
- B. The Associate Warden or Deputy Warden will review the application.
  - 1. If the Associate Warden or Deputy Warden denies the inmate's application, he/she will return the application to the unit team, who will inform the inmate of the denial.
  - 2. If the Associate Warden or Deputy Warden approves the inmate's application, he/she will forward the approved application to the Warden.
- C. Final approval of the application/request shall be made by the Warden or his/her designee. Each request will be decided on a case-by-case basis, with careful consideration given for the safety of the community.
  - 1. The Warden or his/her designee will notify the Associate Warden or Deputy Warden of his/her decision.
  - 2. The Associate Warden or Deputy Warden will return the application to the inmate's unit staff, who will notify the inmate of the decision.
- D. Approved furlough applications will be distributed as follows:
  - 1. The original furlough application will be sent to unit staff.
  - 2. A copy of the furlough application will be issued to the inmate upon release to furlough. Unit staff will retain the original application at the housing unit.
  - 3. Staff will ensure the departure and return times are recorded on the original application, along with the transporter's signature (if applicable) and any additional comments/instructions specific to the inmate's release to furlough.
  - 4. Upon the return of the inmate from furlough, the completed furlough application will be recorded in the Comprehensive Offender Management System (COMS).
  - 5. The original completed furlough application will be sent to the inmate's case manager to be maintained in the inmate's institutional file.

#### **4. Furlough Application for Funeral or Bedside Visit:**

- A. When DOC staff receive information an inmate's immediate family member is critically ill, injured, or deceased, staff will contact a staff member on the inmate's unit team. The unit staff member (or shift commander if unit staff is not available) will complete the top portion of the [Funeral Attendance/Bedside Visit Worksheet](#) (See [Attachment 2](#)).
  - 1. The staff member will verify the critical status of the immediate family member. Normally this will be accomplished by contacting the attending physician, health care facility, nursing home, hospice care provider or funeral home. Verification will be completed prior to considering an inmate's request for furlough.
    - a. Bedside visits to a private residence will only be considered if the condition of the immediate family member is verified with a medical professional/provider.
- B. Upon verification of the critical status or death of an inmate's immediate family member, staff will notify the inmate in a timely manner.
  - 1. Unit staff or the shift commander may authorize the inmate to make an emergency telephone call.
    - a. If the inmate does not have funds available in his/her telephone account, staff may allow the inmate to make the emergency telephone call from a staff telephone.
    - b. Emergency telephone calls from a staff phone will normally be limited to ten (10) minutes and will be monitored by staff.
- C. Upon completion of Part 2 of the worksheet, the unit team will determine if the inmate is eligible for a furlough (See Section 3 of this policy)

#### **5. Victim Notification:**

- A. Upon approval of a furlough application/request by the Warden, designated unit team staff will immediately notify Central Records staff.
  - 1. Central Records staff will record the furlough information and complete all notifications, in accordance with DOC policy 1.1.E.4 [Release and Status Change Notification Requests](#).
  - 2. If Central Records staff is unable/unavailable if a confidential notify exists and if so, provide telephone notification to the person(s) pursuant to DOC policy 1.1.E.4 [Release and Status Change Notification Requests](#) the OIC will complete the verification and any notification that is required prior to the inmate being released to furlough.
  - 3. The Warden will be notified immediately by Central Records staff, or the OIC, of any adverse response(s) are received from a victim or sentencing judge.
- B. The Warden or his/her designee will contact the Director of Prison Operations prior to releasing an inmate on furlough if an adverse response was received from a victim or sentencing judge.

## 6. Travel Time and Distance Limitations:

- A. Inmates approved for a furlough may travel within the boundaries of the state of South Dakota, including SD Indian reservations. Out of state travel by an inmate on furlough is subject to approval by the Warden or his/her designee.
- B. Inmates must sign an [Agreement to Waive Extradition](#) (See [Attachment 2](#)) prior to departing from the facility on furlough.
- C. Time and distance limitations for a furlough will be determined by the approving authority and will be based on distance to and from the approved destination and the time needed to accomplish the purpose of the furlough.
  - 1. The Warden, Associate Warden or Deputy Warden must approve any changes to the conditions of an inmate's furlough.
  - 2. Furloughs will normally not be approved with departure time before 0800 hours or a return time that exceeds 2200 hours.

## 7. Transportation Guidelines:

- A. Transportation for inmates on furlough status will be provided by a family member, or with staff approval, a responsible friend of inmate who is at least eighteen years of age, the same gender as the inmate and is on the inmate's approved visit list (See DOC policy 1.5.D.1 [Inmate Visiting](#)).
  - 1. Public transportation may be authorized when an inmate does not have access to other means of acceptable transportation.
    - a. The DOC is not responsible for transportation costs incurred by the inmate while on furlough.
  - 2. The person transporting the inmate must sign the [Furlough Application](#) (See [Attachment 1](#)) prior to departing from the facility with the inmate.
  - 3. Inmates will return to their assigned facility on the date and time specified on the approved furlough, unless granted an exception by the Warden, Associate Warden or Deputy Warden.
  - 4. Inmates on furlough are required to be in the general company of the person responsible for transportation (unless granted an exception-See 1. above).

## 8. General Conduct/Conditions of a Furlough:

- A. Inmates released on furlough status are required to abide by the following conditions:
  - 1. Furlough applications will specifically identify the location(s) where the inmate will be during the entire furlough.
    - a. The application will include sufficient information, including telephone numbers and locations/addresses of where the inmate may be contacted by the DOC.
    - b. Cell phones numbers are not considered a "location". The telephone number(s) indentifying a location must be a land-line number.

- c. If at any time, staff attempts to contact the inmate are unsuccessful and/or the inmate's location cannot be verified, staff will contact the shift commander immediately.
2. Inmates on furlough will abide by all local, state and federal laws, local ordinances, DOC policies and rules and conditions set forth within the furlough. Violations may lead to criminal prosecution and/or disciplinary action.
3. Inmates will not operate a motor vehicle while on furlough.
4. Inmates will not consume alcoholic beverages, or spend any time in an establishment where the primary function is the serving of alcoholic beverages.
5. Inmates will not purchase, sell, possess consume or administer, narcotics, marijuana, synthetic drugs, or intoxicants in any form. Inmates will not enter or frequent any place where such articles are sold, dispensed, used or given.
6. Inmates must immediately contact staff at their assigned facility in the event they are arrested, involved in a serious accident, or suffer serious illness or injury that requires emergency medical care or hospitalization while on furlough.
7. Inmates will not possess firearms or other dangerous weapons while on furlough.
8. Inmates will not associate with persons engaged in illegal activities while on furlough.
9. Inmates may not marry, or sign legal papers, contracts or loan applications while on furlough.
10. Inmates will not use prescription medication not prescribed and issued to the inmate by Health Service staff, or receive any medical/surgical, psychiatric treatment without staff permission, except in the case of a medical emergency.
11. Civilian clothing may be worn by an inmate while on furlough.
12. Inmates returning from furlough will be strip searched in accordance with DOC policy 1.3.A.5 [Searches - Adult Institutions](#).
13. Inmates returning from furlough may be required to submit to drug testing upon return to the facility.

## **9. Purchases While on Furlough:**

- A. An inmate may withdraw no more than fifty dollars (\$50) per release to furlough from their spend or savings subaccounts for incidental expenses; e.g. meals, snacks, transportation, subject to the provisions of DOC policy 1.1.B.2 [Inmate Accounts and Financial Responsibility](#).
  1. An inmate may not borrow funds from the institution's Benevolent Fund for this purpose.
  2. Unless pre-approved by unit staff, inmates may not purchase merchandise or personal property to bring back to the institution.
  3. The DOC is not responsible for expenses incurred by the inmate while on furlough.

## 10. Returning Late From a Furlough:

- A. Any time an inmate is late returning from a furlough, the Shift Commander will be notified immediately.
- B. If an inmate is more than one (1) hour late returning from a furlough and has not received staff authorization for a late return, staff will contact the Warden or his/her designee immediately.

## V Related Directives:

- DOC policy 1.1.B.2 – [Inmate Accounts and Financial Responsibility](#)
- DOC policy 1.1.E.4 – [Release and Status Change Notification Requests](#)
- DOC policy 1.3.A.5 -- [Searches - Adult Institutions](#)
- DOC policy 1.4.B.2 – [Male Inmate Classification](#)
- DOC policy 1.4.B.14 – [Female Inmate Classification](#)
- DOC policy 1.4.E.2 – [Medically Necessary Health Care](#)
- DOC policy 1.5.D.1 – [Inmate Visiting](#)

## VI Revision Log:

**December 2003:** **Combined** DOC policy on Funeral Attendance and Bedside Visits with this policy. **Deleted** references to Type A and Type B furloughs. **Deleted** reference to the Benevolent Fund. **Revised** travel restrictions to just the State of South Dakota, including Indian reservations. **Added** a definition for “escape history”. **Added** a definition for Furlough. **Revised** guidelines on staff expenses.

**July 2004:** **Changed** travel requirements to allow out-of-state travel at the Warden’s discretion. **Added** contact information for the Rapid City Trusty Unit to Attachment 2.

**November 2005:** **Added** “probation absconding” under the definition for “history of escapes”. **Added** definition for security perimeter and referenced security perimeter under information on escape from a secure facility. **Added** reference to DOC policies 1.4.B.2 and 1.5.D.1. **Changed** Unit Staff to unit team. **Revised** the document to clarify procedures for the SDWP.

**November 2006:** **Revised** the definition of security perimeter. Made minor style/format changes throughout the policy.

**November 2007:** **Combined** furlough approval procedures for male/female inmates into one standard procedure. **Revised** the records retention procedures. **Revised** attachments 1 and 3. **Added** that a copy of the completed furlough application will be kept in an inmate’s institutional file. **Clarified** law enforcement notification procedures.

**October 2008:** **Revised** formatting of policy and attachments in accordance with DOC policy 1.1.A.2. **Replaced** central records with case manager in ss (E3 of Application/Approval for Funeral Attendance or Bedside Visit). **Added** title of Attachment 1 in ss (A5 of Transportation Guidelines). **Replaced** “commissary” with “spend” in ss (A of Purchases While on Furlough/Bedside Visit/Funeral Attendance). **Added** reference to DOC policy in section V. **Combined** Attachments 4 with Attachment 3 and made reflection of change in policy. **Revised** minor wording and grammatical changes throughout policy.

**October 2009:** **Revised** 1.4.B.2 into its two respective policies of 1.4.B.2 and 1.4.B.14. **Revised** titles of DOC policies 1.4.G.1 and 1.5.D.1. **Deleted** reference to the Redfield Minimum Unit within Attachment 1 and 2. **Revised** screen shots of Attachment 1 and 3. **Added** hyperlinks.

**October 2010:** **Revised** formatting of Section 1. **Revised** title of DOC policy 1.1.A.1.

**February 2011:** **Added** A. 5. to ss 1 (Procedures) **Inserted** A. 2. SS 3 (Procedures) **Added** Warrants check completed box to Attachment 1. **Added** “narcotics” to 8. A. 5.

**December 2011:** **Deleted** 3. and **Added** a. - d. in Section 1 C. 2. **Added** “and other court ordered or correctional ordered placements” to Section 1 C. 2. d. 3) **Added** “approved community passes and being in the non-physical custody of law enforcement following an arrest” in Section 1 C. d. 4) **Added** “on a felony charge” and “not” to Section 1 C. 2. e. **Deleted** “that the” and **Added** “it is unlikely the” **Deleted** “not” in Section 1 C. 4. **Added** 5. to Section 1 C. **Added** a. “The Warden may waive this



requirement if the institution's benevolent fund has sufficient funds available to pay the total calculated cost of providing supervision or the remaining balance, after applying the inmate's funds to these costs" in Section 1 C. 5. **Added** 4. "In addition to verifying the terminal illness of the immediate family member or funeral arrangements when reviewing the inmate's Funeral Attendance Worksheet, unit staff should check for any changes in the funeral arrangements and/or condition of the terminally ill family member (for a bedside visit) prior to the inmate being released to furlough" in Section 4. E. 4. **Added** "duty officer" to Section 5 D. 3. **Added** E. "The Warden has discretion to waive a portion or all of the supervision costs." to Section 7. **Deleted** c. "Institutional staff will attempt to contact the inmate at one (1) of the inmate's listed locations" in Section 8 A. 1. **Added** "staff attempt to contact the inmate and" and "Staff will contact the shift commander immediately" to Section 8 A. 1. **Added** 1. to Section 10. B. **Added** "has not returned and" **Deleted** "late returning from a furlough/bedside visit/funeral attendance" and **Replaced** with "past their approved return.

**February 2014:** **Revised** definition of "Furlough". **Updated** definition of "Immediate Family" consistent with definitions within policy. **Deleted** "Inmates who are not eligible for a furlough may be approved for a supervised bedside visit or funeral attendance" in the policy statement. **Deleted** "in order to apply for and be approved for a furlough" and **Replaced** with "at the time of their request" in Section 1 A. **Deleted** "Must not be currently placed in ad. det. Or disciplinary segregation" in Section 1 A. 2. **Added** "Must be assigned" and "or low medium custody" in Section 1 A. 1. **Deleted** B, C, C, 1-6 C. 2.a-d, 1)-4) C. 5. a. referencing Low Medium and high medium custody inmates. **Added** "The Warden may order the return of any inmate released on furlough" in Section 1 E. **Deleted** "may be granted" and **Replaced** with "Qualifying minimum custody inmates may be granted a furlough for the following reasons" in Section 2 A. **Added** "when an immediate family member has been critically injured" to Section 2 A. 1. **Added** "The Warden may grant an exception if the request is less than thirty (30) days apart" to Section 2 A. 1. b. **Added** "to include but not limited to medical, surgical, psychiatric or dental) in Section 2 A. 2. **Added** "appear before a grand jury or comply with an official request from the court/judge or prosecuting attorney" in Section 2 A. 3. **Added** "Bedside Visits, Funeral Attendance" to title of Section 2. **Deleted** b. "A properly executed court order is required for inmates who are not eligible for a furlough but who are required to attend a court proceeding off the grounds of a DOC facility" in Section 2 A. 3. **Deleted** c. "Inmates who are not eligible for furlough but who are required to attend a court proceeding off the grounds of a DOC facility will be transported/escorted by DOC staff" in Section 2 A. 3. **Added** "and will be monitored by staff" in Section 4 A. 3. b. **Added** "by the Warden" in Section 2 A 4. **Deleted** 3. (redundant) in Section 4 B. **Deleted** 1 & 2. from Section 4 C. **Deleted** D. and E. from Section 4. **Added** "verify if a confidential notify exists and" in Section 5 A. 2. **Deleted** 2 & 4. In Section 6 C. **Deleted** B. "Eligible low medium, high medium and maximum custody inmates may make bedside visits or attend funerals within the State of SD, including Indian reservations. Out of state travel is subject to approval by the Warden" and **Deleted** B. 1-2 and in Section 6. **Deleted** 1. (redundant) in Section 6 C. **Deleted** Section 7 "Financial Obligation of Inmate" **Renumbered** sections that followed. **Added** "of the same gender as the inmate" in Section 7 A. **Deleted** b. and c. in Section 7 A. 1. **Deleted** 2-4 in Section 7 A. 1. **Added** "generally" and "with staff approval" in Section 7 A. **Added** "and address" to Section 8 A. 1. a. **Added** "institutional rules and the general conditions. Violation may lead to criminal prosecution, in addition to disciplinary action" in Section 8 A. 2 **Added** 5-11 in Section 8 A. **Added** "as approved by staff. Applicable to minimum custody inmates only" in Section 8 B. **Added** 3. to Section 9. A. **Added** new C. to Section 10. **Deleted** B. in Section 10. and **Renumbered** sections that follow.

**October 2014:** **Added** "giving due consideration to public safety" to policy statement. **Deleted** definition of "Security Perimeter". **Added** "Each request will be decided on a case by case basis, with careful consideration given for the safety of the community" in Section 3 C. **Added** "nursing home, hospice care provider" to Section 4 A. 1. **Added** a. to Section 4. A. 1. **Revised** section 4 to require staff to verify the family member's condition prior to notifying the inmate. **Added** "departure time before 0800 hours" to Section 6 C. 2.

**October 2015:** **Deleted** "and death in imminent" and **Replaced** with "that is reasonably expected to result in the death of the family member within a short period of time" in definition of bedside visit. **Added** "Does not include elective procedures unless deemed medically necessary" to Section 2 A. 2. **Added** b. to Section 2 A. 3. **Added** B. to Section 5.



*Denny Kaemingk (original signature on file)*

*11/09/2015*

Denny Kaemingk, Secretary of Corrections

Date

## Attachment 1: Furlough Application

The **Furlough Application** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Furlough Application** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
  
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Furlough Application**.

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

South Dakota Department of Corrections Policy Distribution: Public				Attachment: Furlough Application Please refer to DOC policy 1.4.G.4 Furlough/Bedside Visit/Funeral Attendance			
FURLOUGH APPLICATION							
Inmate Name		Sentence		Initial Parole Date		Number	
Crime		Next Parole Date		Release Date			
Housing Unit		<input type="checkbox"/> Unit C	<input type="checkbox"/> DSP	<input type="checkbox"/> YTU	<input type="checkbox"/> RCOU	<input type="checkbox"/> SDWP	
Date placed at minimum facility		Date classified to minimum security status					
Purpose of Furlough		<input type="checkbox"/> Bedside Visit	<input type="checkbox"/> Funeral	<input type="checkbox"/> Medical	<input type="checkbox"/> Court		
<input type="checkbox"/> Other Specify _____							
Transporter			Relationship				
Address			Phone Number				
Furlough scheduled from _____ to _____							
<input checked="" type="checkbox"/> Institutional staff will attempt to contact the inmate at one (1) of the inmate's listed locations.							
7:00 am	Location	Phone Number	3:00pm	Location	Phone Number		
8:00 am			4:00pm				
9:00 am			5:00pm				
10:00 am			6:00pm				
11:00 am			7:00pm				
12:00 am			8:00pm				
1:00pm			9:00pm				
2:00pm			10:00pm				
Application information verified		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No			
Signature of Unit Staff							
I understand that I must remain in the general company of the transporter or sponsor during the entire period of the furlough. I understand that all travel and living expenses incurred in connection with this furlough will be paid by me. I understand and agree to abide by furlough regulations/policies of the Department of Corrections and this institution. I also understand that if I need help or will be delayed in returning, I am to call the appropriate Control room or institution as follows: SD SP 387-6120, Durtlee State Pris on 388-2201, Yankton Minimum Unit 888-3866, South Dakota Women's Pris on 773-6388, Rapid City Correctional Unit 384-6284 or local law enforcement.							
Inmate Signature			Date				
Transporter/Sponsor Signature			Date				
Associate Warden/Deputy Warden Signature			Date				
Warden Signature			Date				
FILL IN INFORMATION AND RETURN TO AW OPERATION & PROGRAMS WHEN COMPLETED							
Model and license number of transport vehicle							
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## Attachment 2: Funeral Attendance/Bedside Visit Worksheet

The **Funeral Attendance/Bedside Visit Worksheet** form is located on the state's WAN.

A copy may be printed using **Microsoft Word** as follows:

1. Click [here](#) to access the **Funeral Attendance/Bedside Visit Worksheet** by:
  - a. Placing mouse on the word "here" above
  - b. Press and hold the "Ctrl" key on the keyboard
  - c. Click the left button of mouse.
2. Or Select **File/New** from the Menu Bar / Select the **DOC** tab / Select **Funeral Attendance/Bedside Visit Worksheet**.

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

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<b>FUNERAL ATTENDANCE/BESIDE VISIT WORKSHEET</b>					
<b>Part I: Completion by Officer of Penal Inquiry</b>					
To the best of my knowledge, the inmate is/is not/is on any (no) (M) (F) (M) (F) or other law enforcement agency investigation. (If applicable, attach a letter explaining any investigations.)					
Place of Birth: County: _____ Precincts: _____ Date: _____					
County Sheriff Contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Signature of Officer (printed name) _____ Date _____					
<b>Part II: Conditions</b>					
Inmate Name: _____ Inmate Number: _____ Work: _____					
Name of Officer: _____ Phone Number: _____					
Relationship of inmate to (fill in) person to be inmate: _____					
Request for: <input type="checkbox"/> Funeral Attendance <input type="checkbox"/> Bedside Visit					
Date and Time of Request: Date: _____ Time: _____					
Location/Address of Proposed Visit: _____					
Name of Inmate's Mother: _____ Date: _____					
Signature of Officer (printed name) _____ Date _____					
<b>Part III: Conditions of Inmate</b>					
Inmate Clothing and Allowance: Orange Coveralls <input type="checkbox"/> Other: _____					
Inmate Cell: <input type="checkbox"/> Full <input type="checkbox"/> Count Bell <input type="checkbox"/> Visit <input type="checkbox"/> Other: _____					
<b>Part IV: Administrative Approval</b>					
Approve/Visitation: <input type="checkbox"/> Date: _____ <input type="checkbox"/> M. Approved <input type="checkbox"/> M. Deny					
Warden or Designee: <input type="checkbox"/> Date: _____ <input type="checkbox"/> M. Approved <input type="checkbox"/> M. Deny					
<b>Part V: Agreement to Waive Extradition</b>					
I, _____ Inmate # _____					
have been placed voluntarily by the Warden of the South Dakota State Penitentiary, State House State Prison or the South Dakota Women's Prison to leave for the purpose of taking a furlough, making a bedside visit, or attending the funeral of an immediate family member. I have read and agree that I will follow the policy and procedures outlined in policy 1.4.G.4 Furlough/Bedside Visit/Funeral Attendance as well as any special conditions set forth by the Warden on this date.					
I do agree that I will waive extradition to the State of South Dakota on any date of the United States and that any future extradition to the United States, and further that I will not contact any state or other legal jurisdiction to return to South Dakota.					
Time of Signature: _____ Date: _____					
Signature of Inmate: _____ Date: _____					