



**Request for Inclusion or Revision to an
Administrative Directive
Connecticut Department of Correction**

CN 1301
REV 11/15/10

Administrative Directive Number: _____ Title: **11.5 Time Out Program**

I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):

6. Time Out Program Eligibility Criteria. In order to be eligible for participation in the Time Out Program, each offender returned to custody must:

A. be classified as an overall level 1 or 2;
 B. not have any pending cases or outstanding warrants; and,
 C. not have contacted or attempted to contact the victim of his/her crime when the underlying offense is domestic violence

If an offender has previously participated in a Time Out Program and commits additional technical violations, the offender may be considered for assignment to the Time Out Program on a case-by-case basis.

6. Time Out Program Eligibility Criteria. In order to be eligible for participation in the Time Out Program, each offender returned to custody must:

A. be classified as an overall level 1, 2 or 3;
 B. not have any pending cases or outstanding warrants; and,
 C. not have contacted or attempted to contact the victim of his/her crime when the underlying offense is domestic violence



If an offender has previously participated in a Time Out Program and commits additional technical violations, the offender may be considered for assignment to the Time Out Program on a case-by-case basis.

See attached documents

ORIGINATOR

Name: _____ Title: _____ Date: 2/2/2015
 Signature: _____ Facility/Unit: _____

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved	Denied		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unit Administrator's signature: 	Date: 2/24/15
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from facility)	Date: _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: 	Date: 3/20/15

COMMISSIONER'S DECISION

This request is: **APPROVED** **DENIED** Effective date of request: As Practicable

The language/provisions of this inclusion/revision shall be effective as of: _____ and subsequently added to the Administrative Directive at the next update.

This inclusion/revision shall be added to the Administrative Directive prior to: _____

This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner's signature:  Date: 4/2/15