

MAINE DEPARTMENT OF CORRECTIONS
FURLOUGH PROGRAM AGREEMENT AND CONDITIONS

Resident:	MDOC #:
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A. Mandatory Conditions:

1. I shall only utilize transportation that has been approved by the Chief Administrative Officer, or designee, and with only an approved driver and other approved passengers (specify): _____.
2. I shall only be at the specified location(s) _____ and only for the specified purposes _____ and at ordinary stopovers, e.g., gas, restroom, etc. on a direct route to or from the location(s), shall remain at the specified location(s) during the specified period _____, and shall return from the furlough location by the specified date/time _____. (If approved for multiple furloughs, list all return dates and times.)
3. If I become ill or injured, another unforeseen emergency occurs, or the purpose of the furlough is canceled or ends early, and I am prevented from going to the location specified, remaining at the specified location during the specified period, or returning from a furlough by the specified time, I shall notify the facility as soon as practicable for instructions and follow the instructions.
4. I shall not possess or use illegal drugs or other substances that are illegal under federal or state law, shall not possess or use alcohol or marijuana, and shall not misuse any legal substance.
5. I shall submit to urinalysis, breath testing, or other chemical tests at the request of facility staff or a probation officer.
6. I shall not own, possess, or use any firearm or other dangerous weapons.
7. I shall notify any law enforcement officer, if stopped, of my status as an individual on a Maine Department of Corrections furlough and notify the Chief Administrative Officer, or designee, as soon as practicable of any such contact with any law enforcement officer.
8. I shall not leave the facility with any unallowable or contraband property, shall bring back to the facility all property I left with, and shall not return from the location with any property I did not take out with me.
9. I shall not operate any motorized vehicles on a public way and shall not operate any motorized vehicle anywhere else unless it is authorized by the Chief Administrative Officer, or designee, as set out in the additional conditions below.
10. I shall not convey any messages, written or verbal, into or out of the facility, to any person on behalf of any other person.
11. I shall not enter into any contractual agreement without the written permission of the Chief Administrative Officer, or designee.
12. I shall not receive visits except as set out in the additional conditions below.
13. I shall not use or possess any prescription medication or medication requiring a photo identification to purchase or receive any health care treatment other than as prescribed by facility health care staff, except where an emergency arises (or I am on a medical furlough) and the medication or treatment is prescribed by a licensed health care provider, and upon return to the facility I shall notify facility staff of any prescribed medication or treatment received in the community.
14. I shall comply with Department Policy (AF) 20.1, Resident Discipline, and other Department policies to the extent applicable.
15. I shall comply with all applicable state, federal, and other laws.

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16. Mandatory Conditions, if applicable:

I shall take all reasonable steps to avoid contact with any person with whom I am prohibited from having contact, including but not limited to: _____.

I shall report to designated facility staff any contact with any person with I am prohibited from having contact and shall follow the instructions of the staff for avoiding further contact. Instructions may include, but are not limited to, going to a different location or returning to the facility.

If I have been sentenced to probation or supervised release for sex offenders, I shall, as applicable and practicable, comply with all court-ordered conditions of probation or supervised release while on the furlough, including any condition that is currently in effect, is to become effective at a later date, or is no longer in effect as the result of a current revocation.

B. Additional Conditions:

I agree to abide by the above conditions. I understand that a violation of the above conditions may result in, but is not limited to, removal from the furlough, new criminal charges, a revocation of probation or supervised release for sex offender, if applicable, and/or facility disciplinary action.

I waive extradition to the State of Maine from any state of the United States, District of Columbia, or any other place to answer charges of escape or any violation of furlough conditions.

I understand that I may be removed from the furlough at any time at the sole discretion of the Commissioner, or designee.

I hereby acknowledge that I have read or had read to me the above, have had the above explained to me, and understand the Maine Department of Corrections Furlough Program's Mandatory Conditions and Additional Conditions governing me while on furlough.

I have received a copy of this agreement and conditions.

Signature of Resident

Date

Signature of Witness

Date

Initials of staff checking to ensure the resident continues to meet all eligibility criteria (no earlier than day prior to resident leaving for a furlough) _____

Date