



NEW MEXICO

CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-141900 Inmates Housed Outside of
the Department

Issued: 01/26/17
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Reviewed: 06/03/24
Revised: 06/03/24

Alisha Tafoya Lucero, Cabinet Secretary

Original Signed and Kept on File

AUTHORITY:

- A. NMSA 1978 Sec 31-5-17 to 31-5-19
- B. Policy *CD-010100*

REFERENCE:

- A. National Center for Interstate Compacts, Interstate Corrections Compact.
- B. Western States Corrections Compact
- C. National Institute of Corrections, Interstate Transfer of Prison Inmates in the United States, February 2006
- D. Policy *CD-080100*

PURPOSE:

To establish guidelines for assigning inmates to out of state facilities.

APPLICABILITY:

New Mexico Corrections Department (NMCD) employees and inmates.

FORMS:

- A. **Interstate Compact Referral Memorandum and Checklist** form (*CD-141901.1*)
- B. **Interstate Compact Packet Tracking Log** form (*CD-141901.2*)
- C. **International Prisoner Transfer Notification and Acknowledgment** form (*CD- 080102.12*)
- D. **International Prisoner Transfer Application Questionnaire** form (*CD-080102.13*) (4 Pages)
- E. **Certified Case Summary for State Inmate** form (*CD-080102.14*) (4 Pages)
- F. **Pending Charges** form (*CD-080102.15*)

ATTACHMENTS:

- A. **International Prisoner Transfer Program Synopsis** attachment (*CD-080102.A*)
- B. **International Prisoner Transfer Treaty Partners of the U.S.** attachment (*CD- 080102.B*)
- C. **Instructions for Completing the Certified State Case Summary** attachment (*CD-080102.C*) (4 Pages)

DEFINITIONS:

- A. Deputy Director of Adult Prisons: Responsible for making decisions regarding all inmates who are referred for transfer on an interstate compact.
- B. Interstate Compact: An agreement between the NMCD and compact member states for the cooperative care, treatment, and rehabilitation of inmates confined to correctional institutions.
- C. Unit Management Team (UMT): The staff and employees assigned responsibilities within the unit, including treatment, security, programs and support staff that work together to perform the essential functions of the unit, fostering communications, teamwork and cooperation within the prison.

POLICY:

The New Mexico Corrections Department will maintain agreements to ensure alternate out of state housing options are available for the safety and security of both inmates and staff.

Inmates who meet established criteria may be considered for transfer under interstate compact to a facility in a reciprocating state.



NEW MEXICO

CORRECTIONS DEPARTMENT

Secretary
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CD-141901 Transfer of Interstate
Compact Inmates

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PROCEDURE:

A. Criteria:

Inmates who have a significant safety or security need that precludes their placement in a general population in the State of New Mexico.

B. Initial Interstate Compact Transfer Review:

1. Inmates who meet the eligibility criteria for interstate transfer shall be referred by offender management services to the facility unit management team.
2. The unit management team will coordinate with the facility health services administrator for medical review in order to determine whether the inmate can be medically cleared for interstate transfer. Final determination will be made by the NMCD health services administrator or designee.
3. Following review of the inmate's medical status by medical staff, the facility health services administrator shall provide the unit management team with an **Interstate Compact Transfer Review Memorandum** that documents the following information:
 - a. Whether the inmate has been medically cleared for interstate compact transfer by facility health service administrator and the NMCD health services administrator..
 - b. For any inmate who is not medically cleared, the memorandum must state that the inmate has been informed by medical staff of the specific medical reasons they are not medically cleared for interstate compact transfer and have been given the opportunity to discuss their medical condition with medical staff.
 - c. For any inmate who is not medically cleared, the memorandum must also state whether the inmate still requests interstate compact transfer.
4. The facility health services administrator will forward the completed **Interstate Compact Transfer Review Memorandum** to the respective unit manager who shall ensure that the inmate is scheduled for a **Final Interstate Compact Transfer Review** in accordance with paragraph C. below.

C. Final Interstate Compact Transfer Review:

1. Once the **Interstate Compact Transfer Review Memorandum** has been obtained from the facility health services administrator, the unit management team shall conduct a final interstate compact transfer review hearing with the inmate.
2. The unit management team shall document if the inmate is recommended to the deputy director of adult prisons for interstate compact transfer. For any inmate who is recommended, a packet of information as described below will be completed and forwarded to the warden for review.
3. The interstate corrections compact referral packet will be forwarded to the initiating offender management services staff member.
4. Interstate corrections compact referral packets shall consist of the following information:
 - **Interstate Compact Referral Checklist** form (*CD-141900.1*)
 - Institutional interstate compact referral summary: A narrative summary of an inmate's criminal and institutional background, including specific reasons that the inmate is unable to function in general population as well as the specific reasons for an out- of-state transfer request.
 - Good time figuring sheet.
 - Copy of the classification committee's recommendation indicating the reasons for recommending interstate transfer.
 - Judgment and sentence(s).
 - Pre-sentence report(s) or police report if PSR is not available,
 - admission summary.
 - Disciplinary report log indicating all misconduct during current incarceration and copies of major disciplinary reports during the past five years (reporting employee's statements and sanctions).
 - Updated enemy document.
5. If the warden approves the recommendation, the packet will be forwarded to offender management services (OMS) for review, in accordance with policy *CD- 080102 and CD-080104*.
6. OMS as well as the central office security threat intelligence unit will review the packet and make a recommendation to the deputy director of adult prisons regarding the inmate's need for interstate transfer.
 - Offender bulletin (current photo).
 - Predatory behavior management referral form
 - Medical/behavioral health clearances for interstate transfer.
7. The unit manager will ensure that a tracking system is maintained that indicates the dates that the packet has been forwarded to the warden's office and to central office and the dates that the decisions on the referrals for interstate transfer are received using the **Interstate Compact Packet Tracking Log** form (*CD- 141901.2*).
8. UMT reviews for interstate transfer shall be entered into the offender database as OOS Transfer, OOS Referral.

9. The central office interstate compact administrator shall forward a copy of the deputy director's decision to the unit manager.
10. Decisions by a deputy director of adult prisons regarding interstate transfer referrals shall be entered into the offender database by the unit manager.
11. The central office interstate compact administrator will ensure a report is submitted to the classification bureau chief on a monthly basis indicating the status of inmates who have been referred for interstate transfer.

NEW MEXICO CORRECTIONS DEPARTMENT
Interstate Compact Transfer Review

The facility HSA has reviewed the inmate's medical status and has determined:

- ☐ Inmate is medically cleared for interstate compact transfer.
- ☐ Inmate is NOT medically cleared for interstate compact transfer and has been informed by medical staff of the specific reasons they are not medically cleared for interstate compact transfer and have been given the opportunity to discuss their medical issues with medical staff.

This section to be completed by the inmate, if determined NOT medically cleared:

I, _____ NMCD# _____ have been informed by the facility medical
(Inmate Name)
staff that I am not medically cleared for interstate compact transfer. I do however request to be considered for Interstate Compact transfer.

Inmate Signature

Date

NEW MEXICO CORRECTIONS DEPARTMENT
INTERSTATE COMPACT REFERRAL CHECK LIST

Inmate Name: _____ **NMCD #** _____

- _____ Institutional interstate compact referral summary
- _____ Predatory behavior management referral form
- _____ Copy of classification committee's recommendation (committee chrono)
- _____ Updated good time figuring sheet
- _____ Admission summary (current incarceration only)
- _____ Judgment and sentence(s) current crime; pre-sentence report (s) or police report
- _____ Disciplinary report log (Indicating all misconduct during current incarceration and copies of major disciplinary reports during the last five years (reporting employee's statements and sanctions only).
- _____ STIU memorandum (interstate compact security threat group questionnaire)
- _____ Updated medical/behavioral health clearances for interstate transfer (**no chronos**)
- _____ Updated enemy document
- _____ Offender bulletin

Classification officer signature

Date

Unit manager signature

Date

NEW MEXICO CORRECTIONS DEPARTMENT
Interstate Compact Packet Tracking Log

[illegible]



NEW MEXICO

CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-141902 International Prisoner Transfer Program	Issued: 01/26/17 Effective: 01/26/17	Reviewed: 06/03/24 Revised: 06/03/24
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

A. International Transfers of Foreign Nationals:

The United States Department of Justice Criminal Division, Office of Enforcement Operations oversees the International Prisoner Transfer Program. This program maintains prisoner transfer treaties between the U. S. and other identified countries. This program allows inmates who are foreign nationals to complete serving sentences in their country of citizenship. It is the responsibility of the facility classification staff to ensure that foreign nationals have been given the opportunity to request international transfer. This notification shall be provided to foreign nationals during their orientation at the facility. At any time thereafter foreign nationals may request an international transfer. (See the **International Prisoner Transfer Program Synopsis** attachment (CD- 080102.A) and the **International Prisoner Transfer Treaty Partners of the United States** attachment (CD-080102.B).

1. General Criteria:

- a. Inmate must consent to the transfer: Inmate must indicate in writing whether or not they are interested in international transfer.
- b. Inmate must have no pending charges: Inmate must have no felony or misdemeanor detainers.
- c. Inmate must have no pending legal proceedings: This includes any direct appeals in any courts or any pending writs of habeas corpus.
- d. Inmate must have no life sentence or indeterminate sentence: Inmate must have a projected date for release on parole.
- e. Inmate must have a minimum of 18 months until projected release.

2. Institutional Procedure:

- a. Interview Inmate: Eligible foreign nationals will be interviewed by the classification officer and shall sign the **International Prisoner Transfer Notification and Acknowledgement** form (CD-080102.13) indicating whether or not the inmate is interested in completing their sentence in the country of citizenship.
- b. **International Transfer Packet:** For those inmates who are interested, an international transfer packet needs to be completed. This packet contains the following:
 - 1) International Prisoner Transfer Notification and Acknowledgement form (CD-080102.13);

- 2) International Prisoner Transfer Application Questionnaire form (*CD-080102.14*);
 - 3) Certified Case Summary for State Inmate form (*CD-080102.15*) see the Instructions for Completing the Certified Case Summary for State Inmate Attachment (*CD-080102.C*);
 - 4) Birth Certificate or copy of passport (if available);
 - 5) Judgment and Sentence;
 - 6) Pre-sentence Report or other document summarizing the offense;
 - 7) Sentence Calculation;
 - 8) Prison progress report (including security level, disciplinary reports, prison jobs, program participation, psychological evaluation and current medical condition).
 - 9) Immigration status (i.e. ICE detainer); and
 - 10) Family and Residence Information (country of citizenship).
- c. Following completion, the international transfer packet is to be forwarded to the classification bureau chief.

3. Required Levels of Approval:

Requests for international transfer require the approval of the New Mexico Governor and the U. S. Department of Justice, International Prisoner Transfer Unit which considers the following:

- a. Number of years the inmate has resided in the United States.
 - b. Likelihood of social rehabilitation with consideration of inmate's criminal history; seriousness of the offense; criminal ties to the sending and receiving countries; law enforcement concerns or needs and number of previous deportations and illegal reentries.
4. If approved by the Department of Justice, a Consent Verification Hearing must be arranged before a federal magistrate judge. At the hearing, once the inmate gives consent, the inmate's decision is irrevocable.

NEW MEXICO CORRECTIONS DEPARTMENT
International Prisoner Transfer Notification and Acknowledgement

The United State has entered into international treaties with many countries which may permit a foreign national prisoner from one of the treaty countries to transfer to his /her home country to serve the remainder of his or her sentence. The State of New Mexico has enacted legislation which allows it to participate in the international prisoner transfer program. The transfer program is a discretionary and not everyone who applies will be qualified or will be approved for transfer. To transfer your application must first be approved by the State. The United States and your home country must also approve your application before a transfer can occur. If you are unsure whether your country participates in this program, please contact your case manager or your nearest consulate for more information. You may also need to contact your consulate to assist you and to determine if your home country has any additional requirements.

1. Name	2. Prisoner Number
3. Date of Birth	4. Place of Birth
5. Citizenship	6. Institution/Prison
7. Offense(s)	8. Sentence
9. Projected Release Date	10. Language Preference

I am interested in being transferred to continue serving the sentence imposed by the State of New Mexico to the country of citizenship indicated above. I understand that this is just an inquiry to obtain data before the actual request for transfer and is not binding upon either the government or me. If I apply for transfer, I authorize the State of New Mexico to disclose to the United States and my home country any personal health information in my prison file which is necessary for the consideration of my transfer request, my transfer and the future administration of my sentence. I understand that upon approval for transfer, I will be required to attend a verification hearing before a United States Magistrate Judge. I have indicated above the language preference for my verification hearing and understand an interpreter will be available if necessary.

Signature	Date
-----------	------

I hereby indicate that I am NOT interested in being transferred to continue serving the sentence imposed by the State of New Mexico to the country of the citizenship indicated above.

Signature	Date
-----------	------

NEW MEXICO CORRECTIONS DEPARTMENT
International Prisoner Transfer Application Questionnaire

Instructions: Please answer each question completely. You should type or print your answers.

1. Name:		
_____	_____	_____
Last Name	First Name	Middle Name
Birth Name <i>(if different)</i> :		
Other names used:		
2. Prison where incarcerated:		3. Prisoner Number:
4. Social Security Number:		5. Alien/ICE number:
6. True date of birth:		7. Place of Birth:
_____/_____/_____ Month Day Year		_____/_____ City Country
8. Country(s) of Citizenship:		
9. Sentencing Information:		
Date of Sentencing:	Sentence Length:	Projected Release Date:
_____/_____/_____ Month Day Year	_____ (Months, Years, Life, etc)	_____/_____/_____ Month Day Year
10. Date of Arrest:		
11. Type of Offense:		
12. Do you have an appeal or other legal challenge pending? (Please mark with an "X"):		
[] Yes [] No		
13. Languages spoken (please mark with an "X"): [] English, [] Espanol, [] Francais, [] Portugues, [] Dutch, [] German, [] Other _____.		

NEW MEXICO CORRECTIONS DEPARTMENT
International Prisoner Transfer Application Questionnaire
(Continued)

14. How long have you lived abroad and in what countries have you lived?			
15. Have you contacted your consulate regarding your application? (Please mark with an "X"): <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> Yes <input type="checkbox"/> No</div><div>Note: You must notify your consulate of your interest in transfer.</div></div>			
16. What is your current marital status? (Please read all and mark the most appropriate): <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common law marriage <input type="checkbox"/> Separated or Estranged</div><div><input type="checkbox"/> Divorced <input type="checkbox"/> Divorced and Remarried <input type="checkbox"/> Long-term Personal Relationship</div></div>			
17. What is the name and complete address of your spouse? <input type="checkbox"/> Not applicable-no spouse <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Name: _____ Address: _____ State: _____ Country: _____ Telephone: _____</div><div style="width: 45%;">City: _____</div></div>			
18. Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. What are the names, ages and complete addresses of your children? (If more than four, use back) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Not applicable-no children</div></div> <table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top; padding: 5px;">Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____ Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____</td><td style="width: 50%; vertical-align: top; padding: 5px;">Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____ Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____</td></tr></table>		Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____ Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____	Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____ Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____
Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____ Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____	Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____ Name: _____ Age: _____ Address: _____ City: _____ State: _____ Country: _____		

NEW MEXICO CORRECTIONS DEPARTMENT
International Prisoner Transfer Application Questionnaire
(Continued)

20. Who are your parents and closet relatives and where do they live?

Mother:

Name: _____

Address: _____

City: _____

State: _____

Country: _____

Father:

Name: _____

Address: _____

City: _____

State: _____

Country: _____

Other close relatives:

Relationship: _____

Name: _____

Address: _____

City: _____

State: _____

Country: _____

Relationship: _____

Name: _____

Address: _____

City: _____

State: _____

Country: _____

21. Educational level and name and location of schools attended:

22. Occupation:

23. Work history for 10 year period prior to incarceration. Please provide name of employer, place of employment, dates of employment and type of work performed:

24. Have you previously received an international prisoner transfer? ☐ Yes ☐ No

If yes, when and from which country were you transferred?

NEW MEXICO CORRECTIONS DEPARTMENT
International Prisoner Transfer Application Questionnaire
(Continued)

25. Have you ever been deported from a country? ☐ Yes ☐ No

If yes, when and from which country were you deported?

26. Current health concerns. Please list any current health concerns that would be important to know if you are transferred such as whether you need a wheelchair, require special medication, are diabetic etc.:

27. Please provide any additional information you believe is pertinent to your application to transfer?

I hereby request a transfer to my country of nationality to complete my sentence and I authorize the disclosure and release of information necessary to process my request to transfer.

Signature

Date

NEW MEXICO CORRECTIONS DEPARTMENT
Certified Case Summary for State Inmate

Submitting State: _____

Date: _____

Personal Data:

1. Committed Name and Known Aliases: _____

2. Prisoner Identification Number: _____

3. Date of Birth: _____

4. Marital Status/Children: _____

5. Place of Birth: _____

6. Nationality: _____

7. Employment Prior to Incarceration: _____

8. Current Place of Incarceration: _____

Sentence Data and Criminal History Information:

1. Sentence Imposed: _____

2. Date Sentence Imposed: _____

3. Sentencing Court: _____

4. Criminal Docket Number: _____

5. Current Offense: _____

6. Description and Date of Offense: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Certified Case Summary for State Inmate
(Continued)

7. Fines/Assessments/Restitutions: _____

8. Prior Record: _____

9. Detainers/Pending Charges/Pending Appeals: _____

10. Good Conduct Time, Statutory Good Conduct Time or Other Beneficial Credits that Serve to Advance the Prisoner's Release from the Full Term: _____

11. Parole Eligibility Date: _____

12. Projected Release Date and Calculation Method: _____

13. Full Term Date of Sentence: _____

14. Time Served to Date: _____

15. Credit Received for Time in Custody Prior to Service of Sentence: _____

NEW MEXICO CORRECTIONS DEPARTMENT
Certified Case Summary for State Inmate
(Continued)

Social Data:

1. Psychological Evaluation: _____

2. Security Level: _____
3. Educational Background: _____

4. History of Alcohol/Drug Abuse: _____

5. Current Medical Condition: _____

6. Prison Work Experience: _____

7. Incidents of Institutional Misconduct: _____

8. Special Program Participation: _____

Other Pertinent Information:

NEW MEXICO CORRECTIONS DEPARTMENT
Certified Case Summary for State Inmate
(Continued)

Prepared By:

Name:

Title/Phone Number:

Date

Reviewed By:

Name:

Title/Phone Number:

Date

NEW MEXICO CORRECTIONS DEPARTMENT
International Prison Transfer Program Synopsis

The United States has entered into international treaties with many countries which may permit a foreign national prisoner from one of the treaty countries to transfer to his home country to serve the remainder of his sentence. The State of New Mexico has enacted legislation which allows it to participate in the international prisoner transfer program. The transfer program is discretionary and not everyone who applies will be qualified or will be approved for transfer. To transfer your application must first be approved by the State of New Mexico. The United States and your home country must also approve your application before a transfer can occur. If you are a foreign national from one of the countries listed below and are interested in further information about the program or would like to apply for transfer, please contact your case manager and your nearest consulate for additional information.

Albania	Guatemala	Nicaragua
Andorra	Herzegovina	Norway
Armenia	Honduras	Palau, Republic of
Australia	Hong Kong	Panama
Austria	Hungary	Paraguay
Azerbaijan	Iceland	Peru
Bahamas	Ireland	Poland
Belgium	Israel	Portugal
Belize	Italy	Romania
Bolivia	Japan	Russia
Bosnia	Korea	San Marino
Brazil	Latvia	Saudi Arabia
Bulgaria	Liechtenstein	Serbia
Canada	Lithuania	Slovakia
Chile	Luxembourg	Slovenia
Costa Rica	Macedonia, The Former	Spain
Croatia	Republic of Yugoslav	Sweden
Cyprus	Malta	Switzerland
Czech Republic	Marshall Islands	Thailand
Denmark	Mauritius	Tonga
Ecuador	Mexico	Trinidad & Tobago
El Salvador	Micronesia, Federated States of	Ukraine
Estonia	Moldova	United Kingdom (including
Finland	Montenegro	Many UK territories)
France	Netherlands (including NL	Uruguay
Georgia	Antilles/Aruba)	Venezuela
Germany		
Greece		

NEW MEXICO CORRECTIONS DEPARTMENT
International Prison Transfer Treaty Partners of the United States

I. Bilateral Treaties and Transfer Agreements*:

Bolivia	Hong Kong	Federated States	Panama	Thailand
Canada	Marshall Islands	Of Micronesia	Peru	Turkey
France	Mexico	Republic of Palau		

II. Participants in the Council of Europe Convention on the Transfer of Sentenced Persons (COE Convention)

Albania	Chile	Honduras	Macedonia	San Marino
Andorra	Costa Rica	Hundary	Malta	Serbia
Armenia	Croatia	Iceland	Mauritius	Slovakia
Australia	Cyprus	Ireland	Moldova	Slovenia
Austria	Czech Republic	Israel	México	Spain
Azerbaijan	Denmark	Italy	Montenegro	Sweden
Bahamas	Ecuador	Japan	Netherlands **	Switzerland
Belgium	Estonia	Korea	Norway	Tonga
Bolivia	Finland	Latvia	Panamá	Trinidad/Tobago
Bosnia and Herzegovina	France	Liechtenstein	Poland	Turkey
Bulgaria	Georgia	Lithuania	Portugal	Ukraine
Canada	Germany	Lusembourg	Romania	United Kingdom***
	Greece		Russia	Venezuela

III. Participants in the Inter-American Convention on Serving Criminal Sentences Abroad (OAS Convention)

Belize	Chile	El Salvador	Nicaragua	Saudi Arabia
Brazil	Costa Rica	Guatemala	Panama	Uruguay
Canada	Ecuador	Mexico	Paraguay	Venezuela

* / Some of these countries are also parties to multilateral prisoner transfer conventions to which the United States is a signatory. For example, Mexico, France, Canada, Bolivia, Panama, and Turkey are signatories to the COE Convention. Mexico, France and Bolivia prefer proceeding under the bilateral treaty; Panama prefers proceeding under the COE Convention; and the United States prefers proceeding with Turkey under the COE Convention. Canada, Mexico, and Panama are also signatories to the OAS Convention. Mexico prefers proceeding under the bilateral treaty. Costa Rica is signatory to the COE Convention and the OAS Convention. Although Costa Rica does not have a treaty preference, the United States processes its prisoner transfer requests pursuant to the COE Convention unless Costa Rica or the prisoner requests otherwise.

** / Includes the Netherlands Antilles (Bonaire, Curacao, Sint Eustatius, Saba and Saint Maarten) and Aruba.

*** / Includes British territories of Anguilla, Bermuda, British Indian Ocean Territory, British Virgin Islands, Cayman Islands, Ducie and Oeno Islands, Falkland Islands, Gibraltar, Henderson Island, Isle of Man, Montserrat, Pitcairn, Sovereign Base Areas of Akrotiri and Dhekelia in the Island of Cyprus, and St. Helena, Ascencion and Tristan da Cunha (formerly St. Helena Dependencies)

NEW MEXICO CORRECTIONS DEPARTMENT
Instructions for Completing the Certified State Case Summary Forms

Personal Data:

1. Please provide the complete name by which the prisoner has been committed in your prison system. It is important to include all known aliases used by the prisoner since sometimes the foreign country will only know him/her by an alias (which may, in fact, be his true name). In addition, when multiple aliases are used, it is possible that the prisoner may also have criminal records under these names.
2. This question seeks the identification number that your state prison system has given the prisoner.
3. Asks for the birth date of the prisoner. Please write out the date (e.g. April 24, 1960) to avoid confusion since most countries do not follow the American convention of month/day/year. If your records indicate more than one birth date, especially when aliases have been used, please provide all such dates.
4. Question 4 seeks information about the inmate's immediate family. Significant common law spousal relationships should also be included in this response. If known, please include information about the location of these individuals. Such information may be available from visitor lists or emergency contact information.
5. This question requests the city and country of birth.
6. Question 6 asks for the claimed nationality of the prisoner. The foreign government is responsible for making the final determination of nationality.
7. Please include pertinent information about the work history of the prisoner including positions held, name and location of employer and duration of employment. This information assists the receiving country in rehabilitative and release planning.
8. Please provide the name and location of the current prison where the prisoner is incarcerated.

Sentence Data:

1. Question 1 seeks information about the sentence that the state has imposed on the prisoner. Please include the duration of the sentence and any other terms or conditions that have been imposed. If more than one sentence has imposed, please specify the offense for which the sentence was imposed. If more than one sentence has been imposed, please specify the offense for which the sentence was imposed and whether the sentence is to run consecutively or concurrently.
2. This question asks for the date that the sentence was imposed. Again, please write the date in words to avoid confusion.
3. Please identify the sentencing court and its location.

NEW MEXICO CORRECTIONS DEPARTMENT
Instructions for Completing the Certified State Case Summary Forms

1. This question seeks the docket number of the criminal case for which the prisoner was sentenced.
2. Question 5 requests the name of the statutory offense(s) for which the prisoner was convicted and for which he or she is seeking transfer. If it was a drug offense, please include the type and quantity of drugs the court considered in imposing the sentence. Please use words rather than numerals to describe the quantity of drugs involved to avoid any confusion that may result from the differing numeric conventions used by some countries (most countries use comas where Americans use decimals).
3. Please provide a brief description of the offense. Although this description should be brief – in most cases one or two paragraphs – please be careful to include all pertinent details of the crime including: the date and location of the crime; the nature of the crime; the role of the inmate in the crime; the existence and role of other participants in the crime; the impact of the crime; and any aggravating or mitigating circumstances. This description assists the receiving country in administering the sentence and determining the appropriate security level for the prisoner. In addition, please note that the date of the offense is extremely important because different sentence calculation and good conduct laws may apply depending on when the offense was committed. Finally, if the prisoner seeking transfer is Mexican, Mexico requires a statement about the circumstances of the arrests, the presence of weapons and any credible information linking the prisoner to organized crime. All this information will be translated into the language of the receiving country and used for law enforcement purposes.
4. This question seeks information about any fines, restitution or other monetary penalties that have been imposed. Please include all information that may be available including the type of financial obligation, the amount owed, and the amount already paid. It is important to recognize that the receiving country will not ordinarily collect outstanding financial obligations after the transfer. Some states may require the prisoner to satisfy some or all his financial obligations prior to approving the transfer. States may also wish to consult with the prisoner's consular official to determine what, if any, mechanism may be available in the receiving country to collect financial obligations after the transfer.
5. Please include all available information about the prior arrests and convictions of the prisoner that would assist the receiving country in evaluating, monitoring or supervising him, such as disposition of any charges including any sentence or fine that was imposed.
6. In responding to this question, please set forth: any known detainers and include the issuing authority, the date and status of the detainer and the offense for which the offense was lodged; any pending charges including the date of the offense and the charging authority; and any pending appeals filed by the prisoner. If the detainer is from the ICE and you have the prisoner's ICE number, please include it as this information will help the United States in obtaining a removal order.

NEW MEXICO CORRECTIONS DEPARTMENT
Instructions for Completing the Certified State Case Summary Forms

1. This question seeks detailed information about all credits that the prisoner has received while in your custody or to which he is entitled to receive by statute. Such information, which includes good time credits and work credits, is extremely important for the receiving country to obtain in determining how to administer the transferred sentence(s). It is difficult to predict with certainty how the receiving country will administer the sentence of the transferred prisoner and what credits they will accept in determining the length of time the prisoner will remain incarcerated.
2. If parole is unavailable on the sentence the prisoner is serving, please indicate its unavailability. When parole is available on the sentence, please indicate the projected parole eligibility date. If parole has been denied, indicate the date of denial. When a presumptive parole date has been set, indicate that date. However, it should be realized that if the prisoner transfers, he may not be released on the presumptive parole date set by the state since the laws of the receiving state apply to the continued execution of the sentence and may result in a different release date.
3. Asks for the projected date that the state would release the prisoner if he were to remain in state custody and for an explanation as to how this date was calculated. If a projected release date cannot be determined indicate the date of the earliest possible release date and the release method and specify any qualifications or conditions that may apply to this date.
4. The “full term date” is a term of art that signifies the maximum length of the sentence. Generally, it is computed by starting at the sentencing date, adding the period of incarceration imposed by the court and then subtracting any applicable credit for time spent in custody prior to sentencing. The full-term date will represent the maximum period for which the prisoner could be under criminal justice supervision following transfer.
5. Responding to this question please provide the date that the prisoner began serving his or her sentence in prison. This information assists the receiving country in calculating the sentence after transfer. Again, please write the date in words.
6. Asks for information concerning any credits that the prisoner has received for “Jail time” or being in custody prior to commencing the service of his or her sentence. This would include, for example, periods of time for pretrial detention or for detention pending sentence or appeal. If the prisoner was released on bond, please clearly indicate the dates when the prisoner was released and subsequently returned to custody.

NEW MEXICO CORRECTIONS DEPARTMENT
Instructions for Completing the Certified State Case Summary Forms

Social Data:

1. If the prisoner was or is experiencing significant psychiatric problems or if he or she is taking any psychiatric medications, this information should be summarized, or a psychiatric evaluation should be attached that explains the condition.
2. Requests the most recent security level assigned to the prisoner. Please use “maximum,” “high,” “medium,” “low,” or “community placement,” to describe the custody level. This information assists the receiving country in evaluating the prisoner and determining the appropriate facility in which to house the inmate.
3. Educational information assists the receiving country in making programming plans for the transferred prisoner. Information provided should include the number of years of schooling, any degrees or certificates obtained and any specialized courses of study.
4. Information concerning alcohol or drug abuse by the prisoner is important for the receiving state to receive since it is used to make programming decisions as well as to determine the applicability of special conditions of release. Please include details about illegal drug and alcohol use, the type of drugs used, the duration of the use and any treatment received.
5. Please include all important medical information about the prisoner or attach a recent medical report that can be translated for the receiving country.
6. Please include all jobs that the prisoner held while in prison, the time during which they were held and any work evaluations that were received.
7. Describe all incidents of prison misconduct especially those involving assaultive or escape behavior. Please include the date of the incident, the nature of the incident and any punishment received, especially if it resulted in the loss of good conduct time credit.
8. List all significant prison programs in which the prisoner is participating or has participated during his incarceration. Such programs include, for example, educational programs, drug education and rehabilitation programs and language programs. Please include any evaluation of the prisoner’s performance in these programs.

Other Pertinent Information:

Please provide any additional information that you believe pertinent to the future treatment and rehabilitation of this prisoner.