



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS

ADMINISTRATIVE HOME CONFINEMENT ROUTING SHEET

Resident: _____ ID# _____ Date: _____
 Current Housing: _____ County of Proposed Residence: _____

MINIMUM PAROLE DATE: _____

 CC/CM Signature

 Date

ADDRESSEE	TIME FRAME	DATE IN	DATE OUT	INITIALS	REQUIREMENTS/ RECOMMENDATIONS
CC/CM	21 DAYS				MEETS REQUIREMENTS YES/NO
Victim Notification Required?	Yes / No				
CLIENT RECORDS	2 DAYS				
CLASSIFICATIONS	2 DAYS				MEETS REQUIREMENTS YES/NO
Comments:					
BEHAVIORAL HEALTH	5 DAYS				MEETS REQUIREMENTS YES/NO
Comments:					
DIRECTOR Community Corrections	7 DAYS				RECOMMEND YES/NO
Comments:					
COMMISSIONER (CONDITIONAL REVIEW)	7 DAYS				CONDITIONAL APPROVAL YES/NO
VICTIM SERVICES NOTIFIED TO PROCEED WITH VICTIM NOTIFICATION					ANY VICTIM INPUT WILL BE SENT COMMISSIONERS OFFICE TO BE CONSIDERED BY COMMISSIONER BEFORE FINAL APPROVAL.
FIELD SERVICE CENTRAL OFFICE	1 DAY				
FIELD SERVICE DISTRICT OFFICE INVESTIGATION	15 DAYS				
DIRECTOR OF FIELD SERVICES	2 DAYS				RECOMMEND YES/NO
Comments:					
COMMISSIONER	30 DAYS				APPROVED YES/NO
Comments:					
CLIENT RECORDS	VARIABLE				
Comments:					
JUDGES LETTER SENT (IF APPLICABLE):					
JUDGES LETTER CLEARANCE DATE:					
APPROVED FOR RELEASE ON:					