

IPD – INDIVIDUAL PROGRAM DIRECTIVE

Initial Directive Revised Directive

<i>Inmate Last Name</i>	<i>First</i>	<i>Booking #</i>
<i>Directive Date</i>	<i>Initial Parole Date</i>	
<i>Next Progress Review Date</i>	<i>(Fill)</i> <i>Compliance Report Due Date</i>	

Please place a checkmark by each element to be included in the Directive:

- | Element # | Description |
|-----------|--|
| 1 | <input type="checkbox"/> You will conform to the rules of the Department of Corrections and the institution to which you are assigned and maintain a good disciplinary record. |
| 2 | <input type="checkbox"/> You will work diligently and to the best of your ability at any job to which you are assigned. |
| 3 | <input type="checkbox"/> You will refrain from any conduct or behavior which would indicate or evince an intention to re-offend |
| 4 | <input type="checkbox"/> You will participate as directed in the ST OP program and cooperate fully with all conditions of the program. |
| 5 | <input type="checkbox"/> You will participate as directed and cooperate fully with the Chemical Dependency/
Gambling Program. |
| 6 | <input type="checkbox"/> You will participate as directed and cooperate fully with the educational program |
| 7 | <input type="checkbox"/> You will complete as directed the core programs. |
| 8 | <input type="checkbox"/> You will participate as directed and cooperate fully with the Vocational Education Program |

I have read or have had read to me the elements of my Individual Program Directive. By signing I acknowledge receipt of a copy of this directive. This Directive may be updated as needed. In such cases a new form will be created.

<i>Inmate's Printed Name</i>	X <i>Inmate's Signature</i>	<i>Date</i>
<i>Unit Staff's Printed Name</i>	<i>Date</i>	

IPD STANDARDS OF COMPLIANCE

Inmate Last Name	First	Booking#
<p>I understand that the Individual Program Directive that I have completed with a Unit Staff Member includes program and work components which have standards for compliance and behavioral expectations. I also understand that the following standards will be used to determine my level of compliance with my Individual Program Directive.</p>		
Full Compliance:	Worked Diligently and to the best of my ability (work). Completed assigned program and/or followed the directives to the best of my ability (medical/mental health). Successfully completed the program or participated to the best of my ability (STOP, CD/Gambling, Education, Vocational Education and Core Programs.)	
Minimal Compliance:	Performed minimally accepted work (work). Participated or cooperated in assigned program or with directives to a minimum extent, less than my ability (medical/mental health). Participated at a minimal level, less than my ability (STOP, CD/ Gambling, Education, Vocational Education and Core Programs)	
Non- Compliance:	Refused to work, was discharged from work for disciplinary reasons or removed from work because of non-compliant behavior (work). Refused to participate or cooperate with assigned programming and directives (medical/ Mental Health). Refused to participate in the program, was terminated from the program, was discharged from the program for disciplinary reasons or relinquished a treatment slot due to a disciplinary transfer (STOP, CD/ Gambling, Education, Vocational Education and Core Programs).	
<p>I have read or have had read to me these standards of compliance and expectations for each assignment included in my Individual Program Directive. Any additional standars for any assignment will be communicated to me by my work/ program supervisor.</p>		

X

Inmate Signature

DOC#

Date

RELEASE PLANNING WORKSHEET

Name: _____ DOC ID #: _____

If you are to be released on supervision (Parole or Suspended Sentence) you must reach your parole eligibility date or your Suspended Sentence date and the Parole Agent Supervisor must approve your release plan. You will be under the supervision of the parole department starting the date you are released To supervision. Please answer the following questions as completely as possible. Failure to do so could delay your plan verification. Please print or write clearly so the information is easy to read.

RESIDENCE INFORMATION

Address: _____ Apt # _____ Ph # _____

City: _____ State: _____ Zip: _____ County: _____

Directions from a major town (if address is in a rural area): _____

Residence detail (type of housing, who lives here): _____

Method of travel home (circle one): Bus Family Friend Shuttle Taxi Walk Other

EMPLOYMENT INFORMATION

(Do not list an employer that you want to work for or plan to apply to, but rather, only list an employer if you have it confirmed that you would be starting with them upon release.)

Employer: _____ Position Title: _____

Address: _____ City: _____

State: _____ Zip: _____ Contact: _____ Ph #: _____

Do you collect Disability? Y N If so, from whom: _____

HOLDS, DETAINERS OR PENDING CHARGES

Do you have a Hold, Detainer or any Pending Charges or Probation/Parole Violation Status from another State? Yes No Are these for a: (Check one) Misdemeanor _____ Felony _____

What are the charges: _____

What City: _____ County: _____ State: _____

How are you planning to take care of these charges or Hold/Detainer: _____



INDIVIDUAL PROGRAM DIRECTIVE

PROGRESS REVIEW SUMMARY COMPLIANCE REPORT

Inmate Name	DOC #	Unit Staff Member
Today's Date	Initial/Next Parole Date	Next Progress Review Date
		(FILL) Compliance Report Due Date

New System (Initial) New System Review Mixed

Check the following boxes as applicable:

Assigned elements of the IPD are rated as non-compliance, minimal compliance, or full compliance as follows: (check one for each applicable element:

Element #:	Compliance Level:		
1. <input type="checkbox"/> DOC	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full
2. <input type="checkbox"/> Work/ Vocational	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full
3. <input type="checkbox"/> Intent to Reoffend	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full
4. <input type="checkbox"/> Medical Directives	Not Applicable		
5. <input type="checkbox"/> STOP Program	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full
6. <input type="checkbox"/> Chemical Depend Gambling	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full
7. <input type="checkbox"/> Education	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full
8. <input type="checkbox"/> Electives	Not Applicable		
9. <input type="checkbox"/> Core Program	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full
10. <input type="checkbox"/> Vocational Education	<input type="checkbox"/> Non	<input type="checkbox"/> Minimal	<input type="checkbox"/> Full

The ratings on the IPD are assessed as follows:

Did Substantively Comply Did Not Substantively Comply

Brief Narrative on the elements of the IPD--only necessary if inmate is not in full compliance with:

Unit Staff Member
Signature: **X** _____ **Date:** _____

Deputy or Associate
Warden Signature: **X** _____ **Date:** _____

Warden Signature: **X** _____ **Date:** _____

Inmate Signature: **X** _____ **Date:** _____

Inmate signature certifies that they have received a copy of the progress compliance report. If inmate refuses to sign, the staff member serving the notice of progress compliance level will sign and date this document.

COMPLIANCE REPORT DISTRIBUTION: **Parole Board** **Intuitional File** **Inmate**

PROGRAM REFUSAL FORM

I have been notified that I must participate in the following program(s) in order to be compliant with my Individual Program Directive (IPD):

- Chemical Dependency/Gambling Treatment Program (CD/Gambling Treatment)
- Sex Offender Treatment Program
- Educational Program (GED)
- Core Programs
- Vocational Education
- Medical/Mental Health

I have refused to participate in the program or have refused to participate in a program assessment and have had the consequences of this refusal explained to me. I understand that a refusal to participate in this program or a refusal to participate in a program assessment will result in a non-compliance evaluation with the IPD element regarding this program.

_____ X _____
Inmate Name *Inmate Number* *Inmate Signature*

_____ _____
Staff/ Witness *Date*

Discretionary Parole Application

This completed application must be brought with you to your parole hearing.

If additional room is needed for your answers you may write on a separate piece of paper.

13. Do you have an alcohol and/or drug problem and what is your plan to remain chemical free?
14. Do you have a sexual behavior problem and what is your plan to remain free from the sexual abuse of others?
15. Are you compliant with all programming required by the DOC and your judge in suspended sentence cases?
16. Are you currently employed in the prison? If so, how long in the same position?
17. What minor and major rule violations have you received since your last hearing or during the last 12 months?
18. Do you now or have you ever had a gang affiliations? If so, explain.
19. How has the way you think and your belief system changed since you were first incarcerated?
20. If you were paroled, where would you live and work?
21. If you were paroled, what programming would you complete in the community?
22. If you were paroled, who will you associate with on the streets?
23. Did the Parole Board direct you to comply with a task or program during your last hearing? If so, did you comply?
24. If you were released on parole do you think there would be a negative response from the public or from any victim due to your previous behavior?
25. What else should the parole board know about you to help them make a good decision?

This completed application must be brought with you to your parole hearing.

If additional room is needed for your answers you may write on a separate piece of paper.

Applicant's Signature

Date

South Dakota Board of Pardons and Paroles

Name:

DOC ID:

Dated this:

Type:

Location:

Being eligible to be considered for parole, came before the Board of Pardons and Paroles for a regularly scheduled hearing, and the matter of his/her application for parole was fully heard and considered. Pursuant to the standards set forth in Parole Board Policy 8.1.A.5, Parole Decision - Setting of Next Parole Review Dates, IT IS ORDERED that the application for parole of the above named inmate is hereby:

DENIED Next Review Date: _____

The following assessment standards are solely to assist the offender in assessing his/her rehabilitation needs; neither this document nor the statutes or rules upon which they are based are to be used to establish a constitutionally protected liberty, property or due process interest in any inmate (SDCL 24-13-7, SDCL 24-15-1.1 and 24-15A-42).

REASONS FOR DENIAL / ADDITIONAL INFORMATION:

- [] 1. The Board is not satisfied that society will be protected if you are paroled.
- [] 2. The Board is not satisfied that you have developed a viable parole plan.
- [] 3. The Board is not satisfied, given the nature and circumstances of your offense(s), that you have been incarcerated for a sufficient length of time.
- [] 4. The Board is not satisfied, given your character and conduct in the institution and/or at the hearing, that you have accomplished rehabilitation.
- [] 5. The Board is not satisfied, given the nature and circumstances of your probation or parole history, that you recognize your problems and have made sufficient gains in self-improvement.
- [] 6. The Board finds that you pose an unacceptable risk because of your refusal of, termination from, or unsuccessful completion of _____ programming in the institution.
- [] 7. Return: _____ Street Time / Good Time / Dead Time
RETURN ENOUGH TIME to make release effective: _____
- [] 8. Board Recommendation(s): _____

GRANTED

Pursuant to Board Policy: 8.1.A.5 – Parole Board Decision...- Granting of Parole may require Full Board action Pursuant to SDCL 24-15-11 and 25-15A-42, IT IS FURTHER ORDERED that parole be conditional upon his/her agreement to the standard parole agreement and the special restrictions indicated below: (i.e. Complete treatment / GED, Obtain counseling, 24/7, SCRAM or GPS, No contact orders, Curfew, Medication management, etc.)

- [] 1. Return: _____ Street Time / Good Time / Dead Time
RETURN ENOUGH TIME to make release effective: _____
- [] 2. Board Recommendation(s): _____
- [] 3. **BOARD ORDER:** _____

Recommending Hearing Officer / Board Chair (if Full Board required)

Board Member

Board Member