

 <p><b>Department of Corrections and Community Supervision</b></p> <p><b>DIRECTIVE</b></p>	TITLE		NO. 4940
	<b>Executing Detainers for Escapes and Absconders</b>		DATE 11/14/2025
SUPERSEDES DIR #4940 Dtd. 07/29/24	DISTRIBUTION A	PAGES PAGE 1 OF 7	DATE LAST REVISED
REFERENCES (Include but are not limited to) Correction Law §§ 132, 149, & 856; Penal Law § 205.17; Directives #4004, #4036, #4037, #4905; Temporary Release Program Rules and Regulation	APPROVING AUTHORITY 		

**I. SCOPE:** This directive sets forth the procedure to be followed to put into effect a detainer for any person who has escaped from a correctional facility or absconded from a Temporary Release Program. This includes the process whereby the Commissioner or designee may present to the Governor a written application for a requisition for the return of a person who has been convicted of a crime in New York State and has escaped from custody prior to legal release.

NOTE: Refer to Directive #4905, "Escape Pursuit," Directive #4004, "Unusual Incident Report," Directive #4036, "Notification to Victim of Incarcerated Individual Release or Damages Award," and the Temporary Release Program Rules and Regulations for escapee and absconder pursuit and reporting procedures.

**II. PROCEDURES - ESCAPEE**

A. Police Notification: The Superintendent or designee shall immediately:

1. Notify the State Police, local law enforcement agency, and Communications Control Center (CCC) that an escape has taken place.
2. Request that the State Police file an All Points Bulletins (APB) File #5.
3. Furnish the State Police, local law enforcement agency, and CCC with a full description of the escapee.

NOTE: The Department's Office of Special Investigations (OSI) will be notified by the CCC. OSI will interact with law enforcement agencies and the State Police as necessary.

4. Request the Director of Temporary Release make the escape entry in the Division of Criminal Justice Services (DCJS) "Wanted/Missing Persons System."

B. Felony Complaint and Warrant: The Superintendent or designee (after consultation with OSI) shall, in cooperation with the appropriate police agency, file a felony complaint with the applicable criminal court in the county in which the facility is located and ensure that a warrant of arrest is issued.

C. Preparation and Distribution of Information Packets (Escapees) and Reward Notifications

NOTE: Escapee status should be verified before initiating escapee procedures.

1. The Superintendent or designee shall prepare a cover letter indicating:
  - a. That there has been an escape.
  - b. The identity of the incarcerated individual who has escaped.
  - c. A brief description of the escapee, including height, weight, and eye color.

- d. That the Department intends to have the escapee arrested and returned to its custody for completion of sentence.
2. Information packets shall be prepared (two for New York City-based work release facilities and five for all other facilities) which contain clear and legible copies of the following:

Contents of Information Packets (Escapees)

a. <input type="checkbox"/>	Cover letter	Include a brief description of escapee to include height, weight, and eye color. Provide contact phone numbers for the following Department of Corrections and Community Supervision (DOCCS) units: The Office of Classification and Movement, OSI, and CCC.
b. <input type="checkbox"/>	Arrest detainer/warrant & complaint	
c. <input type="checkbox"/>	Fingerprint Card, <a href="#">Form #2034</a> , "Notice of Release of Incarcerated Individuals Pursuant to Correction Law 149."	Fingerprint copy should be made from original (no facsimiles or copies of copies).
d. <input type="checkbox"/>	Photographs	Photographs shall include the most recent identification photographs, the reception photographs, and any others which show the escapee with a different appearance (if the photographs are in black and white, copies shall be duplicate originals; if the photographs are in color, copies shall be color photocopies or color printouts).
e. <input type="checkbox"/>	Unusual Incident Report	Facility Log Number and CCC#
f. <input type="checkbox"/>	Commitment papers	Certified copy

3. The information packets shall be distributed to the following:
- The Department's OSI.
  - The State Police area office nearest the facility.
  - The county Sheriff (or city police department if the facility is located in a large metropolitan area).
  - The incarcerated individual's file (this copy is to be forwarded as a detainer in the event of the incarcerated individual's arrest).
4. In accordance with Correction Law Section 132, the Commissioner may authorize a reasonable reward to any member of the general public in an amount as they may deem necessary and appropriate for information directly leading to the apprehension and/or arrest of such escaped incarcerated individual(s).

**D. Apprehension and Return**

1. When the escapee is apprehended and returned to DOCCS custody, the Superintendent or designee shall direct that the warrants distributed be recalled and request that the Director of Temporary Release make the cancellation entry in the DCJS "Wanted/Missing Persons System."
2. If the escapee is apprehended more than 100 miles from the facility, and there are no more charges pending, the Superintendent or designee may request the OSI's Fugitive Investigations Division (FID) to return the escapee to the Department's custody.
3. If the escapee is located out of state, the Department's OSI shall:
  - a. Ensure that the "detainer" and the DCJS "Wanted/Missing Persons System" notification remains on file as active.
  - b. Maintain contact with the holding agency and initiate extradition proceedings.
  - c. As required, advise the owning facility to send, via overnight mail, certified copies of specific documents and/or materials, including detainer.
  - d. Arrange for the escapee's return to Department custody.
4. A returnee must be positively identified at a facility with a Digiscan fingerprinting machine (see Attachment A, "DOCCS Digiscan Facility Locations," and Directive #4037, "Fingerprinting Incarcerated Individuals").

**III. PROCEDURES - ABSCONDER FROM TEMPORARY RELEASE****A. Notification**

1. The Superintendent or designee shall notify the CCC at Central Office, the Department's OSI at 1-518-457-6606, the FID, and the Director of Temporary Release.
2. The Superintendent or designee shall ensure that the Incarcerated Records Coordinator and the Chairperson of the Temporary Release Committee are aware of the incident.
3. The Director of Temporary Release shall make the absconder entry in the DCJS "Wanted/Missing Persons System."

**B. Detainer**

1. The Superintendent shall sign and issue [Form #4116](#), "Authorization for Detention and Return of Temporary Release Incarcerated Individuals to a Correctional Facility or Other Correctional Institution."
2. Each warrant issued shall be numbered consecutively, and the number shall be prefixed by the abbreviated letters which correspond to the facility name. Line two of the warrant shall contain the incarcerated individual's full name and line three shall contain their New York State (NYS) identification number.

**C. Preparation and Distribution of Information Packets (Absconders)**

1. Within one working day of the absconding incident, information packets shall be prepared which contain clear and legible copies of the following:

Contents of Information Packets (Absconders)

a. <input type="checkbox"/>	Detainer, <a href="#">Form #4116</a> , “Authorization for Detention and Return of Temporary Release Incarcerated Individuals to a Correctional Facility or Other Correctional Institution.”	A certified copy of detainer must be sent to local NYS Police and police jurisdictions within the facility’s location and location of the residence of absconder, as notification that DOCCS wants the absconder returned. All Work Release facilities should keep a certified copy of the “Detainer” in the Watch Commander’s Office in order to fax copies to police agencies if the incarcerated individual is arrested.
b. <input type="checkbox"/>	Fingerprint Card, <a href="#">Form #2034</a> , “Notice of Release of Incarcerated Individuals Pursuant to Correction Law 149.”	Fingerprint copy should be made from original (no facsimiles or copies of copies).
c. <input type="checkbox"/>	Photographs	Photographs shall include the most recent identification photographs, the reception photographs, and any others which show the absconder with a different appearance (if the photographs are in black and white, copies shall be duplicate originals; if the photographs are in color, copies shall be color photocopies or color printouts).
d. <input type="checkbox"/>	<a href="#">Form #4182.1E</a> , “General Confinement Short Term Temporary Release – Memo of Agreement Leave of Absence/Community Services Leave/Furlough.”	This form is either a printout from the KWRC system or a NCR5 form, depending on the type of release and the facility.
e. <input type="checkbox"/>	<a href="#">Form #4180E</a> , “Rules and Regulations Governing Temporary Release Programs.”	
f. <input type="checkbox"/>	“Crime and Sentence” (computerized printout)	References to alcohol and drug use, sex offender status, and victim notification must be deleted. The Department’s OSI will pull the computerized crime and sentence material for New York City-based Work Release facilities.

g. <input type="checkbox"/>	Presentence and/or probation report	
h. <input type="checkbox"/>	Correspondence, visiting, and telephone lists	Lists are computerized
i. <input type="checkbox"/>	Commitment papers	Certified copy
j. <input type="checkbox"/>	<a href="#">Form #4190</a> , "Temporary Release Absconder Notification."	

2. The information packets described above shall be distributed to:

- a. Fugitive Investigations Division  
NYS Department of Corrections and Community Supervision  
10-06 35th Avenue  
Long Island City, NY 11106  
Packets for OSI's FID should be emailed to: [osiabsconders@doccs.ny.gov](mailto:osiabsconders@doccs.ny.gov)
- b. The Community Supervision office covering the area in which the absconder was on temporary release.
- c. The Director of Temporary Release.
- d. The State Police barracks which covers the geographical area where the absconder went on their program of temporary release.

D. Apprehension and Return

1. When the absconder is arrested, the employee receiving the notification shall confirm that the arresting police jurisdiction is in receipt of the detainer or lodge a certified copy of the detainer and shall also notify the facility from which the incarcerated individual absconded. Alternatively, OSI shall notify the CCC which, in turn, shall notify the facility. At the facility, the Superintendent, Incarcerated Records Coordinator, and the Chairperson of the Temporary Release Committee shall be notified.
2. Upon return to DOCCS custody, the Director of Temporary Release shall make the cancellation entry in the DCJS "Wanted/Missing Persons System." Alternatively, the Superintendent or delegated staff of the facility that lodged the warrant shall direct that the detainer be recalled from all police jurisdictions wherein the detainer was lodged.
3. If the absconder is located out of state, the OSI's FID shall:
  - a. In cooperation with the Director of Temporary Release, maintain contact with the arresting agency, ensure that the "detainer" remains on file, and arrange for the absconder's return to the Department's custody.
  - b. If the absconder is confined out of state, shall maintain contact with the holding agency and initiate extradition proceedings if required.
  - c. As required, shall advise the facility of violation to send, via overnight mail, certified copies of specific documents and/or material.
  - d. In coordination with them, shall arrange for the absconder's return to the Department's custody.

4. Returned Male Absconders/New Arrests in New York City Department of Corrections custody will be scheduled into a reception facility by the Office of Classification and Movement, but later sent to Fishkill Processing Unit to complete Disciplinary and Temporary Release Committee hearings.
5. Returned Female Absconders/New Arrests in New York City Department of Corrections custody will be scheduled into Bedford Hills Correctional Facility by the Office of Classification and Movement to complete Disciplinary and Temporary Release Committee hearings.
6. A returnee must be positively identified at a facility with a Digiscan fingerprinting machine (see Directive #4037).

#### **IV. PLACEMENT OF INCARCERATED INDIVIDUALS RETURNED FROM**

**ESCAPE/ABSCONDING:** All incarcerated individuals returned to DOCCS custody following an escape or absconding will be placed on a suicide watch by DOCCS staff until Office of Mental Health (OMH) staff can evaluate the incarcerated individual.

## DOCCS DigiScan Facility Locations

<u>Facility</u>	<u>Office</u>	<u>Address</u>	<u>City</u>	<u>Zip</u>	<u>Phone #</u>	<u>Install Date</u>
Queensboro	Draft - New	47-04 Van Dam Street	Long Island	11101	718-361-8920	04/16/12
Long Island City	OSI Office	10-06 35th Avenue	Long Island City	11106	718-626-1724	04/16/12
Edgecombe	Draft	611 Edgecombe Ave	New York	10032	212-923-2575	04/17/12
Green Haven	Draft	594 Route 216	Stormville	12582	845-221-2711	01/31/22
Bedford Hills	ID Office	247 Harris Road	Bedford Hills	10507	914-241-3100	04/19/12
Sing Sing	Draft	354 Hunter St.	Ossining	10562	914-941-1028	04/20/12
Coxsackie	ID Office	Route 9W	Coxsackie	12051	518-731-2781	04/23/12
Clinton	ID Office	1156 Cook Street	Dannemora	12929	518-492-2511	04/24/12
Ulster	Visit Room	750 Berme Road	Napanoch	12458	845-647-1670	04/25/12
Ulster	ID Office	750 Berme Road	Napanoch	12458	845-647-1670	04/25/12
Auburn	Draft	135 State Street	Auburn	13021	315-253-8401	05/01/12
Elmira	Draft	1879 Davis Street	Elmira	14902	607-734-3901	05/02/12
Wende	ID Office	3040 Wende Rd	Alden	14004	716-937-4000	05/09/12
Albion	ID Office	3595 State School Rd	Albion	14411	585-589-5511	05/10/12

### TEMPORARY RELEASE ABSCONDER NOTIFICATION

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ , \_\_\_\_\_  
NAME TITLE

FROM: \_\_\_\_\_ , \_\_\_\_\_  
NAME TITLE

INCARCERATED  
INDIVIDUAL NAME: \_\_\_\_\_ DIN: \_\_\_\_\_

FACILITY: \_\_\_\_\_

#### Wanted Person Information

NYSID: _____	Eye Color: _____
Sex: _____	Hair Color: _____
Race: _____	FBI: _____
Place of Birth: _____	SSN: _____
Date of Birth: _____	Date of Abscond: _____
Height: _____	Date Warrant Issued: _____
Weight: _____	Program Absconded From: _____

#### Cancellation Information

Was Return Voluntary: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Voluntary: Date of Return: \_\_\_\_\_

If Involuntary: Date of Arrest: \_\_\_\_\_ Date Returned to Facility: \_\_\_\_\_

County of Arrest: \_\_\_\_\_ Disposition of New Charges: \_\_\_\_\_

Arresting Agency: \_\_\_\_\_

New Criminal Charges (if any): \_\_\_\_\_





A statement of Certification must appear on the back on this warrant and completed ONLY if:

- A copy of the warrant is sent to any NYSDOCCS office, including Temporary Release, Office of Special Investigations and Community Supervision.
- A copy of the warrant is sent to any jurisdiction, other than the original sole addressee (local police or State Police agency).

**CERTIFICATION**

I attest that this instrument is a certified duplicate copy of the warrant originally issued.

Superintendent/Designee Signature	Title	Date
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STATE OF NEW YORK  
 COUNTY OF \_\_\_\_\_ SS: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_, known to be Superintendent or designee of \_\_\_\_\_ Correctional Facility, personally appeared before me.

\_\_\_\_\_  
Notary Public, State of New York

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Number

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
**RULES AND REGULATIONS GOVERNING TEMPORARY RELEASE PROGRAMS**

Facility: \_\_\_\_\_ Incarcerated Individual name: \_\_\_\_\_ DIN: \_\_\_\_\_

I understand that participation in a Temporary Release Program is a privilege which may be terminated when the Temporary Release Committee believes my participation to be inconsistent with the welfare and safety of the community and/or integrity of the program. I will abide by the conditions specified in this agreement and all other conditions and instructions given to me by any representative of the Department of Corrections and Community Supervision (DOCCS), and will be subject to disciplinary proceedings and/or program removal for failure to do so.

1. I will abide by the Standards of Incarcerated Individual Behavior (Institutional Rule Book).
2. (a) I will proceed directly to the place to which I have been temporarily released and designated on my signed Memorandum of Agreement Contract.  
 (b) If I am participating in the furlough or leave of absence program, I will call the area Community Supervision Office and/or my assigned correctional facility as indicated in my Memorandum of Agreement Contract on the first day of my leave or as indicated and arrange for my report to that office if so instructed.
3. (a) I will not travel outside my approved geographical areas as specified in my Memorandum of Agreement Contract without the approval of my facility Superintendent.  
 (b) I will not leave New York State. In the event that I leave the jurisdiction of New York State, I hereby waive my right to resist extradition to New York State from any state in the Union and from any territory or country outside the United States.
4. (a) I will reply promptly/fully and truthfully to any inquiry of/or communication by any representative of the Department of Corrections and Community Supervision (DOCCS). I am fully aware that providing false information shall be considered a violation of the conditions of my Temporary Release Program.  
 (b) I will promptly and fully comply with directions given to me. I am aware that failure to follow directions from any representative of DOCCS shall be considered a violation of the conditions of my Temporary Release Program.
5. (a) I fully understand that my Parole Officer will visit me or contact me at my residence, place of employment and/or educational/training/vocational facility and/or my program of rehabilitation.  
 (b) I fully understand that my person, residence and property are subject to search and inspection.  
 (c) I shall not change my residence, employment or Temporary Release Program without the approval of my Offender Rehabilitation Coordinator. I will discuss any proposed changes with my Parole Officer and Offender Rehabilitation Coordinator.  
 (d) I understand that I remain in the custody of DOCCS.  
 (e) I will abide by a curfew as stipulated on my Memorandum of Agreement Contract.
6. (a) I will not use, possess, or purchase any alcoholic beverages or intoxicants.  
 (b) I will not frequent any establishment where alcohol is served as its main business.
7. I will not use, possess or purchase any drug paraphernalia or use, possess or purchase any controlled substances or intoxicants without prior medical authorization and the written permission from DOCCS. I will not consume any poppy seeds or items containing poppy seeds since it has been determined that the consumption of poppy seeds may cause a positive result for opiates in urinalysis.
8. I will not own, possess or purchase any shotgun, rifle or firearm of any type. I will not own, possess or purchase any deadly weapon as defined in the Penal Law or any dangerous knife, dirk, razor, stiletto or imitation pistol. In addition, I will not own, possess or purchase any instrument readily capable of causing physical injury.
9. (a) I will not behave in such a manner as to violate the provision of any law, nor will my behavior threaten the safety or well-being of myself or others.  
 (b) I will not be in the company of or fraternize with any person I know to have a criminal record or whom I know to have been an adjudicated YO except for accidental encounters in public places, work, school or in any other instance without the permission of my Parole Officer, Offender Rehabilitation Coordinator and/or Superintendent.  
 (c) I understand that I have a responsibility to immediately advise my Parole Officer and assigned correctional facility any time I am in contact with or arrested by any law enforcement agency.
10. I will conform to DOCCS directives before applying for a license to marry.
11. I will not return to the facility with any form of contraband.
12. I will not apply for or renew any driver's license, nor will I own, operate or possess any motor vehicle without the approval of the Superintendent.
13. I will return to the facility on or before the date and time specified in my Memorandum of Agreement Contract or be subject to disciplinary proceedings in accordance with Department Rule #108.15 (section 270.2 of this Title) (Absconding from Temporary Release Programs) and possibly felony prosecution.
14. I will submit to drug, intoxicants and alcohol testing.
15. I will surrender my Identification (I.D.) card and Memorandum of Agreement Contract to the processing officer upon my return to the facility.
16. I will not engage in any legal or business contract including but not limited to personal or business loans, licenses, credit cards, installment purchases or bank accounts. I will not become involved with personal or business loans, cell phones, licenses, credit card or installment purchases, or other contracts without the written approval of my Parole Officer, Offender Rehabilitation Coordinator and Superintendent.
17. (a) I will not terminate my Temporary Release Program participation without the prior approval of my Parole Officer, Offender Rehabilitation Coordinator and/or Superintendent.  
 (b) If I am terminated from my employment or any other program, I will report this to my Parole Officer and Offender Rehabilitation Coordinator immediately and will then follow directions from staff.  
 (c) I will adhere to my work schedule. I will report immediately to my Parole Officer and Offender Rehabilitation Coordinator any deviation from the schedule.  
 (d) I will contribute to the support of my dependents, if any, and assume toward them my legal and moral obligations.  
 (e) I will surrender the full amount of my employment earnings, Federal/State tax refunds or educational/training stipends upon my return to the facility for deposit into my incarcerated individual account.  
 (f) I will pay a mandatory participation charge of 20% of my net earnings.
18. If I apply for any public assistance benefits or any government subsidy, I will notify my facility Offender Rehabilitation Coordinator within seven business days.

19. (a) I fully understand I am required to have a land line telephone prior to approval of my residence. This phone line must remain operational during my Temporary Release Programs participation and any changes to the telephone number must be provided within 24 hours to my assigned Parole Officer and to my Offender Rehabilitation Coordinator no later than the next business day.
- (b) I fully understand the land line phone must not have third (3rd) party calling or forwarding, no block restriction and may not be on an answering machine mode during curfew hours.
20. (a) I fully understand that I must provide the number of any cell phone that I use (contract or non-contract) to my Offender Rehabilitation Coordinator and my Parole Officer. I fully understand that any changes to my cell phone number must be provided within 24 hours to my assigned Parole Officer and to my Offender Rehabilitation Coordinator, not later than the next business day.
- (b) I understand that I cannot enter a contract to possess a cell phone for a long or short-term period and/or obtain a non-contract cell phone without the prior written approval from the Superintendent and Temporary Release Committee.

21. Special Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the above Rules and Regulations or have had them read to me. I understand them and I agree to fully abide by them. I was informed and I understand that I have the right to request the verbal and/or written translation of this contract in my dominant/native language.

Incarcerated Individual Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

DISTRIBUTION: Incarcerated Individual / Facility File / Central Office File / Community Supervision File / Community Supervision Area Office: \_\_\_\_\_



NAME							
DIN							
NYSID							
DATE REC.		COUNTY					
1. RIGHT THUMB	2. RIGHT FORE FINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER			
6. LEFT THUMB	7. LEFT FORE FINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER			
IMPRESSIONS TAKEN BY		DATE		CLASSIFIED BY		DATE	
INCARCERATED INDIVIDUAL'S SIGNATURE AND ADDRESS							
PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY				PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY			
LEFT HAND				THUMBS TAKEN TOGETHER		RIGHT HAND	