

Home Detention Program Screening/Interest Form

Inmate: _____ CL #: _____ Institution: _____

Part A: Sentence Information

Offense(s): _____

Sentence(s): _____ Start Date(s): _____

Earliest Release Date: _____ Type of Release: _____

Last Parole Hearing Date: _____ Results: _____

Part B: Eligibility Criteria Answer yes or no to the following questions:

- _____ 1. Is the inmate serving a sentence of life or life with all but a specific term of years suspended?
- _____ 2. Has the inmate ever been found guilty of Child Abuse under Criminal Law Article § 3-602, § 3-603, ACM?
- _____ 3. Has the inmate ever been found guilty of Escape under Criminal Law Article §9-404, ACM?
- _____ 4. Is the inmate more than 18 months or less than 30 days from release?
- _____ 5. Is the inmate more than six months from release and is he/she currently serving a sentence for Distribution, Possession with the Intent to Distribute, or Conspiracy to Distribute CDS?
- _____ 6. Is the inmate serving a sentence for a crime of violence as defined in Criminal Law Article § 11-101 ACM, and is more than 90 days away from release?
- _____ 7. If five years have not elapsed since the expiration of a sentence for a crime of violence as defined in Criminal Law Article § 14-101, ACM, is the inmate more than 90 days away from release?
- _____ 8. Does the inmate have any detainers other than those that are non-scoreable?
- _____ 9. Does the inmate have any known medical problems that would preclude the inmate's placement, e.g., a condition that would prevent employment?
- _____ 10. Has the inmate been found guilty of any category I or III rule violations in accordance with COMAR § 12.02.27.04 within the last six-month period?
- _____ 11. Has the inmate been found guilty of a category II rule violation as defined in COMAR § 12.02.27.04 And has not successfully completed the designated mandatory remediation program?
- _____ 12. Has the inmate been removed from home detention during the present incarceration as the result of rule violation(s) or through administrative reclassification for negative reasons?
- _____ 13. Is the proposed sponsor's address and phone number outside the defined catchment area?

Part C: Interest

I have screened the above inmate for the Central Home Detention Unit program eligibility/suitability and have determined that he/she:

- fails to meet the requirements for home detention placement under the current criteria
- is not currently eligible, but will be eligible on and/or when
- is eligible but is not interested for the following reason(s):
- is eligible and wishes to be further screened.

The inmate has provided the following home and employment plan. As a condition of placement, the inmate understands that he/she may be assigned to public service, must pursue employment, and must adhere to any special conditions set by the Central Home Detention Unit Executive Director or the Commissioner of Correction.

Home/Sponsor Information:

	First Priority	Second Priority
Name	_____	_____
Address	_____	_____
City	_____	_____
State/Zip	_____	_____
Home Phone	_____	_____
Work Phone	_____	_____

Employment Information: (active work release inmates only)

Company _____

Address _____

City _____

State/Zip _____

Phone _____

Contact _____

Recommendation and Comments:

Inmate's Signature	CL/SID Number	Date
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Case Management Specialist's Signature	Date
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Signature of Evaluator (HDU staff)	Title	Date
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