


HOWARD COUNTY DEPARTMENT OF CORRECTIONS
POLICY & PROCEDURE

	SUBJECT:	Administration
	P & P #:	A-020
	TITLE:	Victim/Witness Notification
	EFFECTIVE DATE:	August 1, 2019
	REVIEWED BY:	<i>Andre McInnis</i> Andre McInnis, Classification Supervisor
	REVIEWED BY:	<i>Andrea King-Wessels</i> Andrea King-Wessels, Deputy Director
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POLICY: The Howard County Department of Corrections recognizes the importance of providing assistance to victims and witnesses of crimes. Part of the public safety responsibility of the agency is to comply with legal requirements imposed by existing laws of the State of Maryland. For these reasons, this policy has been established to provide notification of victims and/or witnesses under specific appropriate circumstances as defined herein. The Director shall designate a staff member to be responsible for managing this process.

REFERENCES: Annotated Code of Maryland Criminal Procedure Article, Section §11-104.

DEFINITIONS:

Victim - an individual who has filed a notification request under §11-104 Criminal Procedure Article, Annotated Code of Maryland.

Witness - any person identified as a witness in §11-104 Criminal Procedure Article, Annotated Code of Maryland.

Release from Confinement - work release, home detention, and any other administrative or statutorily authorized release of a defendant from the Howard County Department of Corrections.

Victim/Witness Liaison- staff person designated to prepare correspondence to victim / witness for the Director.

PROCEDURES:

I. Requests for Notification

- A. A person is entitled to notification under this policy if the Department receives a Crime Victim Notification Request and Demand for Rights Form (CVN Request Form) from the State’s Attorney’s Office. See Appendix 1 for an

example of the CVN Request Form.

- B. The OIC of Intake/Commitment officer should check all documents and/or paperwork for CVN request forms that accompany the inmate at the time of admission or upon return from court appearances and/or that is received via courier or regular mail.
- C. Any other staff person who receives a CVN form shall immediately forward the form to the commitment officer for processing.
- D. The commitment officer shall complete Section I. of Verification of Victim/Witness Notification, HCDC Form A-020a, attached as Appendix 2. A copy of the form along with a copy of the request form shall be forwarded to the victim/witness liaison. The original of both forms shall be placed in the basefile on TOP of Section IV.
- E. The victim/witness liaison shall prepare a letter notifying the victim/witness that the Department has received the request and shall notify them in conformity with this policy. A copy of the letter, along with a receipt for certified mail shall be filed in Section IV. of the inmate basefile. If notification is made to a representative from the State's Attorney office, it may be completed via email, rather than certified mail.
- F. Once a written request for notification has been filed with this facility, it shall remain in effect until either a notification is made or until a written notice is received from the State's Attorney's Office to rescind the notification request.
- G. If a request for notification is received in any format other than the receipt of a CVN request that information shall be forwarded immediately to the victim/witness liaison. These may take the form of a telephone call, letter, email, or any other type of communication from a victim/witness. The liaison will explain the process and refer the inquiry to the applicable State's Attorney's Office.

II. Notification Upon Release/Escape/Death of Inmate/Detainee

- A. The OIC of Intake shall advise the Shift Leader/Assistant Shift Leader, in advance if practicable, if any of the following events occur concerning the inmate/detainee: escape, recapture, death or release from confinement as defined by this policy, and any conditions attached to the release.
- B. Upon notification from the OIC of Intake, the Shift Leader shall ensure that notification is made to each victim/witness whose request is in the inmate's/detainee's basefile.
 - 1. The Shift Leader/designee (usually the Commitment Officer) must contact each Victim Witness who is entitled to notice.
 - 2. The Shift Leader/designee shall complete Section II. through IV. Verification of Victim/Witness Notification HCDC Form A-020a in the basefile for each notification. The Shift Leader shall ensure the contact is

made. The original form shall be attached to the notification request and retained in the basefile.

3. In cases where the inmate may be eligible to participate in a Howard County Community Program, a member of the work release staff shall act as the Victim/Witness Liaison to make the required notification regarding release from confinement for community programming and/or work release.

III. Notification in The Event of Transfer

- A. Prior to the transfer of an inmate to another facility, the Department Victim/Witness Liaison or designee (typically the Commitment Officer) shall coordinate with the OIC of Intake to identify any transferring inmate/detainee whose base file contains any CVN request form or other written request for notification.
- B. The OIC of intake shall ensure that a copy of the notification information is provided, in a sealed envelope marked "Confidential", to transporting staff for delivery to the jurisdiction accepting custody of the inmate.
- C. Upon transfer of the inmate, all victim(s) and/or witness(es) shall be contacted and a HCDC Form A-020a completed and processed as provided in above Section II.B.2.

IV. Confidentiality of Victim/Witness Information

- A. HCDC staff shall not disclose to the inmate, or to any other person, the name, address or telephone number of a witness or a victim or any person who receives notice for the victim or witness.
- B. All staff shall be aware of their obligation to diligently protect this confidential information.
 1. All basefiles containing any Victim/Witness information must be under institutional control at all times.
 2. The upmost care must be taken by all staff with basefile access to prevent unauthorized access of any victim/witness information contained in the inmate/detainee basefile.
 3. It is a serious breach of confidentiality to allow any inmate access to any CVN request form or to any letter requesting notification.
- C. Neither an inmate/detainee nor the representative of an inmate/detainee may review any victim/witness information in the basefile.
 1. This confidential information may not be reviewed during incarceration or after release.
 2. This confidential information must be removed from any basefile before any inmate or representative shall be permitted to review the contents of the

basefile.

- D. In the event the basefile of an inmate is subpoenaed, the aforementioned confidential information shall be removed prior to the basefile being made available under that subpoena, regardless of whether the inmate is incarcerated.

V. Notification of Sentencing on Multiple Weekends

A. In a case where the Victim/Witness Notification Form is received on an inmate who is currently serving multiple weekends, the Victim/Witness Liaison/designee shall contact the named victim for explanation of sentence structure allowing the victim the opportunity for notification option, including one of the following:

1. Contact by telephone to the Victim/Witness with explanation of notification process, sentencing information, and requesting no further contact.
2. Request contact from Victim/Witness concluding all weekend time served.
3. Request that the Victim/Witness be contacted by telephone concluding each weekend portion of the total sentence.

VI. The 12 to 8 shift shall assign a Corporal or Sergeant to conduct at least a weekly audit of the VINE system to ensure it accurately lists inmates housed at the Detention Center.

VII. Directors Prerogative

The Director has the authority to revise/change a policy or post order as needed to meet the operational demands of the Department. As the changes are initiated, they may be communicated by an email, memoranda or in rare circumstances verbal due to unforeseen situations.

ATTACHMENTS: Appendix 1, Example of “Crime Victim Notification Request and Demand for Rights Form”.

Appendix 2, Verification of Victim/Witness Notification (HCDC Form A-020a).

RESCISSIONS: HCDC Policy A-020, Victim/Witness Notification, effective August 9, 2018.

FORM MUST BE COMPLETED FOR EACH DEFENDANT OR JUVENILE

In the Circuit/Juvenile Court for _____ City/County Case No. _____
 State v. _____ Date of Birth ____/____/____
Name of Defendant/Juvenile

**CRIME VICTIM NOTIFICATION REQUEST AND DEMAND FOR RIGHTS FORM
(PLEASE PRINT ALL INFORMATION)**

Victim's Name:
 Ms./Miss/Mrs./Mr. _____ If a minor, Date of Birth _____

If Victim is a Minor, or Deceased, or disabled, please give:
 Victim Representative's Name:
 Ms./Miss/Mrs./Mr. _____ Relationship _____

I REQUEST NOTICE OF ALL EVENTS RELATED TO THIS CASE AND TO THE DEFENDANT/JUVENILE, AS ALLOWED BY LAW, AND DEMAND ALL THE RIGHTS TOWHICH VICTIMS OF CRIME ARE ENTITLED.

_____ Date _____
Signature of Victim's Representative

*** See back of this form for specific instructions and information ***

PLEASE PROVIDE AN ADDRESS AND PHONE NUMBER TO RECEIVE ALL NOTICES.
THIS FORM WILL BECOME PART OF THE PUBLIC RECORD IN THIS CASE. IF YOU DO NOT WANT YOUR ADDRESS AND PHONE NUMBER IN THE RECORD, PROVIDE AN ALTERNATE VICTIM CONTACT NAME, ADDRESS AND PHONE NUMBER.

Victim/Victim's Representative: _____
 Address _____
 City _____ State _____ Zip _____
 Phone (day) _____ Phone (evening) _____

Alternate Victim Contact

If another person or organization has agreed to receive and forward notices to you AND you agree to maintain contact with the Alternate, complete the following information:

Name of Alternate Victim Contact _____
 Relationship to Victim/Victim's Representative: † Family Member † Friend † Support Agency † Other
 Contact Address: _____
 City _____ State _____ Zip _____
 Phone (day) _____ Phone (evening) _____

Additional services now available in Maryland for victims of crime:

VINE is a user-friendly notification service available 24 hours a day/7 days a week.
For more information call **1-866-MD4VINE** or register on-line at www.vinelink.com

VICTIM RIGHTS COMPLIANCE LINE: 1-877-9CRIME2 or e-mail myrights@VictimsVoice.us

Howard County Department of Corrections

Verification of Victim/Witness Notification

Inmate Name: _____ ID Number: _____

Section I.

Notification form initiated by: _____ on _____

Copy to Victim Witness Liaison: _____

Victim/Witness Name: (print/type) _____

Section II.

Reason for Notification: (check one)

Legally released from the Howard County Department of Corrections

Time served () Court release/order received ()

Transferred to: (print/type) _____

Reason for transfer: _____

Placed in a Community Corrections Program or Home Detention

Escaped Deceased

Section III.

Date/Time/Method of Notification: _____

Notified By: (print) _____ (signature) _____

Section IV.

Shift Leader/Asst. Shift Leader: _____ Date: _____

Signature

Distribution: Original – Basefile