

Subject ID: 398592681

ORDER TO DETAIN OR RELEASE ALIEN

TO: (NAME and TITLE of Person in Charge of Facility)

(Name of Facility) FRANKLIN COUNTY JAIL, ME
RED #3 BOX 3160
FARMINGTON, ME 04938

Please ☒ Detain ☐ Release

Date

05/06/2025

Time

03:22 PM

Name of Alien

File Number
Event No

Age Date of Birth (Mo.Day.Yr.)

Sex
M

Nationality
VENEZUELA

Foreign Address UNKNOWN LIBERTADOR, DISTRITO CAPITAL
VENEZ, VENEZUELA

Nature of Proceedings

REMOVAL (SEE REMARKS FOR CHARGES)

Signature of Officer Receiving Alien

REMARKS:

FBI #: FD0CDHCPA; FINS: 1370079698 8 USC 1182 ALIEN INADMISSIBILITY UNDER SECTION 212 8 USC 1229A ALIEN REMOVAL UNDER SECTION 212 AND 237

Signature of Officer Authorizing Action

JONATHAN W LEMAY
Date: 2025.05.06 15:23:56
0074019335.CBP



Title

Border Patrol Agent

Office

Form I-203 (Rev.08/01/07)Y

UNITED STATES DEPARTMENT OF HOMELAND SECURITY



Franklin County Sheriff's Office

Scott R. Nichols, Sheriff

Steve Lowell, Chief Deputy

Business Office: (207) 778-2680

Toll Free: (800) 773-2680

Fax: (207) 778-9064

123 County Way

Farmington, ME 04938

April 28, 2025

Memorandum of Understanding between Franklin County Sheriff's Office Detention Center and the United States Border Patrol, Rangeley Station.

Purpose:

To establish guidelines for housing, tracking and billing, regarding the holding of in-custody and ICE detainee individuals for the United States Border Patrol at the Franklin County Detention Center.

General Procedures:

1. The Franklin County Detention Center agrees to accept and house detainees for the United States Border Patrol whenever possible. The number of detainees presented, the current census of the jail and available staffing at the jail may present times where the Detention Center cannot accept the detainees, but this should be a rare situation. Presentation of more than four (4) detainees at any time may exceed the ability of the Detention Center to accept the intake.
2. The United States Border Patrol agrees to contact the Detention Center with applicable information as to the number and gender of detainees, as well as any potential medical problems, as early as possible prior to the arrival at the Detention Center. Intake of detainees will be subject to all applicable requirements and regulations that pertain to the intake of any other person, including the requirement of medical clearance at a medical facility prior to intake.
3. The Franklin County Detention Center will keep a log of the dates, times and names of all detainees taken into the Detention Center for the Border Patrol. Billing for the detention of those detained will occur quarterly at the end of March, June, September and December. Billing will be based on the number of hours, rounded to the nearest hour, that each detainee is in custody at the Detention Center. Thirty minutes or less will be rounded down, thirty-one minutes or more will be rounded up.
4. Billing will be \$100 (one hundred dollars) per twenty-four (24) hour period for the total in-custody time and will be accumulated for all detainees per quarter.
5. A listing of the names, dates and times will be incorporated as part of the invoice submitted to Border Patrol for reimbursement.



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6. At no time, per National ICE Detention Standards (48-Hour Rule), shall any individual held solely on an "ICE Immigration Detainer" be detained for any period to exceed forty-eight (48) hours, unless **written request / notification** is made by the United States Border Patrol, justifying an (***Exemption to the Rule***). Exemptions to the Rule include: (1) **Judicial Holds**; *in which a court order can extend detention pending legal procedures*; (2) **Transfers**; *Bureaucratic delays often occur when transferring detainees between facilities*; and (3) **Administrative Reviews**; *Delays can arise from ongoing reviews and backlogs in immigration courts*. Other than these exemptions, if the United States Border Patrol is unable or unwilling to assume custody after (48) hours, the Franklin County Detention Center is required to release the individual.

Sheriff Scott R. Nichols

Date

USBP

Date

US BORDER PATROL - DETAINÉES

IN DATE	OUT DATE
1/6/25 18:12	1/7/25 8:49
1/13/25 21:08	1/21/25 6:31
2/4/25 20:25	2/5/25 8:22
2/13/25 15:53	2/14/25 6:53
2/19/25 16:42	2/24/25 8:43
2/21/25 23:19	2/24/25 8:47
2/23/25 20:31	2/24/25 8:45
2/23/25 20:31	2/24/25 8:40
2/26/25 19:37	2/28/25 9:01
2/26/25 19:47	3/4/25 12:35
2/26/25 19:47	2/28/25 8:58
3/7/25 6:26	3/8/25 7:09
3/7/25 15:57	3/8/25 7:08
3/18/25 2:00	3/20/25 10:05
3/18/25 21:38	3/20/25 10:05
3/18/25 21:39	3/20/25 10:05
3/18/25 21:39	3/20/25 10:05
3/18/25 21:39	3/20/25 10:05
3/19/25 21:20	3/20/25 10:05
3/19/25 21:29	3/20/25 10:05
3/19/25 21:40	3/20/25 20:25
3/19/25 21:40	3/20/25 10:05
3/19/25 21:40	3/20/25 10:05
3/19/25 21:40	3/20/25 10:05
3/19/25 23:44	3/20/25 10:05
3/20/25 17:10	3/25/25 9:40
3/20/25 17:10	3/25/25 9:40
3/20/25 17:10	3/25/25 9:40
3/20/25 19:42	3/25/25 9:40
3/20/25 23:04	3/21/25 9:26
3/27/25 19:13	3/31/25 8:00
3/27/25 19:13	3/31/25 8:02
3/27/25 19:13	3/31/25 7:58
3/27/25 19:13	3/31/25 7:57
3/27/25 19:13	3/31/25 7:56
3/27/25 20:13	3/31/25 7:59
3/28/25 20:16	3/31/25 7:53

BORDER PATROL - DETAINEES / APRIL 2025

	IN DATE	TIME	OUT DATE	TIME
[REDACTED]	04/01/2025	1809	04/03/2025	1723
[REDACTED]	04/01/2025	1809	04/03/2025	1722
	04/01/2025	1809	04/03/2025	1722
	04/03/2025	1424	04/05/2025	1735
	04/06/2025	1946	04/07/2025	1719
	04/06/2025	1946	04/07/2025	1721
[REDACTED]	04/06/2025	1946	04/07/2025	1720
[REDACTED]	04/07/2025	2046	04/09/2025	2013
	04/06/2025	2046	04/07/2025	2032
	04/08/2025	1628	04/09/2025	2015
[REDACTED]	04/08/2025	1602	04/09/2025	2012
[REDACTED]	04/09/2025	1945	04/11/2025	2035
[REDACTED]	04/09/2025	2108	04/11/2025	2038
	04/09/2025	2240	04/11/2025	2033
	04/09/2025	2240	04/11/2025	1952
[REDACTED]	04/17/2025	1835	04/18/2025	1200
[REDACTED]	04/17/2025	1835	04/18/2025	1200
[REDACTED]	04/17/2025	1835	04/18/2025	1200
	04/21/2025	1919	04/22/2025	1630
	04/22/2025	2115	04/24/2025	2117
[REDACTED]	04/22/2025	2115	04/24/2025	2122
[REDACTED]	04/22/2025	2115	04/24/2025	2132
[REDACTED]	04/22/2025	2115	04/24/2025	2143

<u>IN DATE</u>	<u>TIME</u>	<u>OUT DATE</u>	<u>TIME</u>
04/26/2025	2350	04/27/2025	1523
04/26/2025	2328	04/27/2025	1519
04/26/2025	2328	04/27/2025	1516

First:

Middle:

Last:

Date of Birth:

Address:

Current Chrges?

Prior Violent Arrests? Yes No

Are You Ill? Yes No

Hearing Any Voices? Yes No

Recent Family Deaths? Yes No

Threatened Suicide? Yes No

Used Alcohol Today? Yes No

Used Drugs Today? Yes No

Seeking Psychiatric Care? Yes No

Attempted Suicide Before? Yes No

Do you feel like hurting yourself now? Yes No

Allergic to any medication or food? Yes No

HIV positive? Yes No

Are you on a special diet prescribed by a doctor? Yes No

Are you under a doctor's care? Yes No

Are you presently taking any medications? Yes No

History of TB, hepatitis, epilepsy or diabetes? TB Hepatitis Epilepsy Diabetes None

Do you have a history a VD or abnormal Discharge? Yes No

Do you have dental or medical insurance? Yes No

Do you have any physical handicaps? Yes No

Have you been hospitalized recently? Yes No

Have you fainted or had a recent head injury? Yes No

Primero:

Medio:

Ultimo:

Fecha de cumpleaños:

Dirección:

¿Cargos actuales?

¿Arrestos violentos previos?	Sí	No
¿Estás enfermo?	Sí	No
¿Escucha alguna voz?	Sí	No
¿Muertes familiares recientes?	Sí	No
¿Amenaza de suicidio?	Sí	No
¿Consumió alcohol hoy?	Sí	No
¿Drogas usadas hoy?	Sí	No
¿Busca atención psiquiátrica?	Sí	No
¿Intento de suicidio antes?	Sí	No
¿Tienes ganas de lastimarte ahora?	Sí	No
¿Alérgico a algún medicamento o alimento?	Sí	No
VIH positivo?	Sí	No
¿Está usted en una dieta especial prescrita por un médico?	Sí	No
¿Está bajo el cuidado de un médico?	Sí	No
¿Actualmente está tomando algún medicamento?	Sí	No
¿Antecedentes de tuberculosis, hepatitis, epilepsia o diabetes?	TB Hepatitis Epilepsia Diabetes Ninguno	
¿Tiene antecedentes de VD o descarga anormal?	Sí	No
¿Tiene seguro médico o dental?	Sí	No
¿Tienes alguna discapacidad física?	Sí	No
¿Ha sido hospitalizado recientemente?	Sí	No
¿Se ha desmayado o ha tenido una lesión reciente en la cabeza?	Sí	No

FRANKLIN COUNTY DETENTION CENTER
121 COUNTY WAY
FARMINGTON, ME 04938

POLICIES & PROCEDURES

Title: Receiving Prisoners for Admissions

Number: C-102

Approved by: _____
Scott Nichols, Sheriff

Policy History / Approval

Revised Date:	04-04-01
Replaces Date:	06-07-96
Sheriff Approval:	
DOC Submission:	08-10-04
DOC Approval:	
Implementation:	
Admin. Review:	01/10/25

Distribution: All Policy & Procedure Manual Holders

POLICY The Franklin County Detention Center, in conjunction with law enforcement agencies delivering prisoners to our jail for admissions, are jointly responsible for ensuring that all prisoners are received at the jail in a manner which is safe and secure.

PROCEDURE All law enforcement agencies in the Franklin County area have been informed by the Sheriff of the receiving procedures that must be executed when delivering prisoners for admission to the Franklin County Detention Center.

1. Each law enforcement officer will notify the Franklin County Sheriff's Department Dispatcher, using the police radio system, that he/she is enroute to the Franklin County Detention Center with a prisoner to be admitted.
2. The Dispatcher will obtain the following information from the transporting officer:
 - a. Estimated time of arrival to the facility
 - b. The name, sex, date of birth of the prisoner
 - c. Prisoner's status (pre-trial detention or sentenced), and
 - d. If a female prisoner, whether there is an escorting female officer.
3. The Dispatcher will initiate a Drivers License/Warrants Check (10-27/ 10/29) on the prisoner. Control will initiate a Driver's License/Warrants Check (10-27/ 10/29) on the prisoner and give it to the Intake officer.
4. The Dispatcher will inform Intake that an officer is enroute to the jail with a prisoner to be admitted, the estimated time of arrival, the prisoner's name, sex, date of birth, status and whether a female Corrections Officer is needed.
5. Intake will prepare to receive a prisoner for admission when the officer is within five (5) minutes of arrival at the facility.

6. Intake will:

- a. Proceed to the sally port area to receive the transporting officer and the prisoner to be admitted
- b. Assist the transporting officer with the removal of the prisoner from the vehicle, if necessary
- c. Inform the transporting officer that he/she is required to remain with the prisoner until authorized to leave the jail facility by Intake.

FRANKLIN COUNTY DETENTION CENTER
121 COUNTY WAY
FARMINGTON, ME 04938

POLICIES & PROCEDURES

Title: Pre-Admission Procedures

Number: C-103

Approved by: _____
Scott Nichols, Sheriff

Policy History / Approval

Revised Date:	01/24/13
Replaces Date:	09-23-94
Sheriff Approval:	
DOC Submission:	08-10-04
DOC Approval:	
Implementation:	
Admin. Review:	02-11-25

Distribution: All Policy & Procedure Manual Holders

- POLICY Pre-admissions procedures will be carried out before admission to ensure that:
- The transporting officer has the authority to have a person detained in the Franklin County Detention Center.
 - The prisoner is not in need of immediate medical attention.
 - Prisoners do not have contraband in their possession when entering the facility.
 - Proper restraints have been applied before entering the facility.
 - Pre-admission screening form (Form C-11) has been completed.

DEFINITION Pre-admissions Procedures: the requirements, established by law, detention standards and the policies of the Franklin County Detention Center, which must be fulfilled before facility personnel will accept official custody of a prisoner being received from a transporting officer.

The facility admitting officer, at a minimum, identifies the arresting or committing officer and verifies that he/she provides proper documentation for the admission. This includes proper documentation in cases where a person is brought to the facility prior to an appearance in court.

DOC. Standard E-1

PROCEDURE A Determination of Proper Commitments

- Intake will require the transporting officer to produce identification which verifies that the officer is a representative of an agency authorized to have a prisoner detained, if the officer is not known by him/her.
- Intake will review all official papers ordering the confinement of prisoners to ensure:
 - That the documents are in fact official orders for the confinement of a prisoner from a court having jurisdiction in Franklin County,
 - That the Franklin County Jail is named in the order as the place of confinement,
 - That the order for confinement is signed and dated by an official

- of the court authorized to order the confinement of a prisoner, and
- d. That the order for confinement has the official seal of the court.
3. When a prisoner being received is to be held for an agency pending a probable cause hearing in the court, the transporting officer will provide Intake with at least one set of the following documents:
 - a. A warrant issued by a court and a completed Arrest & Commitment Report (Form C-5) from the arresting agency, or;
 - b. In the case of a probation hold, a signed hold order from the Probation Officer, and a completed Arrest & Commitment Report (Form C-5) from the arresting agency, or;
 - c. A completed summons and Arrest & Commitment Report (Form C-5) from the arresting agency.
 4. Unless authorized by the Sheriff of Franklin County, Intake will not accept custody of a prisoner being received unless appropriate and complete documentation is provided by the transporting officer, as required by Procedures A.2 and A.3 of this section.

PROCEDURE B

Check for Injury/Medical Screening/Observations

If any inmate has been in an accident, is unconscious or shows sign of or complains of other serious injury or wounds, and the inmate is not being held or committed by order of a court, the inmate may not be held at the facility until the arresting/transporting officer has secured written documentation from a physician that the inmate was examined and/or treated, or the inmate or physician's refusal to treat or be treated.

DOC. Standard E-2

Intake will:

- a. Make inquiries about the physical condition of the prisoner from the transporting officer and the prisoner being received,
- b. Observe the behavior of the prisoner being received to ensure that he/she is not injured, and
- c. Document the physical condition of the prisoner being received and action taken to ensure that the injured prisoner receives medical attention. This will be documented in the Intake Log and on the Inmate Medical Screening Form (Form M-1).

PROCEDURE C

Preliminary Search

1. Intake will conduct a primary pat search of prisoners being received in the Sally port to ensure that he/she does not have contraband/weapons in his/her possession when entering the facility.

DOC. Mandatory Standard E-4

2. When contraband is found on a prisoner, the arresting/transporting officer will take possession of the contraband for possible prosecution.
3. Pursuant to the County Commissioners' decision dated March 2, 1993 (Appendix AP), this is a no-smoking facility; and the Sheriff's decision effective 05-01-93 (Appendix AQ), the use of tobacco, in any form, will not be allowed in the facility. When a prisoner has tobacco in his/her possession upon admission, Intake will dispose of the tobacco in the Sally port prior to entry of the facility.
4. Any marijuana or illegal drugs will be turned over to the arresting officer to be held in evidence.
5. Intake will document all information regarding a contraband situation in the Intake Log.

FRANKLIN COUNTY DETENTION CENTER
121 COUNTY WAY
FARMINGTON, ME 04938

POLICIES & PROCEDURES

Title: Admissions Procedures, Initial Steps

Number: C-110

Approved by: _____
Scott Nichols, Sheriff

Policy History / Approval

Revised Date:	09-23-94
Replaces Date:	05-13-91
Sheriff Approval:	
DOC Submission:	
DOC Approval:	09-23-94
Implementation:	09-23-94
Admin. Review:	02-11-25

Distribution: All Policy & Procedure Manual Holders

POLICY

Admission procedures will be carried out by personnel in a manner which promotes mutual respect rather than one that degrades prisoners being admitted. Personnel will make an effort, whenever possible, to lessen prisoner anxiety by answering all questions and by familiarizing the prisoner with what will be expected of him/her by the jail, as well as what he/she can expect during his/her confinement.

Remember, admissions is a potentially dangerous and difficult time for all concerned. The Franklin County Detention Center and its staff are responsible for the safety of all prisoners being admitted, as well as the security of our facility.

Under no circumstances may a jail refuse to admit an individual who has been arrested by a federal, state, county, or municipal law enforcement officer and transported to the jail, except as provided in Standard E.2.

DOC. Mandatory Standard P-32

PROCEDURE

General Procedures

1. Intake will implement admission procedures in the Intake area when all pre-admission procedures have been completed.
2. Intake will complete a thorough pat search or strip search depending on the charge(s) and past history of the arrestee.
3. Intake will allow the transporting/arresting officer to leave the jail facility when his/her assistance is no longer needed and all the officers required paperwork has been completed.
4. Any prisoner will be allowed to communicate with his/her family and attorney by completing at least two unmonitored phone calls as a part of the admissions process after the computer booking has been completed.

DOC. Standard E-7

5. Intake will, whenever possible, complete all admission procedures on prisoners received during his/her tour of duty before going off duty.

6. When a prisoner being admitted is too intoxicated or otherwise physically or emotionally unable to be put through the complete admissions process, Intake will carry out admission procedures necessary to ensure documentation of the commitment and the safety of the prisoner.

FRANKLIN COUNTY DETENTION CENTER
121 COUNTY WAY
FARMINGTON, ME 04938

POLICIES & PROCEDURES

Title: Prisoner Screening/Referrals (Mental Health, Substance Abuse, Suicide)

Number: C-112

Approved by: _____
Scott Nichols, Sheriff

Policy History / Approval

Revised Date:	04-07-99
Replaces Date:	11-28-94
Sheriff Approval:	
DOC Submission:	05-03-99
DOC Approval:	12-02-99
Implementation:	12-02-99
Admin. Review:	02-11-25

Distribution: All Policy & Procedure Manual Holders

POLICY

In order to ensure the safety and welfare of prisoners being admitted, facility personnel will screen all prisoners for possible emergency mental health and substance abuse problems. When personnel conclude that a prisoner is in need of immediate professional help, the admitting officer shall take immediate action to help ensure the safety of the inmate and others. The supervisor shall make contact with the health care provider and/or mental health counselor for emergency referrals to community agencies responsible for providing appropriate services. Personnel will not release any inmate who is intoxicated or in need of mental health services until the prisoner is sober or placed into the custody of a responsible person or agency.

PROCEDURE A

Mental Health/Suicide Screening and Referrals

1. Intake will complete the Inmate Intake/Screening as a means to screen and evaluate all prisoners being admitted for possible mental health problems. He/she will ensure that the prisoner is not:
 - a. Disorientated, (the prisoner must know where he/she is, the date, and what is taking place around him/her.
 - b. Seriously agitated and displaying inappropriate behavior (such as not being able to control anger or having visions or hallucinations).
 - c. Seriously depressed and having suicidal thoughts.
2. When Intake thinks that the prisoner may be in need of professional mental health services, he/she will contact the facility mental health counselor to make a referral to the appropriate facility for emergency services. Intake will:
 - a. Describe the prisoner's behavior to the health care provider or mental health counselor
 - b. Ensure that all items that could be used by the prisoner to harm himself/herself are taken from the prisoner and from the detox cell
 - c. Enter all information and instructions from the health care provider and/or mental health counselor in the Intake Log.
 - d. Put the prisoner in the detox cell and observe his/her behavior pending the arrival of the health care provider or mental health counselor at the facility.

3. If the health care provider or mental health counselor determine that the prisoner is in need of hospitalization, Control Room will make necessary arrangements to have the prisoner transported to the hospital.
4. Intake will document all action taken to ensure the safety of the prisoner in the Intake Log.
5. If the mental health worker determines that the prisoner is not in need of hospitalization but is in a questionable state, Intake will carry out all instructions from the mental health worker to ensure the prisoner's safety and welfare.
6. Intake will ensure that the next shift is informed and understands all instructions to be carried out regarding any prisoner who is in a questionable state.
7. Administration will ensure that follow up treatment is provided to inmates in need of mental health services.

PROCEDURE B

Substance Abuse Screening and Referrals

1. Intake will screen and evaluate all prisoners being admitted for possible substance abuse problems. He/she will:
 - a. Observe the prisoner's physical coordination
 - b. Inquire whether the prisoner was drinking or taking any drugs before his/her arrest, and
 - c. Inquire whether the prisoner is taking any prescribed medication.
2. Intake will arrange for a prisoner to receive medical treatment if the prisoner appears to be displaying withdrawal signs such as abdominal pain, has the sensations of something crawling on his/her skin or has hallucinations.
3. **In cases where an inmate may be exhibiting signs of withdrawal, lack of control, intoxication, suicidal ideation/behavior, or poses some other risk to self or others, the admitting officer shall notify his/her supervisor and take immediate action to help ensure the safety of the inmate and others until the inmate can be evaluated by medical or mental health professionals.**

DOC. Mandatory Standard E-3

4. Intake will:

a. Place the intoxicated inmate in the detox cell where his/her condition can be observed and checked at least every fifteen (15) minutes. If the condition of the inmate should warrant closer observation Intake will maintain up to continuous observation.

b. Make an entry in the intake log documenting all action taken

c. Ensure that the on-coming shift is informed and understands all procedures to be carried out to ensure the safety of intoxicated inmates.

d. Advise the Administration to arrange for prisoners identified as substance abusers to receive counseling and, if necessary, detoxification.

FRANKLIN COUNTY DETENTION CENTER
121 COUNTY WAY
FARMINGTON, ME 04938

POLICIES & PROCEDURES

Title: Prisoner Access to Telephones

Number: C-113

Approved by: _____
Scott Nichols, Sheriff

Policy History / Approval

Revised Date:	11-14-11
Replaces Date:	11-28-94
Sheriff Approval:	
DOC Submission:	
DOC Approval:	
Implementation:	
Admin. Review:	02-11-25

Distribution: All Policy & Procedure Manual Holders

POLICY The Franklin County Detention Center shall provide inmates with access to telephones located in the housing units and Intake area to maintain community ties and contact with attorneys.

PROCEDURE A Telephone Calls During Intake

1. As part of the admission process, each newly arrived inmate is allowed access to the telephone in the intake area after the booking process has been completed and bail has been set.

Pre-trial detainees should be allowed to communicate with their family and/or attorney by completing at least two unmonitored phone calls as part of the admission Process.

DOC. Standard E-7

2. An inmate who is convicted of or otherwise known to have committed a sex offense or child abuse against a minor shall not be allowed to make a phone call to the victim.
3. When contact between an inmate and another person is prohibited by court order (e.g., custody order, protection order), the inmate shall not be allowed to make a phone call to that person.
4. When contact between an inmate and another person is prohibited by a condition of probation of either person, the inmate shall not be allowed to make a phone call to that person

5. An inmate may be prohibited by the Correctional Administrator or designee from making a phone call to any other person when there is reasonable suspicion that allowing a call between them would facilitate criminal activity or violation of facility rules or would create a risk to the safety of persons, security, or orderly management of the facility. An inmate may be prohibited from making a phone call to any other person by the Correctional Administrator or designee when there is reasonable suspicion that the inmate or other person has violated or will violate the telephone procedures.
6. On those occasions when it is an emergency and/or a jail necessity for an inmate to utilize Intake phone, the authorizing staff member will place the call, advise the receiving party that they will be connected to an inmate of Franklin County Detention Center, the call may be monitored, and that the authorizing staff member will remain in the room. The call and number dialed will be logged in the Intake log by the authorizing staff member.

PROCEDURE B Denied access to Telephones

1. Inmates abusing any telephone installed in the Housing Unit are subject to disciplinary action and loss of phone privileges.
2. If, for any reason, access to telephones is denied, or the inmate's behavior results in the telephones being turned off, administration is notified and documentation of the denial and the reason is noted in the Post Log.
3. A phone call may be terminated at any time for reasons of safety, security, or good orderly management of the facility. The staff will complete appropriate documentation and submit it to the Correctional Administrator or designee via the appropriate chain of command.
4. The Correctional Administrator or designee will determine whether to impose a suspension or restriction of telephone privileges due to the conduct

of the inmate that caused the termination of the phone call. The Correctional Administrator or designee may impose a suspension or restriction of telephone privileges for any other reason of safety, security, or orderly management of the facility.

- 5 The suspension or restriction may be imposed for either a definite or indefinite period of time. An indefinite suspension may only be imposed by the Correctional Administrator. The inmate will be notified in writing of a suspension or restriction of telephone privileges.

PROCEDURE C MONITORING OF INMATE TELEPHON CALLS

1. Inmate telephone calls may be monitored by the Franklin County Sheriff's Department or Franklin County Detention Center Administration, conducting an investigation of an offense relating to the safety and security of the public, safety and security of the facility or the orderly management of the facility. Only those inmate telephone calls suspected to be related to the investigation may be monitored. Appropriate documentation will be completed, including justification for the monitoring and the results of the monitoring. Recordings of the conversation related to the investigation will be maintained in accordance with Franklin County Sheriff's policy and procedures on preservation of evidence. Investigations will be coordinated with the Franklin County Sheriff's Department in accordance with Franklin County Detention Center policy and procedures.
2. Each inmate will be informed that all inmates that make telephone calls except legal phone calls are subject to being monitored. The inmate will be so informed during the intake process via a sign posted adjacent to the recorded Intake phone. All inmate telephones in housing units inform caller and recipient by playing a recorded warning before the recipient accepts the call.

PROCEDURE E **LEGAL CALLS**

1. Telephone calls to attorneys or other legal representatives shall be permitted to all inmates. Inmates desiring to make attorney calls may do so using the inmate telephone system in the Housing Unit.
2. A legal call is a call concerning a legal matter involving an inmate between that inmate and an attorney or legal advocacy organization, including but not limited to: the American Civil Liberties Union, Maine Equal Justice Partners, Maine Civil Liberties Union, Disabilities Rights Center, and the NAACP Legal Defense Fund.
3. **Legal calls are confidential and are not recorded.; under no circumstances shall the Staff, Administration or Franklin County Sheriff's Department intentionally listen to the conversation. Any breach of attorney-client confidentiality will be reported immediately to the Jail Administrator or the Sheriff for immediate investigation and correction.**
- 4.
5. The length of the legal phone call will not be limited unless staff determine it is necessary to allow other inmates reasonable access to the inmate phone system. All other rules governing inmate phone calls will apply.

FRANKLIN COUNTY DETENTION CENTER
121 COUNTY WAY
FARMINGTON, ME 04938

POLICIES & PROCEDURES

Title: Inmate Records

Number: A-123

Approved by: _____
Scott Nichols, Sheriff

Policy History / Approval

Revised Date: 01/18/17
Replaces Date:
Sheriff Approval: 01/20/17
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Distribution: All Policy & Procedure Manual Holders

POLICY The Franklin County Detention Center will maintain accurate and current records for each person detained in the facility. Inmate records are a vital source of information and documentation

PROCEDURE A Inmate file Records

1. The Jail Administrator will ensure that inmate file folders contain the following:
 - a. Intake Management Information Form (C-1) OR full computer booking records, including:
 - 1) IMC Records
 - 2) The following receipts, with signatures, as verification of receipt.
 - a. Inmate property Receipt
 - b. Inmate cash account receipt
 - c. Inmate Jail property issue
 - d. Inmate public assistance form
 - e. Cell occupancy inspection
 - f. Notice of initial Classification
 - b. Current photographs and fingerprint cards
 - c. Inmate medical screening
 - d. Initial classification form
 - e. Incident reports
 - f. Disciplinary reports including action taken
 - g. Court Records including:
 - 1) Judgement and Commitment Orders
 - 2) Bail Condition
 - h. Records describing authorized Inmate work and program participation
 - i. Other information pertaining to the inmate deemed necessary by the Jail Administrator.
 - j. Inmate medical, mental health and substance abuse records shall be kept separate from other inmate records.

DOC. Standard A-15

2. The jail administrator will ensure that inmate records are maintained by personnel in compliance with procedures in Policy A-120.

PROCEDURE B Inmate Medical Records

1. The facility Health Care provider shall, in consultation with the facility administrator, establish policies that determine access to medical files. The facility medical provider shall keep correctional staff informed of inmate's medical care and condition
2. Inmate medical records shall be kept in a separate medical file for each individual detained at the Franklin County Detention Center.
3. The Inmate medical file will contain the following:
 - a. Inmate medical screening / Form M-1.
 - b. Inmate health History
 - c. Any Subsequent health appraisal forms
 - d. All findings, diagnoses, and treatments
 - e. All Inmate medical requests (Form M-2)
 - f. A record of all prescriptions and of medications dispensed
 - g. The date, times, and place of all medical encounters and discharges from treatment
 - h. Other pertinent documents including laboratory, X-ray, and diagnostic studies; consent and refusal forms.
 - i. Release of information (Form M-26)
4. When an inmate is released to another facility, the jail administrator will, upon receipt of written authorization from the inmate, forward copies of the inmates' medical records to specified medical personnel.
5. The Jail Administrator will ensure that inmate medical records are maintained as specified in Policy A-120

PROCEDURE C Improper Disclosure/Access.

1. The jail Staff will not release any information to a person or agency, other than criminal justice authorities, or persons or agencies with court orders for access, unless an inmate has signed a Release of Information (Form M-26)
2. The jail staff will not release any medical information or substance abuse treatment information, even to other criminal justice authorities, unless the inmate has signed a Release of Information Form or except by court order.
3. If the information released is medical, the release forms and/or the court orders will become a part of the inmates' medical record. If the information released is general, the release forms and/or court orders will become a part

of the inmates' record file.

FRANKLIN COUNTY DETENTION CENTER
INMATE NOTICE OF INITIAL CLASSIFICATION ASSIGNMENT

Inmate Name: _____ Date of
Notice: _____

I. This form will serve as notice to you that your initial classification assignment has been determined to be:

_____ Maximum _____ Medium _____ Minimum Security

Intake Officer

If you wish to appeal your initial classification assignment, fill in the information below and forward this form to the Classification Board through a staff person within ten (10) days. You may request a review of your classification but not more frequently than every 60 days.

☐

I accept the classification assignment indicated above.

☐

I wish to appeal my classification assignment and would like to be considered for re-classification.

Inmate's Signature

Date

Time

A review will be made of your initial classification level within 15 days, if you are still incarcerated at this facility. If there is any change in your assignment, you will be notified of the change and given ten (10) days to appeal the change.

Franklin County Detention Center

Jail Property Issue

Booking Number: _____ Middle Name _____
Date: _____ DOB: _____
Last Name _____ Issue Date _____
First Name _____

I, Inmate _____, understand that I am responsible for any/all Jail Issued Property in my care, and I understand that I must return all Issued Property at the end of my incarceration. I understand that I will be held financially responsible to replace any/all damaged or defaced property issued to me.

<u>Item Description</u>	<u>Quantity</u>	<u>Return Date</u>
Pants	2	
Shirts	2	
T-Shirt	2	
Underwear	2	
Socks	2	
Towels	2	
Sheets	2	
Blankets	2	
Shower Shoes	1pr	
Shoes	1 pr	
Toothbrush/Paste	1 each	
Comb	1	
Cup/Spork	1 each # _____	
Inmate Hand book	1	
Headphones	1 # _____	

I certify that I have received the above items and fully understand what is expected of me.

Inmate Signature _____ Date _____ Officer Signature _____

Franklin County Detention Center

Inmate Occupancy Inspection

Moving Inmate Name: _____ Cell #: _____

This form shall be completed whenever an inmate is moved into or out of a cell/cubicle to ensure that there is no damage to the cell or graffiti on the walls and then signed by the inmate and officer completing the inspection. Inmate will be held financially responsible for any damages and will be subject to disciplinary action for any violation.

Pre-Occupancy Inspection

Area	Status		Comment
	Satisfactory	Unsatisfactory	
Bunk			
Mattress			
Door			
Ceiling			
Sink/Toilet/Mirror			
Lights			
Vents			
Walls/Floor			
Windows			
Desk			
Intercom/Speaker			
Cup/Spork			
Other			

Inmate Signature: _____ Date: _____

Officer Signature: _____ Date: _____

This form shall be filed in the above inmates file at the officer's station until the inmate moves from the cell/cubicle.

Turn over for Post Occupancy Inspection

PRE-ADMISSION SCREENING FORM

DATE: _____

NAME: _____

1. Can the individual negotiate the building entrance without assistance? Y N

(If no, require arresting officer to obtain medical / mental health evaluation and a written clearance before accepting for admission.)

2. Does the individual appear intoxicated? Y N

3. Does the individual appear to be so intoxicated they can not be processed? Y N

(If yes, require arresting officer to obtain medical / mental health evaluation and a written clearance before accepting for admission.)

4. Does the individual have obvious pain or bleeding that suggest the need for emergency services? Y N

If yes, has treatment been provided / sought? Y N

(If no, require arresting officer to obtain medical / mental health evaluation and a written clearance before accepting for admission.)

Explain _____

5. Are there visible signs of trauma or illness requiring immediate emergency services Y N

If yes, has treatment been provided / sought? Y N

(If no, require arresting officer to obtain medical / mental health evaluation and a written clearance before accepting for admission.)

Explain _____

6. Has individual had any recent injury or sickness requiring medical treatment? Y N

If yes, explain _____

7. Has the individual recently traveled outside the United States? Y N

If so, where & when _____

PRE-ADMISSION SCREENING FORM

8. Is there obvious fever, cough swollen lymph nodes, jaundice or other evidence of infection that could spread through the facility? Y N

(If yes, require arresting officer to obtain medical / mental health evaluation and a written clearance before accepting for admission.)

9. Is the individual experiencing any signs of illness? (Flu like symptoms) Y N

(If yes, require arresting officer to obtain medical / mental health evaluation and a written clearance before accepting for admission.)

10. Does the individual show any sign of mental illness / bizarre behavior? Y N

If yes, explain _____

11. Is the individual having suicidal/homicide thoughts or past suicidal attempts?
Y N

If yes, explain _____

(If yes, on suicidal thoughts require arresting officer to obtain medical / mental health evaluation and a written clearance before accepting for admission.)

12. Last use of alcohol? _____

13. Last use of drugs? _____

Screening Officer _____

Shift Supervisor Review _____

CONSENT TO MEDICAL TREATMENT

Franklin County Jail

Inmate Name: _____

Date: ____/____/____

Inmate ID#: _____

D.O.B.: ____/____/____

I hereby give consent to the Franklin County Jail, its Medical Provider, their employees, and their agents to perform any examinations, laboratory procedures, x-rays, medications or other procedures recommended by the medical provider.

I am aware the practice of medicine is not an exact science, and I acknowledge no guarantees have been made regarding the results of any procedures performed by or at the recommendation of the jail's medical provider.

I understand that I may withdraw this consent to any specific procedure by refusing the procedure.

I also authorize the release of my community inpatient and outpatient medical records to the Franklin County Jail and its Medical Provider. I also authorize the Franklin County Jail's Medical Provider to release to my Primary Care Physician information pertaining to the medical care/medications I have received while incarcerated to ensure that the continuity of care will not be interrupted when I am released.

I also authorize the release of my inpatient and outpatient mental health/substance abuse records to the Franklin County Jail and its medical provider. I also authorize the Franklin County Jail and the Jail's medical provider to release to requesting outside providers information pertaining to the mental health/substance abuse treatment I have received while incarcerated to ensure that the continuity of care will not be interrupted.

I further authorize the release of my HIV/AIDS diagnosis as required by State of Maine DHHS and Centers for Disease Control. I also authorize the release of my HIV/AIDS medical records to the Franklin County Jail's Medical Provider and their agents to ensure the continuity of care is not interrupted.

I sign this willingly, in full understanding of the above, and release the Franklin County Jail, its Medical Provider, their employees, and their agents from any and all liability which may arise from this action.

Signature of Inmate (if over 18 years of age)

Date

Legal Guardian (if the person signing above has one)

Witness