

MARYLAND DIVISION OF CORRECTION
Community Leave Rules

Institution/Facility

1. Inmates may not represent themselves as an agent or employee of the Division of Correction while in the community.
2. Inmates must possess and produce on demand their DOC issued identification card to any DOC staff or law enforcement official.
3. Inmates approved for community leave must utilize public transportation, or transportation provided by an approved sponsor. Inmates are prohibited from operating a motor vehicle of any type while on community leave.
4. Inmates are required to conduct themselves in a courteous, business-like manner at all times.
5. Inmates may not possess alcoholic beverages, illegal substances, or contraband, and must willfully submit to any test prescribed by the DOC or any law enforcement agency.
6. An inmate who experiences medical issues while on community leave shall contact the facility and return for treatment/evaluation immediately, unless the nature of the medical issue is life-threatening, in which case he/she shall contact 911 for emergency medical services. If applicable, the community leave sponsor shall contact facility staff immediately to notify them of the inmate's status and whereabouts.
7. Inmates must carry a copy of the Community Leave Rules at all times and present the form if questioned and/or arrested by any law enforcement official.
8. In the event inmates fail to return to the place of their confinement and are apprehended in another jurisdiction, they waive their right to contest extradition proceedings and consent to be returned to Maryland without the necessity of an extradition hearing or proceeding.
9. Inmates must abide at all times by all DOC rules as specified in DOC policies and procedures.
10. An inmate may be subject to case management review if he/she violates any of the conditions/requirements listed above, even if the violations did not result in disciplinary action.

Other Condition(s)/Comments: _____

I have read and agree to abide by the above rules and stipulations as listed should I be approved for community leave. I further agree to return to the institution/facility at the designated time.

Inmate's Signature

DOC Number

Date

Witness

Title

Date