



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-080200 Good Time Deductions	Issued: 10/17/83 Effective: 11/13/83	Reviewed: 10/01/21 Revised: 6/9/16
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

- A. Laws of 1981, Chapter 127.
- B. NMSA 1978, Sections 33-1-6 and 33-2-34 as amended.
- C. Policy *CD-010100*.

REFERENCES:

- A. ACA Standard 2-CO-1E-05, *for the Administration of Correctional Agencies*, 2nd Edition.
- B. ACA Expected Practices 5-ACI-1E-03 and 5-ACI-7A-13, *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.

PURPOSE:

To establish the types of good time deductions available, the eligibility criteria for each type, and general guidelines for the application of good time.

APPLICABILITY:

All inmates whose crimes were committed prior to May 18, 1988, with the exception of inmates serving life sentences for capital offenses.

FORMS:

None

ATTACHMENTS:

- A. Recommendation/Reinstatement of MGT** (*Attachment-A*)
- B. Incentive Pay and Good Time Recommendation** (*Attachment-B*)
- C. Quarterly Good Time** (*Attachment-C*)
- D. Forfeiture of Good Time** (*Attachment-D*)
- E. Recommendation for Restoration of Forfeited MGT, EMD, MD** (*Attachment-E*)
- F. Recommendation for Termination of Good Time** (*Attachment-F*)
- G. MGT Prorating Scales** (*Attachment-G*)
- H. Correction of Good Time Errors** (*Attachment-H*)
- I. Monthly Good Time** (*Attachment-I*)

DEFINITIONS:

- A. Approved Corrections Industries Programs: Programs that have been approved by the Corrections Industries Commission and are managed by the Corrections Industries Division.
- B. Approved Educational Programs: Programs that have been approved by the Education Bureau or Institutional Education Director.
- C. Classification Committee: For purposes of this policy:
1. At facilities/units with Unit Management the Classification Committee shall be composed of the Unit Manager, Classification Supervisor, or Program Manager as well as a security representative, Sergeant or above. For Special Management, a representative from the Behavioral Health Department shall serve on the classification committee as required by policy.

If a Unit Manager, Classification Supervisor or Program Manager is not available; a classification officer with over one (1) year of experience in classification may serve on the Classification Committee as acting Classification Supervisor. If a Sergeant or above is not available, a Correctional Officer may serve as acting Sergeant.
 2. At facilities without Unit Management the Classification Committee shall be composed of the Classification Supervisor or Program Manager as well as a security representative, Sergeant or above.

If a Unit Manager, Classification Supervisor or Program Manager is not available; a classification officer with over one (1) year of experience in classification may serve on the Classification Committee as acting Classification Supervisor. If a Sergeant or above is not available, a Correctional Officer may serve as acting Sergeant.
- D. Clear Conduct: Absence of both major and minor misconduct reports. For Special Management this includes negative behavior notations.
- E. Contract Facilities: Any non-state-owned facility that houses inmates pursuant to a contract or joint powers agreement with the Department.
- F. Contract Monitor: The individual(s) designated by the Director of Adult Prisons to exercise oversight responsibilities at contract facilities.
- G. Criminal Management Information System (CMIS): An automated computer system used by the Corrections Department for the purpose of tracking the status of offenders.
- H. Current Term of Imprisonment: Any sentence that the inmate is currently serving as well as any previous concurrent or consecutive counts or cause numbers that the inmate has already served provided that the inmate has not yet been released from a facility on parole or discharged.

- I. Department: The New Mexico Corrections Department.
- J. Engaged In: Actual participation by inmates in general programs assignments.
- K. Hearing Officer: The individual at an institution or reintegration program designated to conduct administrative hearings for violations of rules and/or regulations.
- L. Issue Number Only (INO): A number issued to an inmate who has been sentenced to a prison term in New Mexico that is running concurrent with a sentence in another jurisdiction but the inmate has not yet been placed in the custody of the New Mexico Corrections Department.
- M. Program: Special Management programs, Work, vocational, educational, substance abuse and behavioral health programs, approved by classification committee, that contribute to an inmate's self-improvement through the development of personal or occupational skills. Program does not include recreational activities.
- N. Program Assignment: Assignments which include, but are not limited to:
 - 1. Corrections Industries, porter, barber, food service, outside work detail, inmate work crews, etc.
 - 2. Vocational (all varieties), Adult Basic Education, college courses, cognitive education, SOAR etc.
 - 3. RDAP, etc.
 - 4. Group therapy, Anger Management, Sex Offender Treatment, etc.
- O. Reintegration Program: Any Community Corrections Program that deals with inmates who are still serving their basic sentence.
- P. State Facility: Any facility operated by the New Mexico Corrections Department (NMCD).
- Q. Supervisory Review: A Classification Review conducted by the Classification Supervisor, Program Manager or Unit Manager that does not involve a Classification Committee hearing. These reviews do not require that a 48-hour notice be provided to the inmate.
- R. Work/Program Assignment: An assignment for the inmate that has been reviewed and approved by the Institutional Classification Committee and/or Institutional Reclassification Committee/Unit Management Team.

POLICY:

All inmates shall be allowed the opportunity to earn good time deductions of their sentence, on the condition that they observe the rules, regulations and policies of the Department, demonstrate a continuing effort towards self-improvement, and meet the criteria of this policy. At state facilities, the Warden is the authority at the institutional level for all actions regarding good time. At contract facilities, the Contract Monitor is the authority at the institutional level for all actions regarding good time deductions.

- A.** Inmate time shall be accurately computed and recorded in conformance with applicable statutes and regulations. **[5-ACI-IE-03]**
- B.** Sentences shall be computed and recorded in conformance with applicable statutes and regulations. **[2-CO-1E-05]**
- C.** Inmates shall be compensated for work performed. Incentives such as monetary compensation, special housing, extra privileges, and good time credits shall be distributed according to written guidelines. **[5-ACI-7A-13]**



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AUTHORITY:

Policy *CD-080200*

INDEX:

- A. Eligibility Criteria
- B. General Guidelines
- C. Procedure for Recommending MGT
- D. Procedure for Processing Quarterly Good Time

PROCEDURES: [5-ACI-7A-13] [2-CO-1E-05]

A. Eligibility Criteria:

Inmates are eligible for good time deductions based upon recommendations by the Classification Committee and approval by the Warden or Deputy Warden, using the criteria established below, from the date of their arrival at the Reception and Diagnostic Center (RDC).

1. The only exceptions are:
 - a. Inmates returned to custody from escape will not be eligible for good time deductions until after ninety (90) days of clear conduct from the date of return from escape to any Corrections Department correctional facility;
 - b. Parole violators who have not yet had their parole formally revoked (i.e., hearing held, documents signed);
 - c. Any inmate who has completed his/her basic sentence and who is serving his or her parole time within the institution if he/she fails to pursue an acceptable parole plan in good faith, or refuses to accept conditions of parole;
 - d. Inmates who refuse a work or program assignment.
2. Meritorious Good Time (MGT):
 - a. MGT – twelve (12) days per month - Inmates who committed crimes prior to June 19, 1981, can be awarded MGT at a rate of twelve (12) days per month based on the following criteria:
 - 1) Ninety days (90) of clear conduct from the incident date of the last

misconduct report;

- 2) A satisfactory record in work or program assignment and a continuing effort towards self-improvement; and
- 3) Thirty (30) days in present program or work assignment.

- b. MGT – Zero to ten (0-10) days per month - Inmates who committed crimes on or after June 19, 1981, but prior to May 18, 1988, can be awarded MGT at a rate of zero to ten (0-10) days per month based on ninety (90) days of clear conduct from the incident date of the last misconduct report
- c. Any inmate who committed a crime before June 19, 1981, and does not meet the twelve (12) day eligibility criteria, but does meet the zero to ten (0-10) day eligibility criteria, will be awarded zero to ten days until he/she becomes eligible for twelve (12) days MGT.
- d. MGT will be prorated for any month in which the inmate has not been eligible for the entire month, based on the **MGT Prorating Scales** (*Attachment-H*).

3. Support Service Good Time (SSGT):

An inmate will be eligible to receive SSGT (zero to five (0-5) days per month) by being engaged in an approved work or program assignment. This good time is based on attendance and can be prorated based on the SSGT section of the **MGT Prorating Scales** (*Attachment-G*).

4. Industrial Good Time (IGT):

An inmate will be eligible to receive IGT (zero to ten (0-10) days per month) by being engaged in an approved Corrections Industries program. This good time is based on attendance and can be prorated based on the IGT section of the **MGT Prorating Scales** (*Attachment-G*).

5. Extra Industrial Good Time (XIGT):

An inmate will be eligible to receive XIGT (0-10 days per month) based on the following criteria:

- a. Engaged in an approved Corrections Industries program;
- b. Demonstrated above average work conduct, performance, and responsibility; and,
- c. This good time is based on performance and may be prorated based on the XIGT section of the **MGT Prorating Scales** (*Attachment-G*).

6. Monthly Lump Sum Awards:

Inmates assigned to educational, vocational or institutional work assignments, not to include Corrections Industries, will be eligible to receive a zero to fifteen (0 to 15) day

Monthly Lump Sum Award based on exceptional conduct, performance and responsibility. This Monthly Lump Sum Award may be prorated based on the Monthly Lump Sum Award Prorating Scale for Good Time Recommendations. Monthly Lump Sum Awards awarded under this section will count against the one- year total award.

7. Lump Sum Awards:

In accordance with Policy *CD-082800 (Lump Sum Awards)* inmates shall be allowed the opportunity to earn Lump Sum Awards for engaging in a heroic act of saving life or property, engaging in extraordinary conduct far in excess of normal program assignments that demonstrate the inmate's commitment to rehabilitate himself or herself as well as the opportunity to earn Lump Sum Awards for participating in approved programs designed to meet the inmates need for re-entry into the community.

B. General Guidelines:

1. Meritorious Good Time (MGT) may be awarded in combination with Support Service Good Time (SSGT), Industrial Good Time (IGT and XIGT) or Lump Sum Awards (LSA).
2. Inmates must earn the maximum amount eligible of MGT and SSGT or IGT and XIGT before being eligible for any LSA.
3. Support Service Good Time (SSGT) and Industrial Good Time (IGT and XIGT) may not be awarded at the same time. When an inmate is engaged in vocational programming, educational programming or facility support services and Corrections Industries programming, the inmate will be eligible to receive only Industrial Good Time deductions (IGT and XIGT). If an inmate transfers from one program to another during a month, both types of good time may be awarded on a prorated basis.
4. SSGT, IGT and XIGT may be awarded regardless of whether the inmate is eligible for and awarded MGT.
5. Their Classification Officers will flag records for inmates who are within six (6) months of a parole or discharge date and good time should be processed on a monthly basis.
6. Inmates refusing work assignments without justification are not eligible to receive good time deductions. The Classification Committee should document that inmates have been given the opportunity for a work assignment, but have refused that assignment, and the supervisor of the assignment being refused shall submit a misconduct report.
7. Inmates are eligible to receive MGT at 0-10 days per month if they do not work because of medical or mental disabilities, the unavailability of work assignments, or as a result of the Classification Committee's decision delaying such work assignment. The Classification Officer should verify and document that the inmate has met all other criteria for receiving MGT.
8. Inmates are not eligible to receive MGT if the inmate is in Disciplinary Segregation

and a Termination of Good Time Committee has been held terminating the inmate from MGT, per CD Policy 080202. The termination of MGT is retroactive to the date of the misconduct report.

9. IGT (zero-ten (0-10) days per month) should be prorated for any month in which the inmate's Corrections Industries program attendance is not equal to twenty (20) days per month. IGT is awarded at one (1) day IGT for every two (2) days work (including holidays).
10. Good time awards for institutional and Industries assignments are based on recommendations by the work/program supervisors.
11. Recommendations and approval of good time for all New Mexico inmates housed out-of-state will be the responsibility of the Classification Bureau Chief. Good Time is awarded based on progress reports received from the location where the inmate is housed.
12. Recommendations and approval of good time for Issue Number Only (INO) inmates will be the responsibility of the records coordinator at Offender Management. Good Time is awarded based on progress reports received from the location where the inmate is housed.
13. Inmates are responsible for notifying their Classification Officer of any problems regarding good time.
14. At any time MGT is terminated, a Reinstatement of MGT must be processed and approved by the Classification Committee before the inmate can again be awarded MGT.
15. If an inmate has multiple job assignment, resulting in the inmate's performance being rated by more than one supervisor, then the lowest evaluation will be used to prorate the monthly LSA recommendation.

C. Procedure for Recommending MGT:

1. The inmate's Classification Officer, upon determining that the inmate qualifies for Meritorious Good Time, shall document the justification for eligibility on the **Recommendation/Reinstatement of MGT** form (*Attachment-A*).
2. The Classification Committee shall review the **Recommendation/Reinstatement of MGT** form (*Attachment-A*) and either approve or disapprove the recommendation. At state institutions, the form shall then be forwarded to the Warden for final approval before sending it to the institutional Records Department. At the contract facilities, the form shall be forwarded to the designated Contract Monitor for final approval before sending it to the institutional Records Department.
3. The institutional Records Manager shall record the action in the inmate's file and the action shall be entered into the CMIS. The only staff authorized to post Recommendation to Earn MGT in the inmate files and the CMIS are the Records Manager or Records Coordinator.

4. If at any time during an inmate's current term of imprisonment, it is determined that an error was made in the amount of good time received by the inmate, the error may be corrected by the classification committee in accordance with paragraph E., Correction of Good Time Errors, herein.

D. Procedure for Processing Quarterly Good Time:

1. After the Classification Supervisor or Unit Manager has approved the program(s) that the inmate is required to participate in so as to earn good time and the inmate begins active participation in the program(s), the number of days per month to be awarded (within the limitations set out in this policy) shall be determined in the Supervisory Review Process. On a monthly basis, the work/program supervisor shall turn in incentive pay and good time recommendations. A performance evaluation of less than twenty-seven (27) points shall be accompanied by a misconduct report, behavior logs or written memorandum that will explain the score. At the end of each quarter, the Classification Officer shall complete the

Quarterly Good Time form (*Attachment-D*) and the form will be presented to the Classification Supervisor or Unit Manager.

2. The Classification Supervisor or Unit Manager shall review the recommendation and either approves, deny, or modify the supervisor's recommendation and forward the recommendation to the Warden or Deputy Warden for final action. At private facilities, the recommendation is forwarded to the Contract Monitor for final action.
3. The **Quarterly Good Time** form shall be forwarded to the Records Manager no later than the 15th of the month following the close of the quarter (or month, if the inmate's good time is being updated monthly due to having less than six (6) months remaining on sentence)
4. The Records Manager or Records Coordinator will post quarterly good time within fifteen (15) days of receiving the good time documentation from the Classification Department in the inmate files and the CMIS.
5. A copy of the completed form shall be forwarded to the inmate and the form will be filed in the inmate's file. The only staff authorized to post good time in the inmate files and the CMIS are the Records Manager or Records Coordinator.
6. The inmate shall be provided with a copy of the **Quarterly Good Time** form of the good time earned. If the inmate is within six (6) months of projected release, the good time should be recorded monthly with copies provided to the inmate.
7. In addition, the inmate may request a copy of the Good Time Figuring Sheet showing the good time earned. If the inmate is within six (6) months of projected release, the Good Time Figuring Sheet may be requested monthly.
8. Quarterly good time forms shall be placed in the inmates file. For those inmates who earn less than maximum good time as well as inmates who are housed in Special Management, the Monthly Incentive Pay and Good Time Recommendation form

shall also be placed in the inmate's file.

9. Inmates housed out of state will have their good time processed *in absentia*.

E. Correction of Good Time Errors:

1. If at any time during the inmate's current term of imprisonment, any error is found in which an inmate was either incorrectly awarded Good Time or was not awarded Good Time for which the inmate was entitled, the error must be brought to the attention of the inmate's classification officer.
2. The classification officer is responsible for completing the **Correction of Good Time Errors** (Attachment H). The completion of this form must include a full and specific explanation of the reasons for the good time correction to include the facility and dates of the erroneous award. The Classification Officer shall include/attach all documentation to support the Correction of Good Time (i.e. Good Time Figuring Sheet, copy of forfeiture, restoration or LSA). The classification officer will schedule the inmate for classification committee and will present the **Correction of Good Time Errors** (Attachment H) to the classification committee for review.
3. The classification committee will review and approve or disapprove the number of days to be corrected based on the classification officer's recommendation.
4. The classification committee recommendation will be forwarded to the Warden/Deputy Warden or Contract Monitor for review. The Warden/Deputy Warden or Contract Monitor's decision involving the correction of quarterly or monthly good time is final. However, any correction of good time involving forfeiture, restoration, or Lump Sum Awards must be forwarded to the Director/Deputy Director of Adult Prisons for review.
5. The Director of Adult Prisons or a Deputy Director will review the recommendation and determine whether to approve, deny or modify the recommendation and forward his or her decision to the institutional records department.
6. The institutional Records Manager will record the action in the inmate's file and the CMIS. The only staff authorized to post Correction of Good Time Errors in the inmate files and the CMIS are the Records Manager or Coordinator.
7. The inmate shall be provided with a copy of the Good Time Figuring Sheet showing any adjustments to the inmate's release date.



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AUTHORITY:

Policy *CD-080200*

PROCEDURES:

A. Meritorious Good Time (MGT) will be terminated for the following reasons:

1. An inmate is found guilty of a major level misconduct report.
2. An inmate fails to maintain a satisfactory record in a work or program assignment and/or a continuing effort toward self-improvement (for inmates earning MGT at twelve (12) days per month only).
3. An inmate is removed from a work or program assignment based on refusal to actively participate.
4. An inmate has completed his or her basic sentence and is serving parole time within the institution and has failed to pursue an acceptable parole plan in good faith or has refused to accept parole conditions.

B. The following procedures shall be adhered to regarding termination as a result of disciplinary action:

1. Upon a finding of guilt for a major level misconduct report, the Hearing Officer should recommend termination of eligibility to earn MGT by completing the **Termination and Forfeiture of Good Time** form (*Attachment-E*). The form will be presented to the Classification Committee.
2. The Classification Committee will review and take appropriate action, either approving or denying the recommendation. At state facilities, the form will be forwarded to the Warden or Deputy Warden for final action. At contract facilities, the form will be forwarded to the Contract Monitor for final action.
3. The Warden/Deputy Warden and/or Contract Monitor will either approve or disapprove the recommendation. The form shall be forwarded to the Records Department.

4. Once the Warden/Deputy Warden or Contract Monitor has given final approval for termination of MGT, termination is effective retroactive to the date of the offense.
5. The institutional Records Department will record the action in the inmate's file and the action will be entered into the CMIS.
6. If the major level misconduct report is subsequently overturned, then the report will not have an effect on the inmate's Meritorious Good Time. If termination has taken place, the inmate will be credited with all good time allowed as long as the inmate meets all other eligibility criteria.

C. The following procedures shall be adhered to regarding termination as a result of refusing to participate in parole planning or removal from a work or program assignment due to an inmate's refusal to actively participate.

1. The Classification Officer will complete the **Recommendation for Termination of Good Time** form (*Attachment-G*) and present the recommendation to the Classification Committee.
2. The inmate will be scheduled for a classification hearing per policy *CD-080100*.
3. The Classification Committee will review and take appropriate action, either approving or disapproving the recommendation. At state facilities, the form will be forwarded to the Warden or Deputy Warden for final action. At contract facilities, the form will be forwarded to the Contract Monitor for final action.
4. The Warden/Deputy Warden and/or Contract Monitor will either approve or disapprove the recommendation. The form will then be forwarded to the Records Department.
5. For inmates who refuse to participate in parole planning or refuse parole conditions, the effective date for termination will be the date of the Classification Committee Review.
6. For inmates removed from a work or program assignment based on refusal to actively participate, the effective date of the termination will be the date of the classification committee review.
7. The institutional Records Manager will record the action in the inmate's file and the action will be entered into the CMIS. The only staff authorized to post Termination of Good Time in the inmate files and the CMIS are the Records Manager or Records Coordinator.

D. Reinstatement of Eligibility for MGT:

1. An inmate who has been terminated based on removal from a work or program assignment for refusal to actively participate, will not be eligible for reinstatement until the inmate has been approved by the classification committee for return to the

same or a similar work or program assignment regardless of whether or not the inmate is housed at the same facility.

2. An inmate who has been terminated based on failure to pursue an acceptable parole plan in good faith or refusal to accept conditions of parole, is eligible for reinstatement provided that the inmate later pursues parole planning or accepts conditions of his or her parole.
3. Any inmate who becomes eligible for reinstatement to earn MGT should notify his/her Classification Officer. The Classification Officer shall determine if any inmate on his/her caseload is eligible for reinstatement to earn MGT, according to all criteria established in the policy, regardless of whether or not the inmate has notified the Classification Officer of his/her eligibility. Upon evaluation of the inmate's eligibility, the Classification Officer shall complete the Recommendation/Reinstatement of MGT form (Attachment-A) and schedule the inmate for the Classification Committee.
4. In accordance with the Inmate Classification policies, the inmate shall be reinstated or disapproved. At state facilities, the form is then sent to the Warden or Deputy Warden for final approval and signature before being forwarded to the Records Manager. At contract facilities, the form will be sent to the Contract Monitor for final approval.
5. Once the Warden/Deputy Warden and/or Contract Monitor has given final approval for reinstatement of MGT, it shall be effective retroactive to the date of the classification committee action. The form will be forwarded to the Records Manager.
6. The Records Manager or Records Coordinator shall record the action in the inmate's file and the CMIS. The only staff authorized to post Reinstatement in the inmate files and the CMIS are the Records Manager or Records Coordinator.



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AUTHORITY:

Policy *CD-080200*

PROCEDURES:

Accrued good time may be forfeited for any major level misconduct report.

A. Forfeiture Procedure:

1. In the event that an inmate is found guilty of a major level misconduct report, the Institutional Hearing will institute a forfeiture of that inmate's good time.
2. The Disciplinary Hearing Officer, upon a finding of guilt of a major level misconduct report, will evaluate the offense and the sanctions allowed and shall recommend the amount of good time, if any, to be forfeited. The recommended forfeiture cannot exceed the maximum amount allowed by Policy *CD-090100 Inmate Discipline*.
3. The Disciplinary Hearing Officer will promptly forward the findings of the misconduct report to the Classification Supervisor or Unit Manager who will ensure that the Classification Committee promptly schedules the matter for review. The classification committee action should take place within forty-five (45) calendar days following the date of the Warden's approval of the major misconduct report (If this forty-five (45) day time frame cannot be met due to the inmate being away from the facility, the classification committee action must take place within fourteen (14) calendar days following the inmate's return to the facility or arrival to a new NMCD facility). All decisions by the disciplinary hearing officer regarding the forfeiture of Meritorious Good Time (MGT) shall be reviewed by the classification committee and forwarded for final approval.
4. The Classification Officer will determine the amount of good time the inmate has to forfeit and will attach a copy of any Good Time Figuring Sheets affected by the forfeiture.
5. The Classification Committee/Unit Management Team will approve, disapprove, or modify the recommended forfeiture. The Classification Committee shall promptly forward its recommendation to the Warden or Deputy Warden at state facilities or the Contract Monitor at contract facilities.
6. The Warden/Deputy Warden and/or Contract Monitor will review and approve, disapprove or recommend modification. The recommendation will be forwarded to the Secretary of Corrections or designee for final action. For the purposes of this procedure,

the Secretary's designee will be the Deputy Secretary of Operations, Director of Adult Prisons or Deputy Director of Adult Prisons.

7. The Deputy Secretary of Operations, Director of Adult Prisons, or Deputy Director of Adult Prisons will review and approve, disapprove or modify the recommendation. The decision will then be forwarded to the institutional Records Department and entered into the CMIS.
8. Upon receipt of the completed forfeiture form, the institutional Records Manager will record the action in the inmate's file. The only staff authorized to post Forfeitures in the inmate files and the CMIS are the Records Manager or Records Coordinator.
9. The inmate shall be provided with a copy of the Good Time Figuring Sheet showing any adjustments to the inmate's release date.
10. Forfeiture is effective the date of the disciplinary offense.
 - a. Forfeitures of Good Time may include any Good Time that the inmate was awarded during the inmate's current sentence. For example, an inmate who engages in misconduct may suffer forfeiture of only that Good Time that the inmate was awarded for the period of time that the inmate was serving the current judgment and sentence. Lump Sum Awards may be forfeited before regular MGT.
 - b. However, an inmate who engages in misconduct while on Release Eligible Inmate (REI) status on the current judgment and sentence, and is found guilty of misconduct may suffer forfeiture of only that Good Time awarded for the period of time that the inmate was on REI status. Any Good Time that was awarded to the inmate while serving the immediately preceding sentence or any other previous sentences shall not be subject to forfeiture.
 - c. If an inmate is returned to prison as a parole violator and the inmate then engages in misconduct and is found guilty of said misconduct, only that amount of Good Time that the inmate has been awarded after being returned as a parole violator is subject to forfeiture; and the Good Time awarded to the inmate prior to release on parole shall not be subject to forfeiture (including indeterminate sentences).

B. Non-Vested Forfeiture Allowances:

1. MGT, LSA, and IGT earned before June 19, 1981 may be forfeited to a maximum of one hundred percent (100%).
2. On indeterminate sentences, Statutory Good Time earned at any time may be forfeited to a maximum of one hundred percent (100%).

C. Vested Forfeiture Allowances:

1. MGT, IGT, XIGT, SSGT, and LSA earned by inmates serving sentences for crimes committed on or after June 19, 1981, but before May 18, 1988, may be forfeited up to a maximum of fifty percent (50%) of the accrued deductions earned in the previous

twelve (12) months.

2. Once any portion of an inmate's accrued good time earned by inmates serving sentences for crimes committed on or after June 19, 1981, but before May 18, 1988, is forfeited, the remaining portion shall vest and will not be subject to further forfeiture.



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PROCEDURES:

A. General Guidelines:

1. Forfeited good time may be restored in whole or in part to any inmate who is exemplary in conduct and work/program performance. Inmates may be eligible for restoration of forfeited good time after one (1) year of clear conduct (e.g., lack of any major or minor reports and exemplary program participation) from the incident date of last misconduct report. Lump Sum Awards forfeited are not eligible for restoration.
2. If an inmate, who has maintained clear conduct for one (1) year and has otherwise met the eligibility requirements for restoration, subsequently receives a Misconduct Report, the Classification Committee shall still consider the inmate for restoration and the subsequent Misconduct Report may be considered as a factor in the restoration decision.
3. The following offenses are excluded from eligibility for restoration of Meritorious Good Time restored:
 - a. Murder or Manslaughter;
 - b. Taking of hostages or kidnapping;
 - c. Arson;
 - d. Battery;
 - e. Assault or battery with a weapon on another person;
 - f. Assault or battery without a weapon on a staff member or visitor;
 - g. Assault or battery without a weapon on an inmate;
 - h. Engaging in or inciting to Riot;
 - i. Escape with or without force;
 - j. Possession of Escape Paraphernalia;
 - k. Threats;
 - l. Possession of Dangerous contraband;
 - m. Sexual misconduct or Rape;
 - n. Robbery or Extortion;
 - o. Tampering with locks or security items;
 - p. Possession of key or key pattern; or,
 - q. Engaging in Security Threat Group activities (March 30, 2012);

- r. Dealing in dangerous drugs (March 30, 2012);
 - s. Any offense, although not listed above, that has been referred for criminal prosecution;
 - t. Abuse of Medication; (May 27, 2014)
 - u. Possession of Syringe or Drug Paraphernalia; (May 27, 2014)
 - v. Refusal to submit to an authorized drug test; (May 27, 2014)
 - w. Possession or use of dangerous drugs; or, (May 27, 2014)
 - x. Failing to participate in the parole plan process. (May 27, 2014)
4. Other factors to be considered for restoration of forfeited good time include, but are not limited to:
- a. Any record of the inmate's conduct since the offense that resulted in the forfeiture;
 - b. Inmate's involvement in self-improvement programs;
 - c. Inmate's work or program record;
 - d. Satisfactory adjustment in the living unit, during leisure time and all other activities; or,
 - e. Degree of inmate's repetitive behavior as indicated by the misconduct reports.
 - f. If an inmate owes Disciplinary Segregation he or she has not served through no fault of their own due to facility needs.
5. Restoration may include any MGT/SSGT/IGT that was forfeited during the inmate's current judgment and sentence except for the excluded offenses. An inmate who is a Release Eligible Inmate may only have restored any Good Time that was forfeited during the time that the inmate was on Release Eligible Inmate status. Any Good Time that was forfeited from the inmate while serving the immediately preceding sentence or any other previous sentences shall not be subject to restoration.
- a. If an inmate is paroled or discharged and is returned to prison as a new commitment or parole violator, that inmate shall not be restored Good Time that was forfeited prior to release (including indeterminate sentences).
 - b. Only the amount of Good Time that was forfeited after being returned as a parole violator is subject to restoration provided that the inmate has maintained a one (1) year period of clear conduct and exemplary work/program participation following the inmate's misconduct.
 - c. If an inmate is within 90 days for release or the restoration will place the inmate within 90 days of release he or she is not eligible for the restoration. A partial restoration may be approved.
 - d. If at any time during the inmate's current term of imprisonment, it is determined that an error was made in the amount of restoration that the inmate received, the error may be corrected by the classification committee.

B. Procedure for Restoration:

1. The Classification Officer is primarily responsible for being aware of the inmate's eligibility status and should initiate restoration action according to the time frames.

At the time of the mandatory or discretionary review, the Classification Officer will advise the inmate as to his/her eligibility status.

2. The inmate's Classification Officer will verify the inmate's eligibility and complete the **Recommendation for Restoration of Forfeited MGT; EMD, MD** forms (*Attachment-F*). A copy of any and all Good Time Figuring Sheets affected by the restoration shall be attached as well as a copy of the forfeiture being restored. The Classification Officer will ensure that the matter has not been referred to the District Attorney for criminal prosecution.
3. The Classification Committee/Unit Management Team will review and determine the number of days, if any, to be restored to the inmate based on the work/program supervisor or Classification Officer's recommendation. The recommendation will be forwarded to the Warden or Deputy Warden for state facilities or to the Contract Monitor for contract facilities.
4. The Warden/Deputy Warden and/or contract monitor will review the Committee/Unit Management Team's recommendation and approve, disapprove or modify. The Warden's or Deputy Warden's recommendation will be forwarded to the Secretary of Corrections or designee for final action.
5. The Secretary of Corrections or designee will review the recommendation and approve, disapprove or modify. For purposes of this procedure, the Secretary's designee will be the Deputy Secretary of Operations, Director of Adult Prisons, or Deputy Director of Adult Prisons Division. The decision will then be forwarded to the institutional Records Manager.
6. Records Manager will record the action in the inmate's file and the action will be entered into the CMIS. The only staff authorized to post Restoration of Forfeited Good Time in the inmate files and the CMIS are the Records Manager or Records Coordinator.
7. The inmate shall be provided with a copy of the Good Time Figuring Sheet showing any adjustments to the inmate's release date.

**NEW MEXICO CORRECTIONS DEPARTMENT
RECOMMENDATION/REINSTATEMENT OF
MGT**

Inmate's Name: _____ NMCD #: _____ Date: _____

Facility: _____ Assignments: _____ Unit: _____

Recommendation to earn MGT or Reinstatement of MGT: _____

(Attach additional documentation, if necessary)

Eligible for MGT at 10 days; 12 days

Date: _____ CR# _____

Classification Officer: _____ / _____
(Print) (Sign)

=====

Concur Do Not Concur Effective Date: _____

Date: _____

Classification Committee: _____ / _____
(Print) (Sign)

Comments: _____

=====

Approve Disapprove

Date: _____

Warden/Dep. Warden/Cont. Monitor: _____ / _____
(Print) (Sign)

Comments: _____

INSTITUTIONAL WORK/PROGRAM ASSIGNMENT Incentive Pay and Good Time Recommendation

Facility: _____ Month: _____ Date Sent to Classification: _____

Name: _____ NMCD#: _____ Caseworker: _____

Position: _____ Date Assigned: _____ Part-Time: _____ Full-Time: _____

Attendance

Hours

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31					

(MGT- A=Excused Absence UNA=Unexcused Absence T=Tardy D/O= Regular Day Off)

Loss of days only for unexcused absences or tardies. Tardies = 15 minutes or more late.

Total Hours _____ Rate _____ Incentive Pay Recommendation _____

5	4	3	2	1	0	Performance Evaluation
						Quality of Work/Program
						Quantity of Work/Program
						Initiative Responsibility
						General Attitude
						Response to Supervision
						Personal Appearance
						Safety Practices
						Use of Equip/Materials
						Work Program Skills
						TOTAL

Comments (A performance evaluation of less than 27 points shall be accompanied by a misconduct report, behavior logs or written memorandum that will explain the score.):

(Attach additional comments)

Supervisor: _____ / _____ / _____
(Print) (Sign) (Date)

FOR INMATES IN SPECIAL MANAGEMENT: Good time will be reviewed and approved by the UMT.	
_____ Unit Manager	_____ Security Supervisor (Sgt. Or above)
_____ Mental Health (less than maximum good time only)	_____ Classification
_____ Education	_____ Other

NEW MEXICO CORRECTIONS DEPARTMENT
QUARTERLY GOOD TIME

Inmate Name: _____ NMCD# _____ Date: _____

Assignment: _____ Facility/Unit: _____

Quarter and Year: _____

Cause # _____ (cc or cs) Cause# _____

Month:	Month:	Month:
MGT/MD/EMD:	MGT/MD/EMD:	MGT/MD/EMD:
SSGT:	SSGT:	SSGT:
IGT:	IGT:	IGT:
XIGT:	XIGT:	XIGT:
LSA:	LSA:	LSA:
Total:	Total:	Total:

Comments/Justification: _____

Date: _____

Classification Officer: _____ / _____
Print Sign

Supervisory Review: () Approve () Deny

Date: _____

Reviewer: _____ / _____
Print Sign

Comments: _____

Warden or Deputy Warden's Action: () Approve () Deny

Date: _____

Warden/Dep. Warden/Cont. Monitor _____ / _____
Print Sign

Inmate's Notification

I have been advised of my right to appeal this decision. _____
Inmate's Initials

Inmate Signature: _____ NMCD#: _____ Date: _____

**NEW MEXICO CORRECTIONS DEPARTMENT
FORFEITURE OF GOOD TIME**

Inmate Name: _____ NMCD# _____ Date: _____

Facility: _____ Unit: _____ Report Log #: _____ Incident Date: _____

Days to be forfeited: _____

Offense(s): (List Full charge(s), not just codes)

Hearing Officer: _____ / _____
Print Sign

Comments: _____

Approve Deny Effective Date: _____

Cause # _____ Cause# _____

Amount of MGT/MD/EMD to be forfeited: _____ LSA to be forfeited _____

Date: _____

Classification Committee: _____ / _____
Print Sign

Comments: _____

Approve Deny Effective Date: _____

Date: _____

Warden/Dep. Warden/Cont. Monitor: _____ / _____
Print Sign

Comments: _____

-
- Accept as recommended
 - Accept forfeiture of _____ days, as modified
 - Reject

Director/Deputy Director of Adult Prisons: _____ Date: _____
Sign

Comments: _____

NEW MEXICO CORRECTIONS DEPARTMENT

RECOMMENDATION FOR RESTORATION OF FORFEITED GOOD TIME

Inmate's Name: _____ NMCD# _____ Date: _____

Program Assignment: _____ Forfeiture Date: _____

Facility: _____ Unit: _____ Report Log # _____

CR# _____ (cc or cs) CR# _____

Amount of MGT/MD/EMD forfeited _____

Recommendation for restoration: _____

Were any offenses referred to an outside agency for criminal prosecution? () Yes () No

Classification Officer: _____ / _____
Print Sign

() Approve Restoration of _____ days of MGT/MD/EMD
() Disapprove

Date: _____

Classification Committee: _____ / _____
Print Sign

Comments: _____

() Approve () Disapprove () Modify to _____ days

Date: _____

Warden/Dep. Warden/Cont. Monitor: _____ / _____
Print Sign

() Approve () Disapprove () Modify to _____ days

Modify as follows: _____

Director/Deputy Director of Adult Prisons: _____ / _____
Print Sign

**NEW MEXICO CORRECTIONS DEPARTMENT
RECOMMENDATION FOR TERMINATION OF GOOD TIME
() MGT () EMD () MD**

Inmate's Name: _____ NMCD # _____ Date: _____

Facility: _____ Unit: _____ CR# _____

Recommendation for Termination:

Failure to pursue a Parole Plan

Refusal of a Work/Program Assignment

(Incident Date of Misconduct Report): _____ see termination forfeiture form

Comments: _____

Classification Officer: _____ / _____
(Print) (Sign)

Approve Disapprove

Date: _____

Classification Committee: _____ / _____
(Print) (Sign)

Comments: _____

Approve Disapprove

Date: _____

Warden/Dep. Warden/Cont. Monitor: _____ / _____
(Print) (Sign)

Comments: _____

PRORATING SCALES FOR GOOD TIME RECOMMENDATIONS

CRIMES COMMITTED PRIOR TO MAY 18, 1988

CRIMES COMMITTED ON OR
AFTER MAY 18, 1988

MGT at 12 Days per Month

Meritorious Deductions

				<u>SSGT</u>		<u>IGT</u>	
Days Elig.	Award	Days Elig.	Award	Qualification	Award	Qualification	Award
1	0	16	6	0 absence	5	0 absences	10
2	1	17	7	1 tardy	5	1 tardy	10
3	1	18	7	2 tardies	4	2 tardies	8
4	2	19	8	1 absence	3	1 absence	6
5	2	20	8	3 tardies	2	3 tardies	4
6	2	21	8	2 absences	1	2 absences	2
7	3	22	9	3 + absences	0	3 + absences	0
8	3	23	9	4 + tardies	0	4 + tardies	0
9	4	24	10				
10	4	25	10				
11	4	26	10				
12	5	27	11				
13	5	28	11				
14	6	29	12				
15	6	30	12				

MGT at 10 Days per Month

LSA-15 days (programs)

XIGT

Meri

Days Elig.	Award	Days Elig.	Award	Points	Days	Points	Days	Participation	
1	0	16	5	27-45	15	38-45	10	27-45	15
2	1	17	6	23-26	12	30-37	9	23-26	12
3	1	18	6	18-22	9	22-29	8	18-22	9
4	1	19	6	14-17	6	14-21	7	14-17	6
5	2	20	7	10-13	3	6-13	6	10-13	3
6	2	21	7	00-09	0	0-5	5	00-09	0
7	2	22	7						
8	3	23	8						
9	3	24	8						
10	3	25	8						
11	4	26	8						
12	4	27	9						
13	4	28	9						
14	5	29	10						
15	5	30	10						

Attendance and performance will be added together for the total number of days recommended each month.

**NEW MEXICO CORRECTIONS DEPARTMENT
CORRECTION OF GOOD TIME ERRORS**

Inmate Name: _____ NMCD# _____ Date: _____

Facility: _____ Unit: _____ Program Assignment: _____

CR# _____ (cc or cs) CR# _____

Recommendation to Rescind _____ days of erroneously awarded MGT/MD/EMD based on the following (*must be specific and include facility, as well as dates of erroneous award*): _____

Attach additional documentation if necessary

Recommendation to Award _____ days of MGT/MD/EMD that inmate was entitled to but did not receive based on the following (*must be specific and include facility as well as dates of erroneous award*):

Attach additional documentation if necessary

Classification Officer: _____ / _____
Print Sign

Note: Any correction of good time involving quarterly or monthly award must be approved by the Warden/Deputy Warden or Contract Monitor. Any correction of good time involving forfeiture, restoration or lump sum award must be forwarded to the Director/Deputy Director of Adult Prisons for approval.

Approved Disapproved

Date: _____

Classification Committee: _____ / _____
(print) (sign)

Comments: _____

Approve Disapprove

Modify as follows: _____

Date: _____

Warden/Dep. Warden/ Cont. Monitor: _____ / _____
Print sign

Approve Disapprove

Modify as follows: _____

Date: _____

Director/Deputy Director of Adult Prisons: _____ / _____
Print Sign

NEW MEXICO CORRECTIONS DEPARTMENT
MONTHLY GOOD TIME

Inmate Name: _____ NMCD# _____ Date: _____

Assignment: _____ Facility/Unit: _____

Quarter and Year: _____

Cause # _____ (cc or cs) Cause# _____

Month: _____	PRD _____
MGT/MD/EMD: _____	Date REI _____
SSGT: _____	Parole _____ Discharge _____
IGT: _____	Plan Approved _____
XIGT: _____	Parole Board Date _____
LSA: _____	
Total: _____	

Comments/Justification: _____

Date: _____

Classification Officer: _____ / _____
Print Sign

Supervisory Review: () Approve () Deny

Date: _____

Reviewer: _____ / _____
Print Sign

Comments: _____

Warden or Deputy Warden's Action: () Approve () Deny

Date: _____

Warden/Dep. Warden/Cont. Monitor _____ / _____
Print Sign

Inmate's Notification

I have been advised of my right to appeal this decision. _____
Inmate's Initials

Inmate Signature: _____ NMCD#: _____ Date: _____