



Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301
REV 06/29/18

Administrative Directive Number: 3.7	Inmate Monies
<input checked="" type="checkbox"/> I recommend the following inclusion or revision to the above referenced Administrative Directive <u>(provide detailed explanation regarding reason for change):</u>	
<p>The following language change in AD 3.7, Inmate Monies, specifically section 6. Subsection b is suggested,</p> <p style="margin-left: 40px;">b. Mail. An inmate may only receive certified, payroll, cashier, government checks, refunds, attorney checks or money orders through the mail sent to a designated location. Any unacceptable funds or correspondence directed to the inmate shall be returned to the sender with Attachment C, Returned Letter or Funds Notification attached to indicate the reason for the return.</p> <p>With the addition of CN 100704, General Correspondence Rejection Notice, AD 3.7, Attachment C is no longer needed a form of rejection notification for correspondence and can be used solely for monetary rejections.</p> <p>With Attachment C being a triplicate form, it is not suggested to change the name of the form as it would not be cost effective. Rather it is suggested to notify staff to use the CN 100704 in place of Attachment C when rejecting General Correspondence.</p>	
<input type="checkbox"/> See attached documents	

ORIGINATOR		
Name: James DelPeschio	Title: Lieutenant	Date: 1/20/2021
Signature: <i>James DelPeschio</i>	Facility/Unit: OSP	

OFFICE OF STANDARDS AND POLICY REVIEW:		
Reviewed by:	Office of Standards and Policy Staff signature:	Date:
<input type="checkbox"/>		

UNIT/DISTRICT/DIVISION RECOMMENDATIONS:		
Approved	Denied	Unit Administrator's signature: <i>Dr. Kate Martin</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date: 1/20/2021
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from facility)
<input type="checkbox"/>	<input type="checkbox"/>	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: <i>William Mulligan</i>
<input type="checkbox"/>	<input type="checkbox"/>	Date: 1-20-21

COMMISSIONER'S DECISION:			
This request is:	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Effective date of request:
<input type="checkbox"/>	The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:		Date:
<input type="checkbox"/>	This inclusion/revision shall be added to the Administrative Directive prior to:		Date:
<input type="checkbox"/>	This inclusion/revision shall be added immediately to the Administrative Directive.		
Commissioner's signature: <i>Angel Yous</i>			Date: 1/20/21