Massachusetts Department of Correction **POLICY**		Effective Date 7/24/2026 Annual Review Date 7/24/2026	Responsible Division Deputy Commissioner, Clinical Services and Reentry
Policy Name 103 DOC 466 PROGRAM RELATED ACTIVITY		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 DOC Policy Reference: 103 CMR 420; 103 DOC 501; 103 DOC 550 ACA/PREA Standards: 4-ACRS-5A-11; 4-ACRS-5A-15	
Attachments Yes ☒ No ☐	Library Yes ☒ No ☐	Applicability: Staff/Incarcerated Individuals	
Public Access Yes ☒ No ☐		Location: Department's Central Policy File Each Institution's Policy File	

PURPOSE:
The purpose of 103 DOC 466 is to establish Department of Correction (Department) policy and procedure for Program Related Activity (PRA) participation outside the correctional institution and in the community in order to effectively implement an incarcerated individual's reintegration process.

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:
Deputy Commissioner, Clinical Services and Reentry Division
Assistant Deputy Commissioner, Reentry
Director of Program Services & Reentry
Superintendents

CANCELLATION:
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.

SEVERABILITY CLAUSE:
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.

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466.01 DEFINITIONS

Assistant Deputy Commissioner of Reentry: A senior level manager who reports to the Deputy Commissioner of Clinical Services and Reentry, and is responsible for ensuring policy compliance and standardization of procedures in such areas as Recovery Pathfinders, Reentry, Program Services, Classification, County, Federal, and Interstate Unit, Immigration and Customs Enforcement, Central Date Computation Unit, Transfer Unit, Sex Offender Management, Central Records, Education Division and Operations Analyst.

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

Deputy Commissioner of Clinical Services and Reentry: The executive staff person who reports to the Commissioner, and whose duties include, but are not limited to, the management of the Employee Assistance Unit, Special Programs Division, Victim Services, Assistant Deputy Commissioner of Clinical Services, and the Assistant Deputy Commissioner of Reentry.

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

Incarcerated Individual: A committed offender or such other person as is placed in custody in a correctional institution in accordance with law.

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. Incarcerated individuals may be housed in single, double, or multiple occupancy areas. Incarcerated individual movements and interactions are controlled by rules and regulations only. Supervision is intermittent. Incarcerated individuals 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 incarcerated individual, in which the incarcerated individual engages for the purpose of supporting successful reentry.

PRA Sponsor: An individual approved by the Superintendent to sponsor an incarcerated individual, which sponsorship includes agreeing to provide transportation for an incarcerated individual 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. Incarcerated individual movements and interactions are controlled by rules and regulations only. Incarcerated individuals may leave the institution daily for work and/or education in the community if they are eligible and 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 incarcerated individual, 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 incarcerated individual, releasing the Commonwealth of Massachusetts from the responsibility of payment for treatment received. (Attachments #1 and #2).

4. Religious Services

   a. An incarcerated individual shall only be approved to attend PRA religious services in the local area when possible. Exceptions may be made on an individual basis with the

approval of the Superintendent or designee.

b. Incarcerated individuals 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

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 incarcerated individual shall be responsible for payment of all services rendered or items obtained while on PRA status.

466.03 ELIGIBILITY

A. Custody Levels

1. Incarcerated individuals in minimum custody must be within one (1) year of a defined release date.

   a. Incarcerated individuals in minimum custody are eligible for a maximum of twelve (12) hours of PRA per week.
   b. Incarcerated individuals in minimum custody, in lieu of a sponsor, shall be escorted by staff and remain with staff at all times.

2. Incarcerated individuals in pre-release custody must be within eighteen (18) months of parole eligibility or a defined release date.

   a. Incarcerated individuals, 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. Incarcerated individuals, 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. Incarcerated individuals, 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 incarcerated individual'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 incarcerated individual 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

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

1. The PRA week shall begin on Sunday and end on Saturday.

2. PRA hours shall not be cumulative from one (1) calendar week to the next.

3. 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 incarcerated individual's participation in the PRA.

4. The number of hours granted for incarcerated individual 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 (1) time or six (6) hours in any one (1) day, including travel time, unless specifically authorized as outlined in 103 DOC 466.03(C).

5. An incarcerated individual may go to or from work or education participation to PRA participation without returning to the institution if approved by the Superintendent or designee.

6. An incarcerated individual shall not leave the Commonwealth of

Massachusetts while on PRA status. Incarcerated individuals on PRA status who leave the boundaries of Massachusetts shall be considered on escape status pursuant to 103 DOC 550, *Escape Policy*.

7. An incarcerated individual on PRA status remains in custody of the Department and is subject to all applicable rules and regulations.

8. Prior to participating in an initial PRA activity, all incarcerated individuals shall be made aware of all institutional policies regarding PRA.

9. Incarcerated individuals who have a pending disciplinary hearing or sanctions shall be deemed not suitable for a PRA.

10. PRA activities are to take place outside an incarcerated individual's regular work, education, or program hours unless approved by the Superintendent or designee.

466.05 APPROVAL PROCESS

A. Prior to participation in an initial PRA, an incarcerated individual shall be reviewed in accordance with 103 CMR 420, *Classification*, 420.08 Reclassification Reviews and Hearings, and 103 CMR 420, Standard Operating Procedure, Procedure for Subsequent Review, as to the number of hours per week of PRA time an incarcerated individual 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 Classification Subsequent 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 incarcerated individual's involvement in reentry workshops and the development of a reentry plan;

3. The incarcerated individual's involvement and/or prior involvement in work, education or training programs;

4. Potential benefits to the incarcerated individual;

5. The incarcerated individual's program adjustment;

6. The incarcerated individual's established goals;

7. The incarcerated individual's disciplinary history;

8. The incarcerated individual's risk/needs assessment and compliance with related recommendations;

9. The incarcerated individual'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 incarcerated individual 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 incarcerated individual participating in the PRA program shall have a sponsor unless otherwise approved by the 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 Superintendent. In addition, the PRA sponsor shall not be a Department employee, volunteer, vendor, or currently on parole.

B. The sponsor shall be required to provide reliable transportation for the incarcerated individual and remain with the incarcerated individual during such transportation, unless otherwise approved by the 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 incarcerated individual 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 IMS.

C. As described in 103 DOC 466.07(B), an incarcerated individual's written itinerary shall be approved by the Superintendent or designee prior to the participation of the incarcerated individual 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:

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1. The incarcerated individual's name, address and phone number (if applicable) where they 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 incarcerated individual 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 incarcerated individual shall:

1. Read, or, if they are unable to read, have orally read to 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 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 incarcerated individual's PRA participation and filed as appropriate upon the incarcerated individual's return.

F. The termination of any previously approved PRA shall be completed via the "Discharge" button on the PRA Approved Inmates Query screen.

466.08 INCARCERATED INDIVIDUAL 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, the approved contracted vendor or PRA Coordinator. This shall be documented in the PRA Itinerary Information Screen.

2. Incarcerated individuals 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 pursuant to 103 DOC 513, *Accountability and Movement*, section 513.09(F). 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 incarcerated individuals on PRA status. These spot checks should occur at least once per month per incarcerated individual. 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 incarcerated individual'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 incarcerated individual 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 incarcerated individual'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 incarcerated individuals 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 incarcerated individual population while on PRA to ensure program compliance and relevance.

C. The PRA Coordinator shall periodically review an incarcerated individual'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 incarcerated individual 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 incarcerated individual 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 incarcerated individual fails to return to the institution within two (2) hours after having been ordered to do so;

3. The incarcerated individual fails to return to the institution within two (2) hours of the scheduled return time;

4. The incarcerated individual leaves the boundaries of the

Commonwealth of Massachusetts.

B. Notwithstanding the above, an incarcerated individual may be declared an escapee at any time if, in the opinion of the Superintendent, there is enough evidence to reasonably assume that the incarcerated individual 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 forty-eight (48) hours must be authorized by the Commissioner for good cause.

Attachment #1

MASSACHUSETTS DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION

Outside Medical Services
RELEASE (Physician)

I, _____, agree to perform or cause to perform the medical services listed below on, _____, an incarcerated individual 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: _____

Attachment #2

MASSACHUSETTS DEPARTMENT OF CORRECTION
HEALTH SERVICES DIVISION

Outside Medical Services
RELEASE (Incarcerated Individual)

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 (Type or print clearly):

_____

_____

_____

Nature of Services (Please type or print clearly):

_____

_____

Signed:_____
Incarcerated Individual's Signature

Date:_____

Witness: _____

Title: _____

Date: _____

Attachment #3

PRINT ON DEPARTMENT LETTERHEAD

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

INSTITUTION/DIVISION _____

PERSONAL DATA:

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_____

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 _____

Attachment #4

PRA SPONSOR INTERVIEW

Institution: _____

Incarcerated Individual's Name: _____ Commitment #: _____

Custody Level (check one): ☐ Minimum ☐ Pre-Release

Sponsor Information*

Name: _____ Date of Birth: _____

Alias or Maiden Name: _____

Telephone #: _____

Address: _____

_____

How long at this address: _____

Have you lived out of state? ☐ Yes ☐ No

If yes, provide city, state: _____

Current Employer: _____

Address of Current Employer: _____

_____

How long have you been employed there: _____

Do you own a motor vehicle? ☐ Yes ☐ No

If yes, Make: _____ Model: _____ Color: _____

Registration #: _____ Driver's License #: _____

Will you provide transportation? ☐ Yes ☐ No

***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/Incarcerated Individual Relationship

Relationship to Incarcerated Individual: _____ How long known? _____

Where did you meet? _____

Do you send money to this incarcerated individual or any other incarcerated individual?
☐ Yes ☐ No
If yes, for what purpose? _____
_____

Do you visit this incarcerated individual? ☐ Yes ☐ No If yes, how often? _____

Do you visit any other incarcerated individual(s)? ☐ Yes ☐ No
If yes, please provide the following:

Name	Correctional Institution Visited
_____	_____
_____	_____

Have your visiting privileges at any correctional institution ever been suspended? ☐ Yes ☐ No
If yes, which correctional institution? _____ Dates: _____

Reason for suspension of visiting privileges: _____
_____

Do you have knowledge of the incarcerated individual's criminal history? ☐ Yes ☐ No

Have you previously sponsored any incarcerated individual? ☐ Yes ☐ No
If yes, provide the following: Date: _____
Name of Incarcerated Individual: _____ Institution: _____

Do you have any relatives or friends currently serving a sentence in a correctional institution?
☐ Yes ☐ No If yes, please provide the following:

Name	Correctional Institution 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 THEIR 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: _____

Attachment #5

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: _____

Name: _____ Phone#: _____
Address: _____ Contact Person: _____
From: _____ A.M./P.M. To: _____ A.M./P.M. Activity Code: _____

Name: _____ Phone#: _____
Address: _____ Contact Person: _____
From: _____ A.M./P.M. To: _____ A.M./P.M. Activity Code: _____

Name: _____ Phone#: _____
Address: _____ Contact Person: _____
From: _____ A.M./P.M. To: _____ A.M./P.M. Activity Code: _____

Name: _____ Phone#: _____
Address: _____ Contact Person: _____
From: _____ A.M./P.M. To: _____ A.M./P.M. Activity Code: _____

Transportation Arrangements: _____

Additional Information: _____

Call-Ins: _____

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

Incarcerated Individual's Signature Date

Conditions: _____

Approved:

Program Officer Date Program Coordinator Date

Deputy Superintendent Date Superintendent Date