



STATE OF NEW JERSEY  
DEPARTMENT OF CORRECTIONS

**RULES AND RESPONSIBILITIES OF INMATES ON  
EMERGENCY MEDICAL HOME CONFINEMENT (EMHC)**

*\*Revised April 22, 2020*

I \_\_\_\_\_ understand that I shall be subject to the following conditions as established by the New Jersey Department of Corrections:

1. I am expected to return to the correctional facility no later than the time stipulated on my approved EMHC plan.
2. I am to remain at the residence the entire time, except for medical emergencies. Unauthorized absence from the approved residence constitutes an escape.
3. I am to notify the **New Jersey Department of Corrections** of any unusual circumstances or problems within one hour of occurrence using the telephone number below
4. I am required to make **TWO** accountability contact calls, via telephone

**Contact: 1-833-520-1051**

- I am required to call every day twice per day at the time noted below
- I am required to call at the times designated in **GROUP:** \_\_\_\_\_

*Based on the 1<sup>st</sup> letter in your last night*

<b>Groups 1 A-B</b>	<b>Group 2 C-D</b>	<b>Group 3 E-F</b>	<b>Group 4 G-H</b>	<b>Group 5 I-J-K</b>
5:00am	5:30am	6:00am	6:30am	7:00am
5:00pm	5:30pm	6:00pm	6:30pm	7:00pm
<b>Group 6 L-M</b>	<b>Group 7 N-O-P</b>	<b>Group 8 Q-R-S</b>	<b>Group 9 T-U-V</b>	<b>Group 10 W-X-Y-Z</b>
7:30am	8:00am	8:30am	9:00am	9:30am
7:30pm	8:00pm	8:30pm	9:00pm	9:30pm

5. I understand I shall be considered an escapee according to the following criteria:
  - a) When I fail to return to the correctional facility at the specified date and time.
  - b) When I fail to make the required calls at the designated times.
6. I am to obey all laws and local ordinances.
7. I am to refrain from possessing any firearm as defined in N.J.S.A. 2C39:1f, for any purpose.
8. I am to refrain from possessing any weapon enumerated in N.J.S.A. 2C:39-1.r.

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9. I am to refrain from the purchase, use, possession, distribution, or administration of any narcotic drug, controlled danger substances analog as defined in N.J.S.A. 2C35-11, or any paraphernalia as defined in N.J.S.A. 2C:36-1 related to such substances, except as prescribed by a physician.
10. I am to submit to drug and alcohol testing at any time, as directed by the NJDOC.
11. I am to report any contact with local law enforcement.
12. I am to refrain from any contact with the victims of my offenses and/or the victim's relatives.
13. I am to have my inmate identification card in my possession at all times.
14. I am not permitted to do the following while on emergency medical home confinement:
  - a) Leave the State of New Jersey;
  - b) Give or accept money or anything of value from other inmates, members of other inmates' families, friends;
  - c) Deviate from the approved furlough plan;
  - d) Purchase, possess, and use alcoholic beverages, illegal substances or any non-over the counter drugs not prescribed, to include marijuana;
  - e) Introduce or attempt to introduce contraband into the correctional facility;
  - f) Commit or attempt to commit any delinquent or criminal acts;
  - g) Open any bank or charge accounts or purchase any items on installment payments;
  - h) Operate a motor vehicle;
  - i) Leave home confinement to engage in any public activities, meetings, discussions or demonstrations;
  - j) In line with Department of Correction's regulations, enter into the legal contract of marriage unless a prior application for permission has been made and granted from the New Jersey Department of Corrections.
15. I am to comply with any condition established within an order granting emergency relief, a temporary or final restraining order or protective order, issued by the appropriate court, pursuant to the Preventions of Domestic Violence Act, N.J.S.A. 2C:25-17 et seq., the Sexual Assault Survivor Protection Act of 2015, N.J.S.A. 2C:14-13 et seq., or the provisions of similar Federal or state statutes.
16. I am to refrain from behavior that results in the issuance of a final restraining order or protective order pursuant to the Preventions of Domestic Violence Act, N.J.S.A. 2C:25-17 et seq., the Sexual Assault Survivor Preventions Act of 2015, N.J.S.A. 2C:14-13 et seq., or the provision of similar statutes.

**Medical Care:** I understand I am to provide the attached medical care notification to the medical provider in the event I need medical attention.

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I certify that I have read and understood all of the rules and responsibilities governing my participation in the Emergency Medical Home Confinement Program. I understand that my failure to abide by these rules and responsibilities will result in the loss of my participation and/or further disciplinary action. Also, I agree to submit to urinalysis, if requested, when I return from EMHC.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

I certify that the above signed inmate has been given the rules and responsibilities of the EMHC Furlough Program and that he/she has indicated understanding and agreement with these rules and responsibilities.

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date