



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

APPLICATION FOR ADMINISTRATIVE HOME CONFINEMENT

TO: Commissioner of Corrections

- 1) I request to be approved for Administrative Home Confinement, in accordance with the provisions of PPD 5.94.
- 2) I am parole eligible or will be parole eligible on _____.
- 3) I have obtained full-time employment or can obtain full-time employment.
- 4) I have enrolled in a full-time educational program or intend to enroll in a full-time educational program, if required.
- 5) I have an approvable residence and have notified all persons living there of the conditions under which I must live.
- 6) I will pay or arrange to pay for the full cost of maintaining the electronic monitoring device and its associated services as will be stated in the Electronic Monitoring Program agreement. I will pay two weeks in advance prior to hookup.
- 7) I will arrange for having and maintaining option-free (no call waiting, internet, answering machine, etc.) telephone service at the residence stated above.
- 8) I waive any rights that may restrict, in any way, full searches and inspections of my person, property, possessions or workplace(s). Those persons with whom I reside will also waive any such rights that they may have.
- 9) I agree to return to New Hampshire State Prison from anywhere I may be when so ordered by Corrections authorities for any reason, or for no reason at all and waive any rights I may have to extradition or due process associated in any way therein.
- 10) I understand that failure to be at the specified place at the specified time or tampering with electronic monitoring devices constitutes escape and will result in return to prison to face additional administrative and judicial penalties.
- 11) I understand that persons under department control enrolled in the Administrative Home Confinement Program are responsible for the costs of their own medical care and will not receive medical services from the Department of Corrections. If I am currently on any medications, I will check with my facility's medical staff regarding arrangements for insuring that I have these medications upon release, if needed.
- 12) I have completed and or engaged meaningfully in all recommended treatment or programs as referred to by the Department or per my sentencing documents.
- 13) I further extend the Authorization for Release of Protected Health Information including any information relevant to substance use disorder treatment to allow sharing of information to the courts for consideration of AHC, and understand that withdrawal of consent may terminate participation in AHC.

(All other attachments must be completely filled out, signed and accompany this page in order for the application to be processed).

Date

Signature