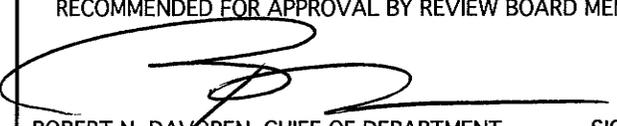
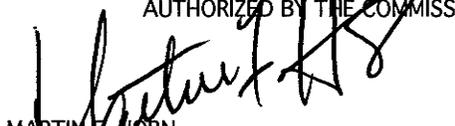




THE CITY OF NEW YORK
DEPARTMENT OF CORRECTION



DIRECTIVE

<input type="checkbox"/> NEW <input type="checkbox"/> INTERIM <input checked="" type="checkbox"/> REVISED		SUBJECT	
EFFECTIVE DATE 7/16/03		*TERMINATION DATE / /	
SIGNIFICANT FAMILY EVENTS			
CLASSIFICATION #4012R-B	SUPERSEDES Directive #4012R-A	DATED 9-26-97	DISTRIBUTION A PAGE 1 OF 7 PAGES
RECOMMENDED FOR APPROVAL BY REVIEW BOARD MEMBER		AUTHORIZED BY THE COMMISSIONER	
 ROBERT N. DAVOREN, CHIEF OF DEPARTMENT SIGNATURE		 MARTIN F. HORN SIGNATURE	

I. PURPOSE

The purpose of this directive is to establish policy and procedure for dealing with inmates and the personal events that affect them and their families while they are under the jurisdiction of the Department of Correction.

II. POLICY

- A. It shall be the policy of this Department to allow an inmate, upon request and proper verification to attend significant family events, except where such attendance presents a reasonable likelihood of escape, serious danger of bodily harm, or a risk to public safety.
- B. Inmates attending significant family events shall do so in civilian clothes. While at these events, inmates shall not be permitted to accept money, clothing, jewelry or any other items.
- C. For the purposes of this directive, there are three (3) categories of significant family events: death, serious illness, and marriage. The Department's policy for each is as follows:

1. Death

An inmate shall be permitted to attend the wake or funeral at a funeral parlor or other house of worship of deceased parents, parents-in-law, grandparents, brothers, sisters, guardians and former guardians, children, grandchildren, children-in-law, spouses, including domestic partnerships if proof of relationship can be supplied (i.e., common law spouse, gay/lesbian relationships), at the discretion of the Chief of Department, or a designee.

	EFFECTIVE DATE 7/16/03	SUBJECT SIGNIFICANT FAMILY EVENTS	
	CLASSIFICATION #4012R-B		
	DISTRIBUTION A	PAGE 2 OF 7 PAGES	

II. POLICY continued

The Chief of Department, or a designee, shall consider an inmate's preference between attending the wake or the funeral but reserves the right to make a final decision, provided that the decision is not an arbitrary one and is based on legitimate security concerns. In no event shall an inmate attend both the wake and funeral of the same deceased person.

2. Serious Illness

An inmate shall be permitted to visit once with any of the individuals listed in Section II. C. 1. in a hospital or similar institution when there exists a substantial likelihood of death as a result of an illness or accident, and if no medical reason is stated objecting to the visit. At the discretion of the Chief of Department or designee, a second visit may be authorized in extenuating circumstances.

3. Marriage

An inmate shall be allowed to marry while he or she is incarcerated provided that there are no legal impediments to such marriage. Inmates may be allowed to marry other inmates.

III. PROCEDURE

A. Death/Serious Illness

1. Initial Preparation

- a. Upon receiving a request from or for an inmate to attend a wake, funeral or to visit a seriously ill relative or significant other, the facility's Counseling Unit (CU) shall immediately complete Form #4012R-A. Specifically note on the form whether the inmate wishes to attend the wake or the funeral.
- b. It shall be the responsibility of the inmate and/or the inmate's family/significant other or the court that is preparing the orders to provide or submit the following information to the Department:
 - i. Name person who is ill or deceased;
 - ii. Relationship to inmate and verification of same (birth certificate, visit records, etc.);
 - iii. Verification of and cause of death;

	EFFECTIVE DATE 7/16/03	SUBJECT SIGNIFICANT FAMILY EVENTS	
	CLASSIFICATION # 4012R-B		
	DISTRIBUTION A	PAGE 3 OF 7 PAGES	

III. PROCEDURE continued

- iv. Date, time, address and telephone number of said wake or funeral; and
 - v. Scheduled times of said services.
- c. If the family is unable to submit proof of relationship to the inmate's facility, they may take said proof to any borough facility General Office. The General Office will verify the authenticity of the documents and then call the CU of the inmate's facility to let them know they will be faxing the documents.

NOTE: ONLY FAXED DOCUMENTS ORIGINATING FROM BOROUGH FACILITIES WILL BE ACCEPTABLE. VERBAL VERIFICATION IS UNACCEPTABLE.

- d. During business hours, the Deputy Warden for programs or a designee of similar rank, shall after a thorough review of all documents, render a decision as to whether to approve or disapprove requests received for inmates to attend a wake, funeral or to visit a seriously ill relative.
- e. Requests received during non-business hours, weekends or holidays shall be completed by the facility's Tour Commander. The Tour Commander shall thoroughly review the documents and render a determination as to whether to approve or a disapprove the request. Determination will be made in a timely manner.
- f. All approved requests (Form #4012R-A entitled "DEATH NOTICE OR SERIOUSLY ILL VISIT") shall be immediately faxed to the Tour Commander of the Transportation Division. Form #4012R-A shall no longer be forwarded to the Central Operations Desk.
- g. When an inmate is denied attendance at a particular event as covered by Section II. C. 1., 2. or 3 the individual denying the request shall complete the SIGNIFICANT FAMILY EVENT DENIAL NOTICE (Form #4012R-B, attached) and immediately return the package to the facility's Deputy Warden for Programs, his/her designee or the Tour Commander.
- h. The Deputy Warden of Programs or his/her designee as stated in paragraph G shall immediately instruct a member of the uniformed staff to deliver a copy of the denial form to the inmate and inform the inmate of such denial. A copy of the denial form shall also be forwarded to the Associate Counselor.

	EFFECTIVE DATE 7/16/03	SUBJECT SIGNIFICANT FAMILY EVENT	
	CLASSIFICATION # 4012R-B		
	DISTRIBUTION A	PAGE 4 OF 7 PAGES	

III. PROCEDURE continued

- i. If the inmate who received the denial corrects the reason for denial within forty-eight (48) hours by obtaining further information prior to the scheduled event then the paperwork shall be forwarded again to the Deputy Warden for Programs for approval, and the inmate is allowed to attend the event.
- j. A copy of all requests processed according to preceding paragraphs e. and f., shall be forwarded to the facility's CU the following business morning.
- k. When the facility wishes to confirm the existence of an event that is the subject of an inmate's request it may do so by any means, providing that such method used is as minimally intrusive as possible and is considerate of the privacy and feelings of the inmate and the inmate's family.

2. Guidelines

- a. The Office of the Chief of Department and the Commanding Officer of the Transportation Division, or a designee, shall resolve the necessary and required security precautions, considering any response or inquiry from the Commissioner, when it is decided that the request can be accommodated. The Office of the Chief of Department or a designee shall then advise the Commanding Officer of the Transportation Division, or a designee, of the security decisions and any special arrangements.
- b. Whenever it is necessary to escort an inmate to attend a wake, funeral or a hospital visit, a minimum of three (3) Correction Officers must escort the inmate. However, the Commanding Officer of the Transportation Division, or a designee, shall evaluate each instance on a case by case basis. If the circumstances pertaining to a particular inmate or case indicate that additional officers and/or a supervisory officer should be assigned, then that designation shall be made. In any event, the respective facility's Commanding Officer and the Office of the Chief of Department shall be notified of this decision.
- c. While transporting the inmate to a wake, funeral or a hospital visit, handcuffs shall be used, however the inmate shall not be handcuffed during attendance at these events, except when based upon the particular circumstances, a specific determination has been made, that security precautions require that the inmate be handcuffed.

	EFFECTIVE DATE 7/16/03	SUBJECT SIGNIFICANT FAMILY EVENTS	
	CLASSIFICATION #4012R-B		
	DISTRIBUTION A	PAGE 5 OF 7 PAGES	

III. PROCEDURE continued

- d. The officers assigned and the vehicle used to transport the inmate shall be decided on a case by case basis. Also, the number and kind of firearms and/or weapons to be carried by the escorts shall be decided on a case by case basis and shall be supplied by the Transportation Division.
- e. The amount of time an inmate shall be allowed to spend in attendance at the wake, funeral or hospital visit, shall be of reasonable duration of not less than one (1) hour, except in the case of serious illness, the length of the visit may be limited by the treating physician or the rules of the hospital. The visit shall be subjected to standard departmental security precautions, and every effort will be made to be as minimally intrusive as possible.
- f. If an inmate is to attend either the wake, funeral, or a hospital visit, the available viewing or visiting hours shall be determined, and on that basis, a decision shall be made as to when the inmate shall be delivered to the location. The Department shall have the right to maintain complete security and safety precautions when delivering the inmate to the visiting site. The type of security and safety precautions will be decided by taking into consideration the particular inmate.
- g. A hospital visit shall be made only after appropriate notification has been made to the hospital security division by the Transportation Division, unless it is determined that such notification would be a breach of security.
- h. Every reasonable effort must be made by the facility to determine if there is any valid medical reason why the hospital visit should not be granted. Such information shall be immediately reported to the Chief of Department or designee.
- i. The Department reserves the right to deny an inmate a visit with a seriously ill family member or relative, in or at a location other than a hospital, when it has been determined that a particular inmate's attendance presents a reasonable likelihood that the proper security precautions or safety precautions cannot be maintained at said other location.
- j. Whenever an inmate requests attendance at any of the events covered by Section II. C. 1., 2. or 3 or the Department is ordered by a court of competent jurisdiction to produce an inmate at any event covered under Section II. C. 1., 2. or 3 the Department shall be allowed a reasonable amount of time, not to exceed forty-eight (48) hours, in order to arrange attendance at any of these events.

	EFFECTIVE DATE 7/16/03	SUBJECT SIGNIFICANT FAMILY EVENTS	
	CLASSIFICATION #4012R-B		
	DISTRIBUTION A	PAGE 6 OF 7 PAGES	

III. PROCEDURE continued

- k. Unless the Chief of Department, or a designee, has determined that the inmate's attendance at a particular event presents a reasonable likelihood of escape or serious danger of bodily harm, the inmate shall be produced at that event. The Department shall make every effort to provide security and safety precautions for the transportation of an inmate to an event as quickly as possible when it is apparent that the event will occur before forty-eight (48) hours. If the request or order is made on twenty-four (24) hours notice, the Department shall make every effort to complete security and safety precautions and deliver the inmate to the event unless, despite every effort to do so, it is impossible to make the appropriate arrangements.
- l. Any deviation from the minimum policy and procedures set forth in this directive, for the purpose of delivering an inmate to any of the above mentioned events, shall be approved in writing by the Commissioner or the Chief of Department, or their designees.

B. Marriage

1. Guidelines for Marriage

- a. An inmate must submit a written request to marry to the CU and complete the Request to Marry Form. CU will forward the request to the Deputy Warden for Programs.
- b. Upon the Deputy Warden for Programs' written approval, the completed request or court order for marriage shall be returned to Counseling Unit who shall arrange a date and time when both the inmate and the intended spouse can sign the marriage license at the housing facility in the presence of the clerk from the License Bureau.
- c. The marriage license fee and any other expenses incurred for the preparation and/or solemnization of the marriage shall be the responsibility of the inmate and/or the intended spouse.
- d. The wedding ceremony/service shall be performed in the Institutional Chapel and conducted by any person of the couple's choice qualified to perform marriages in the State of New York, or by the Institutional Chaplain if so requested by the inmate.

	EFFECTIVE DATE 7/16/03	SUBJECT SIGNIFICANT FAMILY EVENTS	
	CLASSIFICATION #4012R-B		
	DISTRIBUTION A	PAGE 7 OF 7 PAGES	

III. PROCEDURE continued

- e. The ceremony shall be limited to the inmate and the intended spouse, the person officiating the ceremony and two (2) witnesses chosen by the inmate and the intended spouse. The number of departmental personnel to be present and the security and safety precautions to be taken will be decided on a case by case basis.
- f. The Deputy Warden for Programs will be responsible for providing security clearance for the intended spouse, witnesses and Chaplain, if necessary.
- g. The institution shall determine, consistent with its operation and schedule, the time of day the ceremony or service will take place.

IV. ATTACHMENTS

- A. Form #4012R-A, DEATH NOTICE OR SERIOUSLY ILL VISIT.
- B. Form #4012R-B, SIGNIFICANT FAMILY EVENT DENIAL NOTICE.

V. SUPERSEDES

- A. Directive #4012R-A, SIGNIFICANT FAMILY EVENTS, dated 09/26/97, as amended; and
- B. Any other Departmental order that may be in conflict.



**CORRECTION DEPARTMENT
CITY OF NEW YORK**

FORM # 4012R-A
REF: DIR 4012R-B
REV. 07/16/03



DEATH NOTICE OR SERIOUSLY ILL VISIT

INMATE INFORMATION

NAME (Last, First):				BOOK & CASE #:	
CHARGE(S):	BAIL STATUS (\$):	COURT:	BOROUGH:	PART:	REMAND: <input type="checkbox"/> YES <input type="checkbox"/> NO
		WARRANT(S):			SENTENCED: <input type="checkbox"/> YES <input type="checkbox"/> NO
FACILITY:	HOUSING AREA:	CMC (IF YES, INDICATE CMC NUMBER): <input type="checkbox"/> YES _____ <input type="checkbox"/> NO		NEXT COURT DATE: _____ / _____ / _____	

TELETYPE / PERTINENT INFORMATION

PURPOSE OF VISIT/VIEWING: <input type="checkbox"/> DEATH <input type="checkbox"/> SERIOUSLY ILL VISIT		NAME OF RELATIVE (LAST, FIRST):			
<input type="checkbox"/> MOTHER	<input type="checkbox"/> BROTHER	<input type="checkbox"/> GRANDMOTHER	<input type="checkbox"/> STEPFATHER	<input type="checkbox"/> LEGAL GUARDIAN	
<input type="checkbox"/> FATHER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> GRANDFATHER	<input type="checkbox"/> STEPSISTER	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> SISTER	<input type="checkbox"/> CHILD	<input type="checkbox"/> STEPMOTHER	<input type="checkbox"/> STEPBROTHER		
DESCRIBE HOW RELATIONSHIP WAS VERIFIED: _____ _____ _____					

PLACE OF VIEWING/VISIT: <small>(INCLUDE HOURS OF OPERATION AND NAME OF PERSON CONTACTED)</small>	_____	INMATE PREFERENCE: WAKE <input type="checkbox"/> FUNERAL <input type="checkbox"/>	DATE(S) OF VIEWING/ VISIT:
	TELEPHONE #:		TIME OF VIEWING / VISIT: _____ HRS.

VIEWING/VISIT REQUESTED BY (NAME OF CALLER):	RELATIONSHIP TO INMATE:	DATE OF REQUEST: _____ / _____ / _____	TIME OF REQUEST: _____ HRS.
ADDRESS:	TELEPHONE #:		
NATURE OF ILLNESS (IF APPLICABLE):	CAUSE OF DEATH (IF APPLICABLE):		
DOCTOR'S NAME:	TELEPHONE #:		

INMATE'S SIGNATURE:	INMATE NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____ / _____ / _____
COUNSELOR'S SIGNATURE:		DATE _____ / _____ / _____
SUPERVISOR'S SIGNATURE:		DATE _____ / _____ / _____
DEPUTY WARDEN'S SIGNATURE:	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE _____ / _____ / _____
TOUR COMMANDER'S SIGNATURE * (OFF-HOURS):	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE _____ / _____ / _____

* IF ENDORSED BY TOUR COMMANDER DURING OFF-HOURS, FORWARD A COPY OF THE COMPLETED FORM TO THE FACILITY COUNSELING UNIT.

OPERATIONS DIVISION SUPERVISOR SIGNATURE: _____

THE VIEWING/VISIT IS: APPROVED DISAPPROVED

IF DISAPPROVED, STATE REASON(S) WHY : _____

DISTRIBUTION (AFTER INMATE SIGN):
ORIGINAL: WARDEN/DESIGNEE
COPY: COUNSELING UNIT
COPY: INMATE



**CORRECTION DEPARTMENT
CITY OF NEW YORK**

FORM #4012R-B
REV.07/16/03



SIGNIFICANT FAMILY EVENT DENIAL NOTICE

Inmate's Last Name, First Name:

Date:

Inmate's Book and Case Number:

Facility:

Housing Area:

Your request to attend the funeral or wake of _____

or visit at the hospital with _____

was denied for the following reason(s):

- _____ **Incomplete documentation**
- _____ **Improper documentation**
- _____ **Unable to verify information as stated on documentation**
- _____ **Hospital not located within New York City limits**
- _____ **Security Status**
- _____ **Documentation not submitted in sufficient time (state date and time)**

INMATE SIGNATURE:

DATE:

DISTRIBUTION (AFTER INMATE SIGNS):
ORIGINAL: WARDEN/DESIGNEE
COPY: COUNSELING UNIT
COPY: INMATE