

**MAINE DEPARTMENT OF CORRECTIONS
CONDITIONS OF FURLOUGH PROGRAM**

Prisoner:	MDOC #:
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If granted a furlough, the above named prisoner is subject to the following conditions, including any special conditions set out below.

1. I will not violate the laws of any jurisdiction (federal, state, or local).
2. I will immediately report to the Chief Administrative Officer, or designee, any contact I have with law enforcement while on furlough.
3. I will obey all Department rules and policies and understand that failure to comply with any rule or policy may result in disciplinary action or other appropriate action.
4. I will comply with all conditions, including special conditions, regarding the furlough and understand that failure to comply with any condition may result in disciplinary action, revocation of probation or supervised release for sex offenders (if applicable), and/or criminal prosecution.
5. I understand that I may only be at the location(s) and only for the purposes shown on my Prisoner Furlough Permission form and at ordinary stopovers or points on a direct route to or from the location(s) and that I must return to the facility by the date and time shown on my Prisoner Furlough Permission form. I understand that there is to be no sitting in parked vehicles.
6. I understand that if I fail to go to the location(s) specified, fail to remain at the specified location(s) during the specified period, or fail to return from the furlough by the specified time, it is deemed an escape, punishable as provided in 17-A. M.R.S.A. Section 755.
7. I will return to the facility on or before the designated time. If, for any reason, the purpose of the furlough is cancelled or ends early, I will immediately return to the facility by the most direct route possible or notify the facility that I am unable to return immediately and request instructions for returning to the facility.
8. I will utilize only transportation that has been approved by the Chief Administrative Officer, or designee.
9. If I become ill or am injured, I will immediately return to the facility by the most direct route possible or notify the facility that I am unable to return immediately and request instructions for returning to the facility. If my sponsor becomes ill or is injured, I will notify the facility and request instructions for returning to the facility.
10. I will not purchase, possess, use, or administer any illegal drugs, marijuana, alcohol or chemical intoxicants in any form, nor will I frequent any place where such articles are sold, dispensed, used, or given away. I will not purchase, possess or use drug paraphernalia.
11. I will not use or possess any medication other than as prescribed by facility healthcare staff for use while I am on furlough, except where an emergency arises and the medication is prescribed by a licensed healthcare provider.
12. I will not have any healthcare treatment other than as provided in the special conditions set out below, except where an emergency arises and necessitates treatment.
13. I will notify facility staff of any prescribed medication or treatment received in the community upon my return to the facility.
14. I understand that I may be responsible for the payment of health care or other treatment services.
15. I will not obtain a hunting license or purchase, possess or use any firearm or other dangerous weapon.
16. I will not get married unless allowed in the special conditions set out below.
17. I will not conduct any business or engage in any profession unless allowed in the special conditions set out below.

18. I will not enter into any contractual agreement without the written permission of the Chief Administrative Officer, or designee.
19. I will not buy, rent or lease any property or item without the written permission of the Chief Administrative Officer, or designee.
20. I will not incur debt by borrowing, installment buying, or any other means without the written permission of the Chief Administrative Officer, or designee.
21. I will not associate with any person who I know or suspect is engaged in any illegal activities. I will not associate with any person having a criminal record other than as allowed in the special conditions set out below.
22. I will not have contact with a victim of a domestic violence offense committed by me (if applicable), unless I have been granted a waiver by the Commissioner, or designee, for contact with that person.
23. I will not have contact with a victim of a sex offense or child abuse committed by me when the victim was a minor (if applicable), unless I have been granted a waiver by the Commissioner, or designee, for contact with that person.
24. I will not return from furlough with any thing I did not take out with me (for example, clothing, footwear, jewelry, or publications). I understand that all property brought back to the facility will be searched.
25. I will not operate a motor vehicle.
26. I understand that I may be monitored during my furlough by Department staff at any time.
27. I understand that I will be strip searched and given a drug test and an alcohol test upon my return to the facility.
28. I will not carry any contraband out of or into the facility, nor arrange for others to leave or pick up contraband.
29. I will not convey any messages, written or oral, into or out of the facility, to any person on behalf of any other person.
30. I will have my furlough papers (Prisoner Furlough Permission form and these conditions) with me at all times, and will show them to any law enforcement officer or Department of Corrections staff upon request. Upon my return to the facility, I will return the furlough papers to the facility's Community Program Coordinator, or other designated staff.
31. I will be immediately available by phone while on furlough unless allowed otherwise in the special conditions set out below and on my Furlough Permission Form.
32. I agree to conduct myself in a manner not to bring discredit to myself or to the Maine Department of Corrections.
33. Special conditions:

(Special conditions may be imposed at any time by the Chief Administrative Officer, or designee).

I have read and/or have had explained to me the Conditions of Furlough Program. I understand the Furlough Program conditions and agree to abide by them. I understand that if I violate any of the conditions of the Furlough Program, it may result in termination from the Furlough Program, disciplinary action and/or other appropriate action. I also understand that I may be terminated from the Furlough Program at any time in the complete discretion of the Commissioner, or designee.

Signature of Prisoner Date

Signature of Approving Chief Administrative Officer, or designee Date