I. DEFINITIONS

"Privilege trip" means a trip that may be authorized at minimum security institutions for small groups of inmates to go into the community for recreational purposes; to conduct seminars or programs or attend other gatherings; to shop or for other purposes determined by the warden to meet the guidelines of KRS 439.600.

II. POLICY and PROCEDURE

Privilege trips may be authorized by the Warden to serve the legitimate purposes of Corrections, the institution and the inmate subject to the limitations set out below. Trips shall not become routine for the inmate population. Wardens may use privilege trips as part of an institutional incentive program.

A. Privilege trips shall be authorized only by the Warden or in his absence, the Deputy Warden. This authorization shall be in writing.

B. Inmates authorized to make privilege trips shall be required to read and sign the release.

C. All trips shall be supervised by on-duty staff members only.

D. There shall be one staff member for each five inmates unless the Warden or his designee authorizes an exception. A staff member may escort up to ten inmates if the inmates can be adequately supervised.

E. Inmates shall be under direct supervision at all times. They shall not be released unsupervised in a large area as an arena, shopping center, mall, large store, in the streets or in public gatherings with instructions to report back at a stated time or interval.

F. Inmates shall be appropriately attired.

G. Staff supervisors shall be cautioned that Kentucky law provides that any staff member who aids or permits an inmate to leave his limits of confinement may be subject to criminal prosecution.
H. Inmates shall be informed that leaving the limits of confinement as established by the group supervisor shall be considered an escape.
RELEASE FORM

I, _____________________________________ No. __________________, having been committed from the ________________ County Circuit Court to serve a term of ________________ years for the crime of ____________________________________________,
do hereby certify that ________________________________________________, an Officer or Official of the __________________________________________________________, is transporting me to _______________________________________, Kentucky at my request for the purpose of ___________________________________________________.

In consideration of being allowed to make the aforesaid trip, I understand that I shall remain with the Supervisor and be supervised by the accompanying Officer at all times while away from the ______________________________________________. I also agree not to use drugs or alcohol, and I understand that conjugal visits are not permitted and that under no circumstances am I allowed to leave the State of Kentucky.

I further understand and agree that if I am allowed to make the aforesaid trip, I exonerate and hold harmless from any responsibility whatsoever, the Warden or any employees of the Department of Corrections. I specifically agree not to press any cause of action, nor allow claims to be presented on my behalf against the Department of Corrections or against any of its agents or employees for any injury, physical or mental that may occur to me as a result of being granted permission to make this trip.

I HAVE READ, OR THIS STATEMENT HAS BEEN READ TO ME, AND I UNDERSTAND IT AND I AGREE TO BE BOUND BY THE LEGAL LIMITATIONS CONTAINED WITHIN.

AGreed TO BY: _____________________________________ DATE: ______________________

Inmate Name and Number

STAFF WITNESS: _______________________________________________________________
MEMORANDUM

TO: All Concerned

FROM: _________________________, Warden

SUBJECT: Authorization for Resident Trips

Department of Corrections employee ____________________________ may take the following inmates from the ____________________________ institution.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Destination(s)_________________________________________________________________________

Date and Time Depart__________________  Approx. Date and Time Return______________________

Mode of Transportation_________________________________________________________________

Approved by:

_______________________________________
Warden

_______________________________________
Deputy Warden

Accompanying Officer's Certification:

I, __________________________, understand that I have been given permission to take the above named resident(s) to the approved destination(s) and that side trips are not authorized. I further understand that I am to personally supervise the resident(s) at "all times" while on the trip and to make every effort to return at the time specified above. If unable to return on time, or in the event of an unforeseen delay, I will immediately call the Officer in charge or the Duty Officer at the __________________________,institution, __________________________.

Telephone Number

Date:_________________________  Accompanying Officer's Signature