

 <p style="text-align: center;">Massachusetts Department Of Correction</p> <h1 style="text-align: center;">POLICY</h1>	Effective Date	Responsible Division  Deputy Commissioner, Clinical Services and Reentry
	6/21/2021	
	Annual Review Date	
	6/21/2021	
Policy Name	M.G.L. Reference: M.G.L. c. 124, § 1 (c), (e), (n) and (q); M.G.L. c. 127, §§ 48, 49 & 49A and § 83 (b) and (c); M.G.L. c. 268, § 16	
103 DOC 466 PROGRAM RELATED ACTIVITY	DOC Policy Reference: 103 CMR 420; 103 DOC 501; 103 DOC 550	
	ACA/PREA Standards: 4-ACRS-5A-11; 5-ACI-5F-01	
	Applicability: Staff/Inmates	
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Inmate Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: DOC's Central Policy File Deputy Commissioner, Clinical Services and Reentry Division Policy File Each Institution's Policy File	
<p><b>PURPOSE:</b> The purpose of 103 DOC 466 is to establish Department of Correction (Department or DOC) policy and procedure for Program Related Activity (PRA) participation outside the correctional institution and in the community in order to effectively implement an inmate's reintegration process.</p> <p><b>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:</b> Deputy Commissioner, Clinical Services and Reentry Division Superintendents</p> <p><b>CANCELLATION:</b> 103 DOC 466 cancels all previous DOC policy statements, bulletins, directives, orders, notices, rules and regulations regarding program related activities which are inconsistent with this policy.</p> <p><b>SEVERABILITY CLAUSE:</b> If any article, section, subsection, sentence, clause or phrase of this policy is, for any reason, held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner, or otherwise inoperative, such decision shall not affect the validity of any other article, section, subsection, sentence, clause or phrase of this regulation.</p>		

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**DEFINITIONS**

Correction Program Officer (CPO) – The staff person at a correctional institution who, when assigned classification duties, collects information obtained through inmate interviews and available casework records, and who then prepares a summary of this information for classification. A CPO is also responsible for monitoring an inmate's participation and compliance with a personalized program plan or program recommendations and facilitates the inmate's reentry preparation.

Deputy Commissioner of Clinical Services and Reentry Division – The DOC's Deputy Commissioner whose duties include, but are not limited to, the management of the Classification Division, Inmate Education and Training Division, Reentry Services, Program Services, and the Health Services Division.

Inmate Management System (IMS) – The DOC's automated information system that provides processing, storage and retrieval of inmate-related information needed by DOC personnel and other authorized users within the criminal justice system.

Inmate – For the purposes of this policy only, any individual, whether in pretrial, unsentenced, or sentenced status, who is confined in a correctional institution.

Minimum Custody – A custody level in which the perimeter is marked by non-secure boundaries. Physical barriers to movement and interaction are either non-secure or non-existent. Inmates may be housed in single, double or multiple occupancy areas. Inmate movements and interactions are controlled by rules and regulations only. Supervision is intermittent. Inmates may leave the perimeter under supervision. Contact visits and personal clothing are allowed.

Program Related Activity (PRA) – Any Superintendent authorized activity outside of the correctional institution and in the community, not otherwise available to the inmate, in which the inmate engages for the purpose of supporting successful reentry.

PRA Sponsor – An individual approved by the Superintendent to sponsor an inmate, which sponsorship includes agreeing to provide transportation for an inmate while on approved PRA status. The sponsor must also agree to abide by the conditions of an approved PRA.

PRA Coordinator – The staff person appointed by the Superintendent of an institution for overseeing and managing the operation of the PRA program.

Pre-Release Custody – A DOC institution which perimeter is marked by non-secure boundaries. Inmate movements and interactions are controlled by rules and regulations only. Inmates may leave the institution daily for work and/or

education in the community if they are eligible and the work/education is suitable.

Security Level – The degree of security afforded by the architectural and staffing attributes of an institution and the housing units within that institution.

Superintendent – The chief administrative officer of a correctional institution.

## **466.02**

### **AUTHORIZED PROGRAM RELATED ACTIVITIES**

A. The following list of activities are considered appropriate for PRA:

1. Legal needs;
2. Medical/dental needs;  
An outside medical services PRA form, and an outside medical services authorization for release of health information form, shall be signed by the inmate, releasing the Commonwealth of Massachusetts from the responsibility of payment for treatment received. (Attachments #1 and #2).
3. Mental health counseling;  
An outside medical services PRA form, and an outside medical services authorization for release of health information form, shall be signed by the inmate, releasing the Commonwealth of Massachusetts from the responsibility of payment for treatment received. (Attachments #1 and #2).
4. Religious services
  - a. An inmate shall only be approved to attend PRA religious services in the local area whenever possible. Exceptions may be made on an individual basis with the approval of the Superintendent or designee.
  - b. Inmates attending religious services shall sit within five (5) rows of an exit to provide for accountability via physical spot checks.
5. Rehabilitative/therapeutic services;
6. Job/housing search;
7. Obtaining documents, articles and/or services necessary for reentry, such as documents, articles and/or services from a bank or the Registry of Motor Vehicles.

B. All PRA activities, as well as the weekly number of PRA hours, shall be approved by the Superintendent or designee through the classification process. The inmate shall be responsible for payment of all services rendered or items obtained while on PRA status.

**ELIGIBILITY**

A. Custody Levels

1. Inmates in minimum custody must be within one (1) year of a defined release date.
  - a. Inmates in minimum custody are eligible for a maximum of twelve (12) hours of PRA per week.
  - b. Inmates in minimum custody, in lieu of a sponsor, shall be escorted by staff and remain with staff at all times.
  
2. Inmates in pre-release custody must be within eighteen (18) months of parole eligibility or a defined release date.
  - a. Inmates twelve (12) to eighteen (18) months from parole eligibility or discharge are eligible for a maximum of twelve (12) hours of PRA per week.
  - b. Inmates six (6) to twelve (12) months from parole eligibility or discharge are eligible for a maximum of eighteen (18) hours of PRA each week.
  - c. Inmates less than six (6) months from parole eligibility or discharge are eligible for a maximum of twenty-four (24) hours of PRA per week.

NOTE: The above time frames represent eligibility only. An inmate's suitability, which includes length of time in the program, program compliance, PRA program needs, disciplinary history and institutional adjustment, shall be reviewed to determine the appropriate number of weekly PRA hours.

- B. Eligibility hours shall be based upon the parole eligibility date, including annual reviews, or discharge date.
  
- C. The Superintendent or designee may authorize additional time for extraordinary circumstances (e.g., extended hours for hospital utilization).
  
- D. No inmate serving a mandatory sentence which restricts work release shall be eligible for PRA until the mandatory portion of the sentence has expired. Moreover, no sex offender, or sexually dangerous person as defined in M.G.L. c. 123A, § 1, or any person who violates M.G.L. c. 265, § 24B, shall be eligible for PRA.

#### **466.04**

#### **GENERAL RULES**

All DOC inmates eligible for PRA participation, as outlined in 103 DOC 466.03(A), shall be subject to the following general rules:

- A. The PRA week shall begin on Sunday and end on Saturday.
- B. PRA hours shall not be cumulative from one (1) calendar week to the next.
- C. PRA participation shall not be permitted between the hours of 10:00 p.m. and 8:00 a.m. No return to the institution shall be later than 10:00 p.m., or exit from the institution prior to 8:00 a.m., unless authorized, pursuant to 103 DOC 466.03 (C). Such requests for extended PRA hours shall be signed off by the Superintendent or designee for approval prior to the inmate's participation in the PRA.
- D. The number of hours granted for inmate PRA participation shall not exceed the amount of time necessary for the activity and transportation, and no PRA participation shall be authorized for a period longer than four (4) hours at any one time or six (6) hours in any one day, including travel time, unless specifically authorized as outlined in 103 DOC 466.03 (C).
- E. An inmate may go to or from work or education participation to PRA participation without returning to the institution if approved by the Superintendent or designee.
- F. An inmate shall not leave the Commonwealth of Massachusetts while on PRA status. Inmates on PRA status who leave the boundaries of Massachusetts shall be considered on escape status pursuant to 103 DOC 550, *Escape Policy*.
- G. An inmate on PRA status remains in the custody of the Department and is subject to all applicable rules and regulations.
- H. Prior to participating in an initial PRA activity, all inmates shall be made aware of all institutional policies regarding PRA.
- I. Inmates who have a pending disciplinary hearing or sanctions shall be deemed not suitable for a PRA.
- J. PRA activities are to take place outside an inmate's regular work, educational or program hours unless approved by the Superintendent or designee.

#### **466.05**

#### **APPROVAL PROCESS**

- A. Prior to participation in an initial PRA, an inmate shall be reviewed in accordance with 103 CMR 420, *Classification*, specifically Reclassification (Subsequent) Reviews and Hearings, as to the number of hours per week of PRA time an inmate may receive, as well as any programming to be completed through the PRA program. Recommendations for approval shall be made via entries in the "PRA" and "PRA Hours" checkboxes on the Internal Classification Status Review. Recommendations for denial shall be noted in the "Board's

Rationale” field on the Classification Recommendations/Results screen in IMS. This recommendation shall be in compliance with 103 DOC 466.03, and shall be based on, at a minimum, the following factors:

1. Public safety issues;
  2. The inmate’s involvement in reentry workshops and the development of a reentry plan;
  3. The inmate’s involvement and/or prior involvement in work, education or training programs;
  4. Potential benefits to the inmate;
  5. The inmate’s program adjustment;
  6. The inmate’s established goals;
  7. The inmate’s disciplinary record;
  8. The inmate’s risk/needs assessment and compliance with related recommendations;
  9. The inmate’s prior criminal history, parole/probation history and escape history.
- B. The recommendation of the CPO shall be reviewed by the Superintendent or designee for approval, denial, or modification. Approval shall be given via entries in the “PRA” and “PRA Hours” checkboxes on the Superintendent/Designee Recommendation tab of the Classification Recommendations/Results screen. Denial shall be noted in the Reason/Condition field. The inmate shall receive a copy of the Superintendent's decision.
- C. Program compliance shall be ascertained through case management and regularly scheduled classification reviews.

**466.06**

**PROGRAM RELATED ACTIVITY SPONSOR**

- A. Each inmate participating in the PRA program shall have a sponsor unless otherwise approved by the institutional Superintendent. The sponsor must be twenty-one (21) years of age or older and be approved to act as a sponsor by the institutional PRA Coordinator and institution Superintendent. In addition, the PRA sponsor shall not be a Department employee, volunteer or vendor, or currently on parole.
- B. The sponsor shall be required to provide reliable transportation for the inmate and remain with the inmate during such transportation, unless otherwise approved by the institutional Superintendent.
- C. A proposed sponsor must arrange an appointment with the institutional PRA Coordinator for the purpose of conducting a sponsor interview. During the interview, the proposed sponsor shall receive an orientation of rules and regulations of the PRA program and the legal responsibilities of

a sponsor. Each proposed sponsor shall also complete the following:

1. Background Information Request and Waiver Form (Attachment #3);
  2. PRA Sponsor Interview Form (Attachment #4).
- D. The PRA Coordinator will review the Sponsor Interview Form and, if the sponsor appears appropriate, forward the Sponsor Interview Form to the Superintendent for final approval or denial.

**466.07**

**ITINERARY/PERMITS**

- A. PRA requests shall be submitted in accordance with the established institutional schedule.
- B. A written itinerary shall be prepared by the inmate on the approved PRA permit (Attachment #5) and submitted to the assigned CPO or other staff on duty. Staff shall enter the information in the PRA Itinerary Information screen in IMS. Upon completion, an electronic notification shall be sent to the Superintendent or designee for approval. Any changes to the itinerary shall be entered in this screen and an electronic notification for re-approval generated. The only exception shall be a time change on the current day for a previously approved activity, which may be made via the Inmate Schedule screen. In such cases, verbal approval shall first be obtained from the Superintendent or designee. Thereafter, a notation shall be entered in the IMS.
- C. As described in 103 DOC 466.07 (B), an inmate's written itinerary shall be approved by the Superintendent or designee prior to the participation of the inmate in a PRA event(s). Approval of the initial itinerary and any subsequent changes shall be given via entries in the Community Release Permit screen upon receipt of the electronic notification or upon review of the Community Release Permit Query screen. The only exceptions shall be as indicated in 103 DOC 466.07 (B). The itinerary shall include:
1. The inmate's name, address and phone number (if applicable) where he/she can be reached while on PRA;
  2. The time of authorized participation, time of arrival at destination, time of departure from destination, and time due back at the institution;
  3. Means and route(s) of transportation;
- D. Each inmate shall be issued a copy of the approved itinerary signed by the Superintendent or designee prior to departing the institution, which shall



serve as a permit while on PRA. The permit shall be printed from the database and signed. The inmate shall:

1. Read, or, if he/she/they are unable to read, have orally read to him/her/them, the permit obligations and conditions of participation while on PRA, and sign the permit as acknowledging a complete understanding of those obligations;
  2. Maintain the permit on his/her/their possession at all times while on PRA;
  3. Surrender the permit to the CPO/Correction Officer on Duty upon return to the institution.
- E. The original of the approved itinerary/permit shall remain at the institution control center during the inmate's PRA participation, and filed as appropriate upon the inmate's return.
- F. The termination of any previously approved PRA's shall be completed via the "Discharge" button on the PRA Approved Inmates Query screen.

#### **466.08**

#### **INMATE ACCOUNTABILITY**

- A. To ensure accountability practices within Community Corrections institutions, each institution shall comply with the following:
1. Prior verification of all PRA activities and locations shall be conducted by the assigned CPO, Correction Officer, Spectrum staff or PRA Coordinator. This shall be documented in the PRA Itinerary Information Screen.
  2. Inmates shall be required to make telephone call-ins (landline only) while participating in PRA activities as specified in the comments section of the PRA Permit. The requirements shall be documented in the PRA Itinerary Information Screen. Call-ins must be made via a designated caller identification phone at the respective institution.
  3. Return time, call-ins and spot checks shall be logged and verified in accordance with procedures established in 103 DOC 501, *Institution Security Procedures*. All call-ins and spot checks shall be logged in the Community Release Inmate Tracking screen.
  4. Periodic physical spot checks will be conducted, and documented, on inmates on PRA status. These spot checks should occur at least once per month per inmate. In addition, telephone checks shall be

made at the discretion of the Superintendent or designee. Spot and telephone checks shall be documented in IMS/Community Release – Inmate Tracking. These reports can be obtained electronically via the “Print Community Release Tracking” button on the Community Release Inmate Tracking screen.

5. Special conditions may be required for PRA releases, such as escorts and telephone checks. Such conditions shall be noted on the inmate's PRA permit. The conditions shall be entered on the PRA Itinerary Information screen and shall be printed on the permit.
  6. In all cases where an inmate is approved for extended use of PRA for an outside hospital stay, as noted in 103 DOC 466.02 (A)(2), hospital security shall be notified of the inmate's status. Additionally, a minimum of one (1) telephone spot check per shift shall be conducted, as well as a minimum of one (1) physical spot check per day.
  7. Designated staff shall be responsible for reviewing the Inmates Out on Community Release screen on a regularly scheduled basis to determine if any inmates are past due for a telephone call-in or return to the institution.
- B. The PRA Coordinator shall periodically evaluate programs that are utilized by the inmate population while on PRA to ensure program compliance and relevance.
- C. The PRA Coordinator shall periodically review an inmate's PRA activity, including dates, times, activities and hours granted for each PRA request, and ensure that all is documented in IMS. This information may be obtained via the “Print Program Release” report button on the Community Release Inmate Tracking screen.

#### **466.09**

#### **ESCAPE PROCEDURE**

- A. An inmate may be declared on escape, M.G.L. c. 127, § 49 and § 83 (b) and (c), and M.G.L. c. 268, § 16, if:
1. The inmate fails to arrive at the PRA location, fails to make a scheduled call-in, or leaves the approved activity without authorization by institution staff and cannot be located within two (2) hours;
  2. The inmate fails to return to the institution within two (2) hours after having been ordered to do so;

3. The inmate fails to return to the institution within two (2) hours of the scheduled return time;
  4. The inmate leaves the boundaries of the Commonwealth of Massachusetts.
- B. Notwithstanding the above, an inmate may be declared an escapee at any time if, in the opinion of the Superintendent, there is enough evidence to reasonably assume that the inmate has escaped.
- C. Upon declaration of an escape, the Shift Commander shall act in accordance with the 103 DOC 550, *Escape Policy*.

**466.10**

**EMERGENCIES**

Whenever in the opinion of the Commissioner, Deputy Commissioner or the Superintendent an emergency exists which requires the suspension of part or all of this policy, such suspension may be ordered, provided that any such suspension beyond 48 hours must be authorized by the Commissioner for good cause.

**MASSACHUSETTS DEPARTMENT OF CORRECTION**  
**HEALTH SERVICES DIVISION**  
**RELEASE (Physician)**  
Outside Medical Services

I, \_\_\_\_\_, agree to perform or cause to perform the medical services listed below on \_\_\_\_\_ an inmate in the custody of the Massachusetts Department of Correction. In so doing, I understand that neither the Commonwealth of Massachusetts, nor the Executive Office of Public Safety and Security, nor the Massachusetts Department of Correction, nor any of their agents, officials, or employees, nor the medical provider for the Department of Correction, will incur any financial obligation for said services. Further, I, for myself and my agents heirs, employees, successors, and assigns agree to release and forever discharge the Commonwealth of Massachusetts, Executive Office of Public Safety and Security, and the Massachusetts Department of Correction and all of their agents, officials, and employees, and the medical provider for the Department of Correction from any and all liability, causes of action, claims, suits, damages, obligations, agreements, debts, judgments, or any other matter arising out of or in any way connected directly or indirectly, with said medical services except as otherwise provided by state law.

Name and Address of Provider (Type or print clearly):

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

Nature of Services (Please type or print clearly):

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

Signed: \_\_\_\_\_  
(Physician's Signature)

Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**MASSACHUSETTS DEPARTMENT OF CORRECTION - HEALTH SERVICES DIVISION**  
**RELEASE (Inmate)**  
**(OUTSIDE MEDICAL SERVICES)**

I, \_\_\_\_\_, wish to obtain the medical services listed below. I agree to assume full responsibility for payment for said services. In so doing, I understand that neither the Commonwealth of Massachusetts, the Executive Office of Public Safety and Security, the Department of Correction, nor any of their agents, officials, employees, nor the medical provider for the Department of Correction, will incur any financial obligations for said services. Further, I, for myself and my agents, heirs, employees, successors, and assigns, agree to release and forever discharge the Commonwealth of Massachusetts, the Executive Office of Public Safety and Security, the Department Of Correction and all of their agents, officials, employees, and the medical provider for the Department of Correction, from any and all liability, causes of action, claims, suits, damages, obligations, agreements, debts, judgments, or any other matter arising out of or in any way connected directly or indirectly, with said medical services except as otherwise provided by state law.

Name and Address of Provider: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Services: \_\_\_\_\_  
\_\_\_\_\_

Signed, \_\_\_\_\_  
(Inmate's Signature)

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SPONSOR BACKGROUND INFORMATION REQUEST AND WAIVER  
(PLEASE PRINT CLEARLY OR TYPE)

INSTITUTION/DIVISION \_\_\_\_\_

NEW EMPLOYEE \_\_\_\_\_ CONTRACT EMPLOYEE \_\_\_\_\_ OTHER \_\_\_\_\_

PERSONAL DATA: \_\_\_\_\_ TYPE: \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PREVIOUS NAME AND/OR ALIAS \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_  
(Not a P.O. Box) NUMBER STREET CITY STATE ZIP

HAVE YOU EVER RESIDED IN ANOTHER STATE? \_\_\_\_\_ IF YES, WHICH STATE (S)? \_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

COMPLEXION \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

I, \_\_\_\_\_, hereby release, discharge, and exonerate the Massachusetts Department of Correction, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigations made by or on behalf of the Massachusetts Department of Correction.

I further understand that the Massachusetts Department of Correction will conduct a background investigation which will include a check with any past employers, a criminal records check with the local police department, the State Police, The FBI in Washington D.C., the Massachusetts Board of Probation, Registry of Motor Vehicles and interviews with my character references.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PRA SPONSOR INTERVIEW**

INSTITUTION: \_\_\_\_\_

INMATE NAME: \_\_\_\_\_ COMMITMENT # \_\_\_\_\_

INMATE CUSTODY LEVEL (circle one):                      Minimum                      Pre-Release

**Sponsor Information\***

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Alias or Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

How long at this address?: \_\_\_\_\_

Have you lived out of state? \_\_\_\_\_ If yes, provide city, state: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

How long employed there?: \_\_\_\_\_

Own a motor vehicle?: \_\_\_\_\_ If yes, Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Registration #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Will you provide transportation?: \_\_\_\_\_

Sponsor must provide proof of identification with valid driver's license or state ID card and proof of address and telephone number via most recent telephone bill.

**Sponsor/Inmate Relationship**

Relationship to Inmate: \_\_\_\_\_

How long known? \_\_\_\_\_

Where did you meet? \_\_\_\_\_

Do you send money to this inmate or any other inmate? \_\_\_\_\_ If yes, for what purpose?

\_\_\_\_\_

Do you visit this inmate? \_\_\_\_\_ If yes, how often? \_\_\_\_\_

Do you visit any other incarcerated individual? \_\_\_\_\_ If yes, please provide the following:

Name

Correctional Facility Visited

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have your visiting privileges at any correctional facility ever been suspended? \_\_\_\_\_

If yes, which correctional facility? \_\_\_\_\_ Dates: \_\_\_\_\_

Reason for suspension of visiting privileges: \_\_\_\_\_

\_\_\_\_\_

Do you have knowledge of the inmate's criminal history? \_\_\_\_\_

Have you previously sponsored any inmate? \_\_\_\_\_ If yes, provide the following: Date \_\_\_\_\_

Name of Inmate: \_\_\_\_\_ Correctional Facility: \_\_\_\_\_

Do you have any relatives or friends currently serving a sentence in a correctional facility? \_\_\_\_\_

If yes, please provide the following:

Name

Correctional Facility Visited

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PRA Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_



**PRA SPONSOR AGREEMENT**

**CRIMINAL LAW: MASSACHUSETTS GENERAL LAWS; CHAPTER 274, SECTIONS 3& 4**

**IF IN THE EVENT THE PRISONER PARTICIPATING IN A PROGRAM RELATED ACTIVITY FAILS TO RETURN AT THE DESIGNATED TIME, AND IS DEEMED TO BE AN ESCAPE, OR ENGAGES IN CRIMINAL ACTIVITY, AND YOU HAVE PERSONAL KNOWLEDGE OF HIS/HER WHEREABOUTS, OR OTHER CRIMINAL ACTIVITY YOU MAY BE CITED FOR A FELONY.**

**SPECIFICALLY:**

**G.L. CHAPTER 274, SECTION 3 STATES:**

**3. Accessory before the Fact; When and How Tried.**

Whoever counsels, hires or otherwise procures a felony to be committed may be indicted and convicted as an accessory before the fact, either with the principal felon or after his conviction; or may be indicted and convicted of the substantive felony, whether the principal felon has or has not been convicted, or is or is not amenable to justice; and in the last mentioned case may be punished in the same manner as if convicted of being an accessory before the fact. An accessory to a felony before the fact may be indicted, tried and punished in the same county where the principal felon might be indicted and tried, although the counseling, hiring or procuring the commission of such felony was committed within or without the commonwealth or on the high seas. (Emphasis Supplied)

**SIGNATURE OF SPONSOR: \_\_\_\_\_**

MASSACHUSETTS DEPARTMENT OF CORRECTION PRA PERMIT

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Begin Date \_\_\_\_\_ End Date \_\_\_\_\_ Total Time Requested \_\_\_\_\_ Depart Time(s) \_\_\_\_\_ Return Time(s) \_\_\_\_\_

**Itinerary (List all destinations and times)**

Leave from \_\_\_\_\_ Return to \_\_\_\_\_

To: Name \_\_\_\_\_ From \_\_\_\_\_ A.M./P.M. To \_\_\_\_\_ A.M./P.M.  
Phone# \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_ Activity Code \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ A.M./P.M. To \_\_\_\_\_ A.M./P.M.  
Phone # \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_ Activity Code \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ A.M./P.M. To \_\_\_\_\_ A.M./P.M.  
Phone # \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_ Activity Code \_\_\_\_\_

Name \_\_\_\_\_ From \_\_\_\_\_ A.M./P.M. To \_\_\_\_\_ A.M./P.M.  
Phone # \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_ Activity Code \_\_\_\_\_

Transportation Arrangements \_\_\_\_\_

Additional Information \_\_\_\_\_

Call-Ins \_\_\_\_\_

I agree to abide by all Department of Correction and facility rules and regulations and state and federal laws and the conditions of this permit.

\_\_\_\_\_  
Inmate's Signature Date

Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:

\_\_\_\_\_  
Program Officer Date

\_\_\_\_\_  
Program Coordinator Date

\_\_\_\_\_  
Deputy Superintendent Date

\_\_\_\_\_  
Superintendent Date