



# Arkansas Community Correction

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## **ADMINISTRATIVE DIRECTIVE: 17-18 COMMUNITY TRANSITION AND FURLOUGH**

**TO: ARKANSAS COMMUNITY CORRECTION EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 15-10**

**APPROVED: Signature on file EFFECTIVE: April 19, 2017**

- I. APPLICABILITY.** This policy applies to all Arkansas Community Correction (ACC) employees, eligible residents, and their sponsors.
- II. POLICY.** ACC will provide for temporary supervised furlough of residential center residents for certain emergencies and authorized community transition activities. ACC will provide community transition opportunities and administer furloughs in a way that guards against illegal activity in the community.
- III. TRANSITIONAL ACTIVITY GUIDELINES.** As a part of the services and programs provided to meet resident needs, Center Supervisors are responsible for planning and implementing transitional activities that are responsive to the needs of the resident population. Transitional activities should be offered within three months of the resident's earliest possible release date. (4-ACRS-5A-20)
  - A.** Center Supervisors must provide information, training, and skill-building programs addressing, at minimum, the following employment-related topics:
    1. Job acquisition, retention, and appropriate behavior on the job
    2. Vocational placement, assessment, or job locator services
    3. Everyday living skills.
  - B.** For an employable resident who has no job, staff designated by the Center Supervisor will coordinate with the Arkansas Department of Workforce Services or other appropriate agencies or services to identify jobs available in the area to which he/she will be released and make this information available to the resident.

C. Information and skill-building programs designed to aid other aspects of successful community reintegration such as the topics listed below may also be provided.

1. Social Security, Veterans, and other benefits application and assistance
2. Banking and financial management
3. Community-based substance abuse treatment and mental health services
4. Legal issues
5. Housing assistance
6. Orientation to community supervision services and programs.

#### **IV. FURLOUGH GUIDELINES.**

**A. Authority to Approve Furloughs.** Only the Center Supervisor, Assistant Center Supervisor, Deputy Director of Residential Services, Chief Deputy Director or the Director is authorized to approve furloughs.

**B. Eligibility Criteria.** To be eligible for a furlough, in the judgment of the approval authority, the resident must meet the applicable criteria listed on AD 17-18 Form 5, “Emergency Furlough Criteria Checklist” or “AD 17-18 Form 6, “Community Transition Furlough Criteria Checklist.”

**C. Terms/Conditions of Furlough.** The resident must agree to comply with the furlough terms/conditions as described on the Furlough Certificate. The approval authority may order GPS monitoring as a special term of any furlough.

#### **D. Violations.**

1. Violating the terms and/or conditions of a furlough constitutes a cardinal rule infraction. In addition, the violation itself may subject the resident to additional disciplinary action in accordance with ACC rules and regulations on resident conduct. Violation(s) must result in immediate termination of the furlough and return to the Center. The resident will not be eligible for further furlough, for any reason, for the duration of his or her ACC confinement.
2. If a resident fails to report back by the appointed time, promptly initiate escape procedures.

**E. Costs.** ACC will not assume any costs associated with furloughs such as for transportation, food, housing, medical, or other costs. Such expenses are the responsibility of the resident.

## V. PROCEDURES FOR FURLOUGHS.

**A. Staff Responsibilities in General.** The Center Supervisor will clarify which people or positions are authorized and responsible for processing a furlough request. Most of the furlough requirements, such as eligibility requirements, are described in the forms rather than in the body of this policy.

### **B. Processing an Application for an Emergency Furlough Overview.**

1. In cases of a verifiable death or critical illness of a resident's immediate family member, when a furlough application has been approved, a resident who meets eligibility criteria should be allowed to go to the funeral/bedside escorted by the sponsor. For this purpose, "immediate family member" means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.  
(4-ACRS-5A-18-1 [P])
2. Emergency furloughs are limited to the amount of time necessary for the resident to travel to/from the funeral/bedside and attend the service/visit. There will not be overnight stay unless approved by the Deputy Director of Residential Services.
3. To apply for an emergency furlough, the resident must do the following:
  - a. Complete the "Applicant" portion of Form 1, "Furlough Application."
  - b. Identify a sponsor that meets the requirements.
  - c. Have the proposed sponsor complete the "Sponsor Agreement" form and return it to the primary processor. If there is insufficient time for the application to be mailed to the sponsor, the primary processor may obtain the required information from the sponsor by phone or email.
  - d. Submit the completed application and Sponsor Agreement forms to the counselor as soon as possible after learning of the emergency.
4. Unless prior arrangements are made and approved by the Center Supervisor, the sponsor must be the person who picks up the resident at the beginning of the furlough and returns the resident at the end.
5. Other than Certified Law Enforcement, the sponsor must be an immediate family member of the resident requesting furlough and must be on the resident's approved visitation list. For this purpose, "immediate family member" means the father or stepfather, mother or stepmother, sister or stepsister, brother or

stepbrother, spouse, child or stepchild, grandchild of a resident, or other person where relationship with the resident has been verified as that of a guardian.

6. Sponsors must be capable of ensuring the resident under their supervision abides by the terms and conditions of the furlough and be a positive influence/role model for the resident..
7. Current background checks/investigations must be completed on all proposed sponsors. Sponsor applicants must not have a felony conviction or Class A misdemeanor conviction; or pending charges of the same.

### **C. Processing an Application for a Community Transition Furlough Overview.**

To apply for a community transition furlough, the resident must do the following:

1. Complete the “Applicant” portion of Form 1, “Furlough Application”
2. Have the proposed sponsor complete the “Sponsor Agreement”
3. Work with his/her counselor to develop a “Community Transition Plan” form; instructions are provided with the form
3. Provide these forms to the resident’s counselor.
4. The address and location the resident is requesting for activity participation or overnight stay must be the same as identified and approved as the resident’s home plan on their release plan. There will not be an overnight stay unless approved by the Deputy Director of Residential Services.
5. A Community Transition Furlough will not begin or end on a holiday, nor be conducted over a holiday weekend, or during a holiday week.

### **D. Notification of Law Enforcement and Victim.**

The IRO or other designated staff must notify law enforcement as described on Form 7, “Furlough Notification of Local Law Enforcement,” within the timeframe described therein. Document law enforcement notification by completing the form.

If there is a victim notification requirement and the resident has requested an emergency furlough, the IRO or other designated staff must notify the victim as soon as possible and the sponsor must be an active Arkansas certified law enforcement officer. If there is a victim notification requirement, and the resident has requested a community transition furlough, the resident does not meet these criteria; indicate this on the criteria checklist.

### **E. Approval of Furlough.** Considering the investigation results, comments, recommendations, and input (if any) from the Resident Management Team, local law

enforcement, and victims where applicable, the approval authority will approve, approve with additional stipulations, or deny the furlough request and return the decision to the resident's primary processor. The primary processor will inform the resident of the decision.

**F. Furlough Certificate.** When the approval authority has approved a furlough, authorized staff must provide the resident with a properly prepared and signed "Furlough Certificate" form authorizing his/her furlough. The certificate must indicate the beginning and ending dates and times of the furlough, the address at which the resident will lodge overnight (if an overnight stay is authorized), the name of a Center staff to be contacted in the event the resident is questioned by law enforcement officers regarding a crime or suspected crime, special terms, and any conditions of the furlough. Rules and regulations for furlough conduct will be explained to the resident and his/her sponsor prior to leaving for furlough. Staff must obtain the sponsor's signature on the Furlough Certificate and provide a copy to the sponsor so he/she can monitor the resident with the terms of the furlough.

**G. Training.** Supervisors must ensure appropriate staff are trained on the guidelines and procedures of this policy. The Center Supervisor must ensure information about furloughs and the community transition program is provided to residents during orientation.

## **VI. FORMS.**

Form 1 Furlough Application

Form 2 Sponsor Agreement

Form 3 Sponsor Agreement Review

Form 4 Community Transition Plan

Form 5 Emergency Furlough Criteria Checklist

Form 6 Community Transition Furlough Criteria Checklist

Form 7 Furlough Notification of Local Law Enforcement

Form 8 Furlough Certificate

**Arkansas Community Correction  
FURLOUGH APPLICATION**

**Instructions.** Resident, complete this form and give it to the staff person designated to handle this. Also process a Sponsor Agreement form. If this is for a community transition furlough, work with your counselor to develop a Community Transition Plan.

Furloughs are limited in duration, as determined by the Center Supervisor, to the amount of time necessary for travel and attendance of the service/bedside visit/activity participation only. There will not be overnight stay unless approved by the Deputy Director of Residential. Ensure you understand the instructions on the Sponsor Agreement form.

Community Transition Furlough       Emergency Furlough      Date Prepared: \_\_\_\_\_

I, \_\_\_\_\_ Resident # \_\_\_\_\_ request to leave the Correction Center  
(Resident's Name - Printed)

at \_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_ and return before  
(Time) (Date)

\_\_\_\_\_  a.m.  p.m. on \_\_\_\_\_  
(Time) (Date)

so that I may (choose ONE of the following four reasons):

Participate in community transition activities and return to the CCC by 6:00 P. M. **OR**,  
 Participate in community transition activities and stay overnight with sponsor at the following address **OR**  
\_\_\_\_\_ **OR**  
Street Address      Town      Zip Code

Visit critically ill/injured relative named below **OR**  
 Attend the funeral of the immediate family member named below:  
\_\_\_\_\_  
( Family member's name)      ( Relationship)

\_\_\_\_\_  
Name of Facility (Hospital or Funeral Home to allow verification)      Facility Phone Number / Address (if Known)

I have provided a "Sponsor Agreement" form.  
 If this request is for a community transition furlough, I have attached my approved "Community Transition Plan" form.

\_\_\_\_\_  
Resident's Signature      Date

After considering the above and the "Sponsor Agreement Review" form, "Community Transition Plan" form (when applicable), "Emergency (or Community Transition) Criteria Checklist" form and "Furlough Notification of Local Law Enforcement" form;

I Do NOT approve  
 I Approve

Additional Special Terms (if any): \_\_\_\_\_

\_\_\_\_\_  
Center Supervisor/Designee      Date

**Arkansas Community Correction  
SPONSOR AGREEMENT**

**Community Correction Center**

**Center Phone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Resident's Name:** \_\_\_\_\_ **ADC Number:** \_\_\_\_\_

**SPONSOR:** If you agree to sponsor the above-named Resident during a furlough, in compliance with the rules outlined below, complete and return this form to the Center at the address shown at the top of this form within 5 days. If the resident has a victim notification requirement or is in a technical violator program, the sponsor must be an active Arkansas certified law enforcement officer (no exceptions); and the family member is responsible for finding an acceptable officer and paying the officer if payment is required.

Please discuss the best date/time for this furlough with the resident. He/she will work with staff to establish a reasonable schedule and he/she is responsible for informing you of the approved schedule.

\_\_\_\_\_  
(Printed Name)                      (Street address)      (Town/City, State)                      (Zip Code)

\_\_\_\_\_  
(Telephone Number)                      (Social Security Number)                      (Driver's License Number)                      (Sponsor's Date of Birth)

I am not OR  I am an active Arkansas certified law enforcement officer at: \_\_\_\_\_

At the request of the above-named Resident at an Arkansas Community Correction (ACC) facility, I agree to serve as Sponsor for his/her furlough. I agree to make every effort to ensure that the resident abides by the furlough conditions and returns to the Center at or before the date and time specified. If unforeseen circumstances may cause me to return later than agreed, I will contact the center and request approval for an extension. If, at any time, I am uncertain of the location of the resident's whereabouts or observe the resident engaging in illegal activity, I will contact the Center immediately. I understand that ***I must continuously supervise the resident which means*** being continually in the company of the resident throughout the furlough. I also understand that by agreeing to be the sponsor, I am also accepting the responsibility to provide for the resident's transportation to and from the Community Correction Center.

If staying overnight, the resident will lodge with me:  At my residence shown above or  At the following address:

\_\_\_\_\_  
(Street Address)                      (Town)                      (Zip Code)                      (Telephone Number)

**By signing this form, I hereby authorize ACC to conduct an investigation into my background, and in so doing, they may contact any person, law enforcement agency, or others, as it desires. I authorize the release to ACC of any information regarding criminal convictions that may exist on my record.**

\_\_\_\_\_  
(Signature of Proposed Sponsor)                      (Date)

**Arkansas Community Correction  
SPONSOR AGREEMENT REVIEW**

\_\_\_\_\_

Sponsor's Name	Resident's Name	ADC Number
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I have investigated the above potential sponsor for suitability and documented this below and have found:

1.  Sponsor is active Arkansas certified law enforcement officer (verified at agency): \_\_\_\_\_ OR

2.  ACIC/NCIC check was done on: \_\_\_\_\_ by: \_\_\_\_\_  
Date Signature of Staff Who  
Checked revealed the following:

Yes or  No: the sponsor has a felony conviction; date and details are as follows:

\_\_\_\_\_

Yes or  No: the sponsor has a Class A misdemeanor conviction; date and details are as follows:

\_\_\_\_\_ AND

4. Additional notes/comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Investigator's Signature	Date
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Sponsor applicants must NOT have a felony conviction or Class A misdemeanor offense. Other offenses and circumstances may be considered on a case-by-case basis by the approval authority.

I hereby  APPROVE  DISAPPROVE this sponsor.

\_\_\_\_\_

Center Supervisor/Designee Signature	Date
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**Arkansas Community Correction  
COMMUNITY TRANSITION PLAN**

Instructions for this form are on the next page of this form.

\_\_\_\_\_  
Resident name (print)

\_\_\_\_\_  
Resident number

\_\_\_\_\_  
Resident's Housing Area

1. Please state your reintegration goals, for which transitional activity is sought, such as maintaining family ties, maintaining sobriety, securing employment, or meeting financial obligations.

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

2. Specific activities accomplished or to be accomplished in house, such as written inquiries or attending a pre-release seminar.

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

3. Specific activities that cannot or should not be accomplished from the community correction center, such as personal interviews; indicate planned dates and timeframe for accomplishing activities.

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

\_\_\_\_\_

\_\_\_\_\_  
Residents Signature

\_\_\_\_\_  
Date

The activities indicated above appear to be reasonable and necessary, and within the capability of the resident to accomplish in the time available.

Recommended

\_\_\_\_\_  
Counselor's Signature

Not Recommended

\_\_\_\_\_  
Date

The Resident Management Team has reviewed the above plan and considers the resident to be deserving of the opportunities represented by the activities of the plan.

Recommended

\_\_\_\_\_  
Resident Management Team Chair's Signature

Not Recommended

\_\_\_\_\_  
Date

Approved

Not Approved

\_\_\_\_\_  
Center Supervisor/Designee

\_\_\_\_\_  
Date

**Arkansas Community Correction**  
**COMMUNITY TRANSITION PLAN continued**

**Instructions for the Community Transition Plan form.** For community transitional activities, the resident must work with his or her counselor to develop a Community Transition Plan

1. Community transition activities must be consistent with one or more of the resident's Master Treatment Plan goals and will include the following:
  - Reintegration goal(s) for which transitional activity is sought.
  - Planned dates and, when possible, specific appointment times for accomplishing activities.
  - Specific activities that cannot be accomplished at the Center or would be better done in the community, such as the activities listed below. (4-ACRS-5A-16)

**Note**, the resident is responsible for making furlough arrangements. He/she may be assisted by designated staff. **Specific meeting or interview times should be verified by appropriate staff when possible.** Residents must make designated staff aware of arrangements they are making and must do so in a timely manner.

**Note, this requirement**, on the first or second community transition furlough, the resident must visit the Parole/Probation Office and meet with the officer to whom he or she will be reporting after release or a designee if an officer has not yet been assigned.

2. If necessary to accomplish a resident's community transition goal, one or more of the activities listed below (or similar activities) may be included in a resident's community transition plan. (4-ACRS-5A-16)
  - Employment
    - Employment applications assistance, job location assistance, testing for job skills or aptitude
    - Job interviews
    - Employment-related medical exams
    - Driver's license testing or application for identification card
  - Education Preparation
    - Apply for grants, stipends, scholarship, loans
    - Register for classes and purchase books and other materials
    - Apply for admission to an educational/vocational program
    - Talk to an educational counselor
  - Vocational/Educational Classes by special agreement. Residents may attend vocational/educational classes only when the school has entered into an agreement with the ACC for such classes.
  - Personal Responsibility. Appointments with agencies such as the following are appropriate when they serve reintegration purposes:
    - Arkansas Department of Workforce Services
    - Internal Revenue Service
    - Child Support Enforcement
    - Social Security Office (supplemental income/other support programs)
    - Housing assistance agency
    - Veterans Administration
    - Other public or private human services agencies providing support or services (for example, employment assistance, Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps), Medicaid, WIC, case management, referrals for treatment/support such as alcohol and drug abuse, mental health or family services)
  - Maintaining Family/Community Ties
    - Visit with family
    - Attend a significant family event

**Arkansas Community Correction**  
**EMERGENCY FURLOUGH CRITERIA CHECKLIST**

Resident's Name: \_\_\_\_\_ Resident's ADC Number: \_\_\_\_\_

Date on Furlough Application: \_\_\_\_\_ Resident's Housing Area: \_\_\_\_\_

Staff Person's Name: \_\_\_\_\_ (Person primarily responsible for processing this)

**Instructions for the staff person responsible for processing this furlough:** check with appropriate people and/or eOMIS to determine whether the eligibility criteria below are met. Follow center procedures for processing the application.

<b>Criteria Met?</b>	<b>Emergency Furlough Criteria Checklist Items</b>
YES	NO

**For emergency furlough:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Resident is a judicial transfer or in the Technical Violator Program<br>Note, ACC cannot authorize a furlough for residents with a "probation-plus" or short-term drug court sentence. For these residents a court order is required.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident does not have any outstanding detainers or warrants.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident has provided a DNA sample.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The Furlough Application time period has been established by the Center Supervisor. There will not be overnight stay unless approved by the Deputy Director of Residential Services.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Resident has not previously violated furlough terms.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The proposed sponsor has been approved/verified (as evidenced on attached "Sponsor Investigation" form).  |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a verified critical illness/injury and/or death in his or her "immediate family." [Verify through local law enforcement, Parole/Probation Officer, medical facility or other credible means].<br>For this purpose, "immediate family member" means the father or stepfather, mother or stepmother, sister or stepsister, brother or stepbrother, spouse, child or stepchild, grandparent, grandchild, of a resident, or other person whose relationship with the resident has been verified as that of a guardian. |
| <input type="checkbox"/> | <input type="checkbox"/> | If the resident is in the Technical Violator Program, the sponsor is active Arkansas certified law enforcement officer (required, no exceptions)  |
| <input type="checkbox"/> | <input type="checkbox"/> | If the resident has a victim notification requirement, the sponsor is active Arkansas certified law enforcement officer (required, no exceptions)   |

**Arkansas Community Correction**  
**COMMUNITY TRANSITION FURLOUGH CRITERIA CHECKLIST**

Resident's Name: \_\_\_\_\_ Resident's ADC Number: \_\_\_\_\_

Date on Furlough Application: \_\_\_\_\_ Resident's Housing Area: \_\_\_\_\_

Staff Person's Name: \_\_\_\_\_ (Person primarily responsible for processing this)

**Instructions for the staff person responsible for processing this furlough:** check with appropriate people and/or eOMIS to determine whether the eligibility criteria below are met. Follow center procedures for processing the application.

Criteria Met?		Community Transition Furlough Criteria Checklist Items
YES	NO	For community transition furlough:
<input type="checkbox"/>	<input type="checkbox"/>	Request is a weekday.
<input type="checkbox"/>	<input type="checkbox"/>	Resident is a judicial transfer. Note, ACC cannot authorize a furlough for residents with a "probation-plus" or short-term drug court sentence. For these residents a court order is required.
<input type="checkbox"/>	<input type="checkbox"/>	Resident does NOT have a victim notification requirement.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has an approved Community Transition Plan
<input type="checkbox"/>	<input type="checkbox"/>	Resident does not have any outstanding detainers or warrants.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has provided a DNA sample.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has not previously violated furlough terms.
<input type="checkbox"/>	<input type="checkbox"/>	Resident will be within 3 months of release when the transition activities are to take place.
<input type="checkbox"/>	<input type="checkbox"/>	The proposed sponsor has been approved.
<input type="checkbox"/>	<input type="checkbox"/>	No cardinal rule convictions within sixty (60) days of submission of the furlough request.
		<b>Resident Management Team determination of the following:</b>
<input type="checkbox"/>	<input type="checkbox"/>	Resident constitutes no known security risk, is capable of abiding by the terms and conditions of a furlough and, to the best of our knowledge, there is no evidence that he/she will be endangered nor endanger another.
<input type="checkbox"/>	<input type="checkbox"/>	Resident has made acceptable progress in the Modified Therapeutic Community program.
RMT members concur with the above determination. Initials or Signature → _____ Treatment Supervisor      _____ Senior Residential Supervisor      _____ Assistant Center Supervisor		
<b>Comments or concerns by RMT that the approval authority should consider:</b>		

Arkansas Community Correction

Community Correction Center

Center Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

FURLOUGH NOTIFICATION OF LOCAL LAW ENFORCEMENT

ACC Instructions: Local law enforcement in the county to which the Resident is being granted a furlough must be notified 48 or more hours before the Resident is scheduled to begin the furlough... Resident's name, pre-incarceration address, Sponsor's name, address and phone number, the location where the Resident will be staying overnight.

This notification may be done by phone, fax, email or mail, allowing sufficient time for the law enforcement agency to comment. Although we are not asking the law enforcement agency to approve of the furlough, we are open to comments they may have.

Local Law Enforcement: Arkansas Community Correction plans to allow the resident identified below to go on a brief furlough in your area of responsibility. Please know that our staff follows a detailed protocol to ensure that the resident has an assigned sponsor on whom we have conducted a background investigation.

Form with fields for Resident's Name, Number, Address, Sponsor's Name, Address, Telephone Number, City, State, Zip, and Furlough dates/times.

The following law enforcement agency was notified by me of the furlough information indicated above:

Form with fields for Name of Law Enforcement Agency, Person Notified, Telephone Number, Name of ACC Employee Making Notice (Print), Signature of ACC Employee Making Notice, Date.

COMMENTS/REQUESTED CONDITIONS OF LOCAL LAW ENFORCEMENT AGENCY:

## Arkansas Community Correction FURLOUGH CERTIFICATE

I, \_\_\_\_\_ am under the jurisdiction and custody of the Community Correction  
(Resident's Name) (Resident #)

Center at (location): \_\_\_\_\_ Telephone#: \_\_\_\_\_

I have been granted a furlough beginning at (Time): \_\_\_\_\_  a.m.  p.m. On (Date): \_\_\_\_\_  
 ending at (Time): \_\_\_\_\_  a.m.  p.m. On (Date): \_\_\_\_\_

for the purpose of:  A family emergency OR  Community transition activities

The specific activities authorized by this furlough are: \_\_\_\_\_

\_\_\_\_\_  
Sponsor's Name Sponsor's Relationship Sponsor's Telephone

\_\_\_\_\_  
Sponsor's Address City State/Zip Code

\_\_\_\_\_  
Approved address for service, visit or overnight stay ( if different from above address) City State/Zip Code

I agree to abide by the following conditions under which my furlough is authorized:

1. I will keep a copy of this Certificate of Furlough on my person at all times.
2. I will not leave the state or the county (ies) to which I am released during the furlough. I will proceed directly from my authorized designated area to the center from which I was released and will arrive at or before the time indicated above.
3. For an Emergency Furlough, I will proceed directly to the authorized destination of the funeral service/bedside visit; and proceed directly from the authorized activity location to the center where I will arrive on or before the time indicated above.
4. I will abide by my curfew which requires me to remain at the location designated above and available to answer one or more confirmation calls between 10:00 p.m. and 6:00 a.m.
5. If I am arrested or questioned by law enforcement officers regarding any crime or suspected crime, I will show this Certificate of Furlough to the law enforcement officer. I will immediately get in touch with (Name:) \_\_\_\_\_ at the Community Correction Center phone number shown above. If this person is not available, ask for the Duty Officer.
6. I will not purchase, possess, use, consume, or administer any illegal drugs, marijuana, alcoholic beverages, or tobacco products of any kind.
7. I will not operate a motor vehicle of any kind unless testing to obtain a driver's license.
8. I will comply with Federal, State, County, and municipal laws.
9. I will abide by Arkansas Community Correction rules, policies, and regulations.
10. I will not knowingly associate with persons having a criminal record, bad reputation, or with those engaged in questionable occupations unless such association is unavoidable because such persons are also present at an approved event.
11. I am aware that I cannot change my marital status without prior approval of the Center.
12. I will not have any non-emergency medical procedures, exams, medication, tattoos, piercings, and so forth without prior approval of the Center's health authority. If I require emergency medical or dental attention while on furlough, I will contact the unit/center staff person designated below as soon as possible. Upon returning to the Center, I will deliver to the Center Supervisor a doctor's statement describing medical treatment and/or any drug therapy received. Costs incurred as a result of such treatment are my responsibility and not that of Arkansas Community Correction.
13. I will assume responsibility for all costs incurred while on furlough.
14. While on furlough, I will not try to abscond or evade supervision.
15. While on furlough, I will be with my sponsor at all times
16. While on a community transition furlough I will engage only in activities authorized by my Community Transition Plan and my sponsor
17. Special terms set by the Center Supervisor (if any): \_\_\_\_\_
18. I will remain continually in the company of my sponsor throughout the furlough.

I understand that my furlough only extends the limits of my confinement, and that I remain in the custody of Arkansas Community Correction. If I willingly fail to remain within the extended limits of this confinement, or fail to return to the Center within the time prescribed, I will be deemed an escapee from the custody of Arkansas Community Correction punishable as prescribed by law. I have read, or have had read to me, and understand the above conditions governing my furlough and will abide by all rules. In agreeing to be a **Sponsor**, I will closely supervise the resident throughout this furlough as provided for in this document and in the Sponsor Agreement.

\_\_\_\_\_  
Signature of Duty Officer or IRO Date Center Supervisor/Designee Date

\_\_\_\_\_  
Signature of Resident Date Signature of Sponsor Date