

GENERAL DISTRIBUTION

**WEST VIRGINIA
DIVISION OF CORRECTIONS
& REHABILITATION**

NUMBER: 700.05

DATE: 15 April 2021

**SUBJECT: SUPERVISION FEES FOR
OFFENDERS SUPERVISED BY
PAROLE SERVICES**

POLICY DIRECTIVE

PURPOSE:

To establish and maintain procedures for the payment of supervision fees by offenders who are supervised by the Division of Corrections and Rehabilitation's Parole Services.

REFERENCE:

WV Code §§ 62-12-17 and 62-13-2.

RESPONSIBILITY:

No additional written instructions on this subject are required.

CANCELLATION:

Any previous written instruction on the subject including DCR Policy Directive 700.05, dated 08 March 2021.

APPLICABILITY:

All work units within the Division of Corrections and Rehabilitation (DCR) that supervise adult offenders. This Policy is available for general distribution and should be made available for offender review.

DEFINITIONS:

Offender: Any person committed to the custody or supervision of the Division of Corrections and Rehabilitation.

POLICY:

- I. Offenders supervised by Parole Services and all federal or foreign state probationers and parolees whose supervision may have been undertaken by this state, shall pay a fee, based on his or her ability to pay, to defray the costs of supervision.
 - A. Supervision fees will continue to accrue during any period of sanction incarcerations and will be owed by the offender.
 - B. Supervision fees will continue to accrue during periods of incarceration in which revocation is sought and will be owed by the offender whether revocation takes place or the offender is released back to supervision.
 - C. Upon revocation of an offender's supervision, fees will no longer accrue.
- II. The monthly supervision fee is paid by cash, credit, debit card or money order by all offenders under the supervision of Parole Services by using a kiosk, electronically or mailing payments directly to the vendor.
 - A. The supervision fee must be paid no later than the 5th of each month.
 - B. Under no circumstances will a probation/parole officer or any staff accept cash or any form of payment from an offender.
- III. District Supervisors may approve individual requests for the exemption/reduction of monthly supervision fees.
 - A. The offender must request a waiver or reduction to his/her Parole Officer by completing a Request for Exemption or Reduction of Supervision Fees (**Attachment #1**).
 - B. The following factors shall be considered when determining whether an offender is financially able to pay the fee:
 1. Current income prospects, taking into account seasonal variations in income;
 2. Liquid assets that may provide collateral to obtain funds and assets that may be liquidated to provide funds to pay the fee;
 3. Fixed debts and obligations, including federal, state, and local taxes and medical expenses;
 4. Childcare, transportation, and other reasonably necessary expenses related to employment; and
 5. The reasonably foreseeable consequences for the offender if a waiver of, or reduction in, the fee is denied.

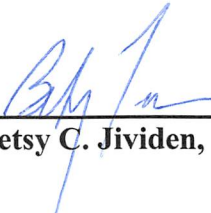
- C. The officer forwards the request, along with his/her recommendation(s), to the District Supervisor within five (5) working days of receiving the request.
 - D. The request is reviewed by the District Supervisor and if approved, forwarded to the employee(s) designated by Division of Administrative Services (DAS) to manage supervision fees who will ensure the accrual of fees is ceased.
 - E. Should the request for exemption/reduction be denied, the offender will be notified.
 - 1. The denial decision may be appealed to the Commissioner/designee for a final decision.
 - 2. The offender will be advised to rectify any arrears in payments.
 - F. If the request for exemption/reduction is approved, the offender will be notified that the requested exemption/reduction is valid only as long as the circumstances under which it was granted remain the same. It is the offender's responsibility to notify the Parole Officer should these circumstances change.
 - G. In any event, the exemption/reduction will expire four (4) months after the initial approval is given. If another exemption/reduction is needed, a new request must be submitted by the offender.
 - H. Offenders who are authorized for an exemption may perform community service work as approved by their Parole Officer in lieu of paying the monthly supervision fee. One (1) hour of community service work equals a five-dollar (\$5.00) reduction of the supervision fee.
 - I. There will be limited circumstances (e.g. long-term hospitalization of offender, offender is incarcerated out-of-state, etc.) when a Parole Officer finds it appropriate to request an exemption of the supervision fees on behalf of the offender.
 - 1. In such cases, the officer will complete the Request for Exemption or Reduction of Supervision Fees (**Attachment #1**) citing the circumstances and forward to the District Supervisor for review. In these cases, the offender's income, assets, expenses, and signature will not be necessary.
 - 2. If approved, the District Supervisor will forward to the employee(s) designated by DAS to cease the accrual or adjust the accrual accordingly.
 - 3. This process is not required for discharge of supervision, revocation of supervision or death.
- III. Should the offender fail to send payments, as outlined in this Policy, the supervising Officer after consultation with the Regional Director may impose a reasonable lower level sanction appropriate to the offense.

IV. All fees collected shall be deposited in a special account in the State Treasury to be known as the Parolee's Supervision Fee Fund.

ATTACHMENT(S):

#1 Request for Exemption or Reduction of Supervision Fees

APPROVED SIGNATURE: _____


Betsy C. Jividen, Commissioner

3-31-21
Date

WV DIVISION OF CORRECTIONS & REHABILITATION PAROLE SERVICES

Request for Exemption or Reduction of Supervision Fees

(To be completed by offender)

Name: _____ OID#: _____ Contact Phone: _____
 Address: _____ Date of Birth: _____
 _____ Social Sec.#: XXX-XX-_____

Request for Exemption Beginning: / / Through: / /

Request for Reduction; Reduce amount to: \$ Beginning: / / Through: / /

Gross Monthly Income	Total Assets	Total Monthly Expenses
Employment _____	Cash _____	Rent/Mortgage _____
Public Assistance _____	Checking/Savings _____	Car Payment _____
Disability Benefits _____	Other <i>(explain)</i> _____	Loan/Credit Cards _____
Other <i>(explain)</i> _____	Vehicle(s): _____	Utilities _____
	<i>List model and year</i> _____	Prescriptions _____
		Child Care _____
		Other <i>(explain)</i> _____
Monthly Total _____	Total Assets _____	Monthly Expenses _____

Other factors or possible consequences to be considered (e.g. educational/vocational program, treatment program, age or physical infirmity, limited prospects for employment, mental health issues, etc.)

I understand I will be notified if my request is denied and that I may appeal to the Commissioner for a final decision. I also understand if the request for exemption or reduction is approved, it is only valid for as long as the circumstances under which it was granted remain the same and it is my responsibility to notify my Parole Officer should these circumstances change. In any event, the exemption or reduction will expire 4 months after the initial approval is given. If another exemption or reduction is needed, I must submit another request.

Offender's signature and date _____
Officer's signature and district

Approved Denied **If the offender is capable of making a partial payment or providing a form of community service or some combination of both to compensate for the reduced or waived fee, it shall be noted here:

Signature of District Supervisor and date