

The State of New Hampshire

Hillsborough, ss.

NH Superior Court

Hills. - South

State of New Hampshire

Case No. 226-2019-CR-0814

v.

Dale E. Holloway Jr.

[Renewed] Motion for a Hearing to Enforce Constitutional Rights

Now Comes the Defendant, Dale E. Holloway Jr.,
pro se, pursuant to both State and Federal
Constitutions that ~~Guarantee~~ Due
process of law, Rights of Accused, and
Equal protection of the laws, also ~~prohibit~~
excessive bail or fines; cruel and unusual
punishments inflicted, who respectfully moves
this Honorable Court for a [Renewed] Motion
for a Hearing to Enforce Constitutional
Rights while pending trial, as pro se, for
the following:

1. The Defendant, Dale E. Holloway Jr., pro se,
Reports to the Court that "the state" and/or
NHDOC/NASP-M, WARDEN, Michelle T. EDMARK

AND COMMISSIONER, HELEN E. HANKS ARE [RESTRICTING] MR. HOLLOWAY FROM ACCESS TO COURTS, INCLUDING, BUT NOT LIMITED TO, LAW LIBRARY ACCESS, AND LEGAL MATERIALS FOR THE PREPARATION OF TRIAL IN THE ABOVE MATTER, WHICH VIOLATES (BOTH) CONSTITUTIONS.

2. NHDOC/NASP-M WARDEN AND COMMISSIONER HAVE [RESTRICTED] MR. HOLLOWAY FROM GENERAL POPULATION, LEAVING HIM TO BE [SUSJECT TO 22-23 HOUR LOCKDOWN] IN WHICH [RESTRICTS] PHONE, PROPERTY, AND EXERCISE, WHILE PENDING THIS TRIAL. SEE (ATTACHED) CLASSIFICATION FORMS. (SHU C-5 / CCU C-4 PER WARDEN/COMMISSIONER)

3. CURRENTLY, MR. HOLLOWAY CANNOT ACCESS LAW LIBRARY BOOKS, COMPUTERS, OR LEXIS NEXIS, CONTAINING THE SAME MATERIALS AS THE MAIN LIBRARY, AS NH DOC POLICY PPD 7.20 (ATTACHED) PROVIDES FOR CCU. ALSO SEE INMATE REQUEST SLIP, DATED 7/23/23 (ATTACHED). ("THE RIGHT OF ACCESS REQUIRES PRISON AUTHORITIES TO ASSIST INMATES IN THE PREPARATION AND FILING OF MEANINGFUL LEGAL PAPERS BY PROVIDING PRISONERS WITH ADEQUATE LAW LIBRARIES OR ADEQUATE ASSISTANCE,

from persons trained in the law.") See BOUNDS
V. SMITH, 430 U.S. 817, 828, 97 S. Ct. 1491, 52
L. Ed. 2d 72 (1977); Quoting LEWIS V. CASEY,
518 U.S. 343, 345 116 S. Ct. 2174, 135 L. Ed. 2d
606 (1996) ("PRISONERS MAINTAIN A CONSTITUTIONAL
RIGHT OF ACCESS TO THE COURTS THAT
AFFORDS THEM ACCESS TO THE TOOLS NECESSARY
TO CHALLENGE THEIR CRIMINAL CASES, CRIMINAL
CONVICTIONS AND SENTENCES DIRECTLY OR COLLATERALLY,
TO FILE HABEAS PETITIONS, OR TO CHALLENGE
THE CONDITIONS OF THEIR CONFINEMENT
THROUGH CIVIL RIGHTS ACTIONS."); (ADDITIONAL) IRS'S.

4. Therefore, the Court should ORDER the Enforcement of ACCESS TO THE COURT for this matter, AS MR. HOLLOWAY'S CONSTITUTIONAL RIGHT, AND/OR SCHEDULE A HEARING for the motion to be fully heard (in-person) with WARDEN EDMARK AND COMMISSIONER HANKS, AND/OR [DISMISS] the above indictments with prejudice, due to violation(s) of (both) state and federal constitutions, including, but not limited to, [SPEEDY TRIAL VIOLATION(S)] AND [EQUAL PROTECTION OF THE LAW]. See UNITED STATES V. ARCHULETA, 2017

U.S. DIST. Lex. 93386 ("Motion to Dismiss Granted,
Speedy Trial Violation, 2 years, plus, no attorney")

Wherefore, the Defendant respectfully PRAYS that this
Honorable court ACCEPTS and/or ALLOWS this
Renewed Motion for a Hearing to Enforce
Constitutional Rights and Orders:

- A.) Schedule a Hearing (in-person) with WARDEN
Michelle T. EDMARK and Commissioner Helen
E. Hanks (present), for the matter to be fully
heard; and/or
- B.) ORDERS NHDOC/NHSP-M Held in [Contempt]
of the Court's ORDERS (index #290) (index
#294); OR (index #134-6); OR
- C.) ORDERS [Dismissal] of the indictments (with
prejudice), pursuant to Barker v. Wingo,
407 U.S. 514 (1972); USCA VI VIII AND XIV;
NH CONST. pt. 1, ART. 14, 15 AND 33.

Any other further Relief the Court Deems Fair and Just.

Respectfully Submitted, Pro Se,


Dale E. Holloway Jr. #117157

NHSP-M

P.O. BOX 14

CONCORD, Nh. 03301

Date: July 31, 2023

The Court will schedule an expedited hearing on this motion to address the defendant's access to legal research materials and computer use at the N.H. State Prison. Notice of this hearing shall be provided to the Department of Justice and the Department of Corrections (Warden Edmark and Commissioner Hanks). This motion must be addressed on an expedited basis due to the existing trial schedule.



Honorable Charles S. Temple

August 16, 2023

Clerk's Notice of Decision
Document Sent to Parties
on 08/17/2023

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 12/12/2021

FROM:

Holloway Jr

Dale

E

ID #: 117157

Last Name

First Name

Middle Initial

CCU

B

29

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: I need the NH REV. STAT. ANN. (Black) book (DIVERGENT)
to study legit arguments. Thank you!

(if you need more space, use plain paper)

[Signature]

Inmate Signature

TO: Dana Benner

DATE: 12/12/2021

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: Fwd

[Signature]

Staff Signature

FROM: Dana Benner LAW Library
Staff Member Name/Office

DATE: 12/19/21

REMARKS: NH RSAs are accessed on GTC Lexis Nexis
We do not send out the black book

[Signature]

Staff Signature

Received By

Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 4/13/2022

FROM: Holloway Jr. Dale E

ID #: 117157

Last Name: SHU, First Name: E, Middle Initial: 3, Facility: , Housing Unit: , Cell: , Work/Shift:

INMATE REQUEST: Pursuant to PAR Status, I disagree with being moved to SHU from CCU for fear of my personal safety. I am not in any violation of the rules/regulations of the inst. therefore, RFD would be sufficient, pending administrative review. I do not have any of my legal work, nor legal books to access the courts within the deadlines of my case structures.

(If you need more space, use plain paper.)

Thank You! [Signature] Inmate Signature

TO: Warden, Michelle Esmark

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: [Signature] Warden's Office

DATE: 4/25/22

REMARKS: please reference COR 410.03. in regards to PAR status. I will follow-up w/ my captain in regards to PAR status in SHU and other.

[Signature] Staff Signature

Received By [Signature] Inmate Signature

INMATE REQUEST SLIP

22

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 7/8/22

FROM: Holloway Jr. Dale E.

ID #: 117157

Last Name

First Name

Middle Initial

SHU

D

3

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: ACC-PO COR 407.05 the WARDEN/COMMISSIONER

Have the authority to override my custody level from C-4 to C-3 I am requesting an override, "PLEASE" bring my request up to the Commissioner in your next review, as I am only following chain of commands out of respect. My request is for an Early Class Board and Recommendation for C-3 from your office.

Inmate Signature

TO: J. Fouts on behalf of WARDEN'S office

DATE: 7-9-22

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: FWD

Staff Signature

FROM: Spruencer - wardens office
Staff Member Name/Office

DATE: 8/1/22

REMARKS: request denied at this time.

Staff Signature

Received By

Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 4/06/2023

FROM: Holloway Jan Dale E.

ID #: 11757

Last Name	First Name	Middle Initial	Facility	Housing Unit	Cell	Work/Shift
Holloway	Jan	Dale	JDU	A	2	

INMATE REQUEST: I need MANILLA Envelopes to Mail legal work to all parties involved, as ordered by the court.
Thank you!

(if you need more space, use plain paper)

[Signature]
Inmate Signature

TO: Law Library

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

[Signature]
Staff Signature

FROM: Library
Staff Member Name/Office

DATE: 5/2/23

REMARKS: See attached. We do not have manilla envelopes

[Signature]
Staff Signature

Received By

Inmate Signature

INMATE REQUEST SLIP

29

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 12/22/2021

FROM: Holloway Jr. Dale E.

ID #: 117157

Last Name	First Name	Middle Initial	Facility	Housing Unit	Cell	Work/Shift
CCU	B	29				

INMATE REQUEST: If possible, please schedule a "PASS to the LAW LIBRARY" to make "LEGAL COPIES" of My pro se filings. Thank you! I HAVE APPROXIMATELY 1,000 PAGES THAT I NEED X3 (with 3 boxes to mail the legal filing.)

[Handwritten Signature]

Inmate Signature

(if you need more space, use plain paper)

TO: LT. CARVER

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: LT. Carver

Staff Member Name/Office

DATE: 12/28/21

REMARKS: I will look into this, also when we talked about the tablet I did not state you would keep the tablet for extra time, what we discussed is that I would run that through the Deputy Warden and Warden to get their feed back which is what I did today, SO Tomorrow 12/29/21 I will call you down and explain law library procedures and times.

[Handwritten Signature]
Staff Signature

Received By

Inmate Signature

SEP 18 2022
CLIENT RE

SEP 28 2022
INMATE RECORDS SLIP

22

RECEIVED
SEP 13 2022

NH DOC
COMMISSIONER'S OFFICE

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM
DATE: 9/19/22

FROM: Hollaway Date E
Last Name First Name Middle Initial
CCU B 22

ID #: 117157

Facility Housing Unit Cell Work/Shift

INMATE REQUEST: Please Consider my down time for ~~cell~~ upon
my next Classification Board Oct 14, 2022 AS I need
to be prepared for the case structure in my Criminal
Mages. Thank you! * Trial Set for April 2023

(If you need more space, use plain paper.)

[Signature]
Inmate Signature

TO: ~~Commissioner, Helen E. Hanks~~
DATE: 9/26/2022

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: Fwd Administrator Fitton *[Signature]*

[Signature]
Staff Signature

FROM: Admin Fitton Classification DATE: 10-22-22
Staff Member Name/Office

REMARKS: This case is still under review. We will alert you to
any changes or orders.

Thank you

[Signature]
Staff Signature

Received By _____
Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 9/9/22

FROM: Holloway Dale E
Last Name First Name Middle Initial
OCU B 22
Facility Housing Unit Cell

ID #: 117157
Work/Shift

INMATE REQUEST: Please Consider My Parole for 0-3 upon my next classification hearing on 10/19/22 AS I NEED to be prepared for the case structure in my CRIMINAL Matter. Thank you! ~~Final Set for April 2023~~

(If you need more space, use plain paper.)

[Signature]
Inmate Signature

TO: ~~Manson, Michelle EDMAK~~

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: FWD

[Signature]
Staff Signature

FROM: *[Signature]* Staff Member Name/Office DATE: 10/7/22

REMARKS: Your board will be held through the inmate process (more than 100) you request, you will be notified of the decision you have (over) to the new library in cell. Please explain to me what you do not have *[Signature]* access to cell.

[Signature]
Staff Signature

Received By *[Signature]*
Inmate Signature

RECEIVED

OCT 14 2022

30

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 10/12/2022

FROM: Holloway Dale E

ID #: 117157

Last Name	First Name	Middle Initial	Facility	Housing Unit	Cell	Work/Shift
Holloway	Dale	E	CCU	B	22	

INMATE REQUEST: I was given ~~phone~~ ~~responder~~ for disciplinary report # ? Dated 10/3/2022 (50 days) However, I am (still) awaiting that which ~~includes~~ ~~USCA VII~~ AND ~~W/CONS~~ ~~part 15~~ for my ~~request~~ ~~in my favor~~; ~~appeal~~ ~~calls~~. is that the protocol for pretrial detainees?

[Handwritten Signature]
Inmate Signature

TO: ~~Taken White~~ Deputy Dir. of Rept/ Services

DATE: _____

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: *[Handwritten: fair]*

[Handwritten Signature]
Staff Signature

FROM: ~~Schneider~~ ~~undisclosed~~
Staff Member Name/Office

DATE: 11/16/22

REMARKS: Reincident Holloway - you are given instructions for disciplinary # 52-10-3384 - changed by program that allow an to have documents you are able to make accurate call.

[Handwritten Signature]
Staff Signature

Received By _____
Inmate Signature

INMATE REQUEST SLIP

DR

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 10/19/22

FROM: Holladay Date E
Last Name First Name Middle Initial
CCU B 22
Facility Housing Unit Cell Work/Shift

ID #: 117157

INMATE REQUEST: Per Lt. Carver, I am submitting the following attorney numbers for activation while on phone sanctions:

- 1. John McLachlin (978) 745-9569
- 2. Will Dojan (978) 483-0329
- 3. Sarah Blodgett (603) 271-3592
- 4. Sarah Blodgett (603) 892-4033
- 5. NH Lawyer Referral (603) 229-0002

Thank you!
Oh [Signature]
Inmate Signature

(if you need more space, use plain paper)

TO: GTL Tony

DATE: _____

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: FWK

[Signature]
Staff Signature

FROM: LSTONE VIA FAX
Staff Member Name/Office

DATE: 10/24

REMARKS: ADDED SAME

[Signature]
Staff Signature

Received By _____
Inmate Signature

RECEIVED

NOV 21 2022

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 11/16/2022

FROM: Holloway Dale E

ID #: 117157

Last Name

First Name

Middle Initial

CCM

D

30

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: Sir, Please forward these Attorney Numbers to CTL: See Attached Correspondence

- John McLauchlan (978) 745-9569 ✓
- WILLIAM DOTAN (978) 483-0329
- SARAH BLODGETT (603) 871-3593
- SARAH BLODGETT (603) 892-4033
- NH LRC (603) 229-0002

[Signature]

Inmate Signature

(if you need more space, use plain paper)

TO: ~~LT Carver~~ CTL

DATE: _____

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: Forward

[Signature] LT.

Staff Signature

FROM: LSTONE VIATAH
Staff Member Name/Office

DATE: 11/23

REMARKS: PER INVESTIGATIONS ALL EXCEPT (978) 745-9569 ARE NOT PRIVILEGED. IF YOU HAVE QUESTIONS YOU CAN WRITE THEM.

JOHN MCLAUCHLAN ADDED AS PRIVILEGED

[Signature]

Staff Signature

Received By _____

Inmate Signature

RECEIVED

DEC 19 2022

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 12/12/22

FROM: Holloway Jr. Date E

ID #: 117157

Last Name

First Name

Middle Initial

CCU

B

24

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: "The Determination of inmate Classification is within the purview of the Warden." - Judge Amy L. Ignatius December 4, 2022

ARE YOU GONNA LEAVE ME IN CCU AND CONTINUE TO MAKE ME LOOK LIKE YOUR SLAVE OR ALLOW ME TO DOWNGRADE TO GENERAL POP? See (Attachments) Evidence of Deliberate Indifferences and Harassment.

(if you need more space, use plain paper)

[Handwritten Signature]
Inmate Signature

TO: Warden, Michelle Comack

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: Medmark-Warden
Staff Member Name/Office

DATE: 12-19-22

REMARKS: I am actively reviewing your progress as it relates to your Violence Risk Assessment as well as your appropriateness for downgrade to C-3 status for programming. I will make a decision w/in 30 days.

[Handwritten Signature]
Staff Signature
Received By [Handwritten Signature]
Inmate Signature

To: Michelle Gnaak, Warden of NHSP
From: Dale E. Holloway Jr., ID#117157
Date: December 20, 2022
Re: USCA VI ; NH CONST. PT. 1, ART. 15 [Rights of Accused]

Dear Warden,

Please be advised, that Hillsborough County Superior Court is scheduling a hearing regarding your [Special Guest Appearance] regarding the Enforcement of My Constitutional [Rights of Accused] while awaiting trial.

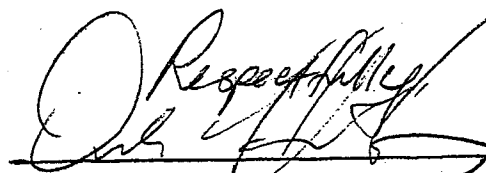
Trial is set for April/May 2023 and I need to have [Compulsory process for obtaining witnesses in my favor] AND I need to have the [Assistance of Counsel.] See USCA VI and NH CONST. PT. 1, ART. 15.

Please [Override] the [Classification] Decision(s) made on October 19, 2022 and [Downgrade me to C-3 custody level] to [allow me to prepare for a fair and speedy trial] without any further or future delays. I have been restricted from phones, (Attorney) visitation, and (main) law library access, which causes a major delay in the trial.

For Example: C-4 custody level restricts me from phone time, and main law library access, to communicate with witnesses in my favor or the assistance of counsel, because I am locked down 22-hours each day and not allowed to travel to the main law library, or make more calls.

Note: I am not in CCU because of disciplinary reasons, I have been [administrated to CCU] for the pending charges in Hillsborough County. In which, has subjected me to [disciplinary actions] while housed in CCU. See (attached) Classification Sheets.

Special Note: I have remained [positive] in CCU during hostility, and have also been denied or refused [Protective Custody] twice. I would be successful in the transition to general population, if North or South is considered. Thank You!
(RTU, Focus, wellness, if accepted.)

Respectfully,

Dale E. Holloway Jr. #117157

DH;
COMMISSIONER

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 1/18/2023

FROM: Holloway Jr. Dale E

ID #: 117157

Last Name

First Name

Middle Initial

SHU

J

5

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: I need [Writing Paper] to file an [Appeal] [Brief] ON (2) [Federal Court Appeals]: See (Attached) [Proof of Appeals] ACCORD Fed. HAB. CORP. P & P 3372 [The Brief] [50 pages] are [Allowed]. -> Please send me [100 pages] for access to the U.S. Court of Appeals Thank you! Note: SHU; COMMISSARY RESTRICTIONS; indigent; pro se;

[Signature] Inmate Signature

(if you need more space, use plain paper)

TO: LAW LIBRARY

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

[Signature] Staff Signature

FROM: Library Staff Member Name/Office

DATE: 1/27/23

REMARKS:

Paper & envelopes attached. you may ask for more later.

[Signature] Staff Signature

Received By [Signature] Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 1/25/2023

FROM: Holbaway Jr. Dale E
Last Name First Name Middle Initial
Stu J S
Facility Housing Unit Cell Work/Shift

INMATE REQUEST: Please forward all of My [PERSONAL PROPERTY] (including personal letters, mail, and photos, etc.) Also, the [boxes of legal mail] and [CD'S] in your office, to (Stu) Property Dept. THANK YOU!

[Signature]
Inmate Signature

(if you need more space, use plain paper)

TO: LT. CARVER DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

[Signature] 1/26
Staff Signature

FROM: LT. CARVER DATE: 2/8/23
Staff Member Name/Office

REMARKS: Officer Caruso has picked up the remainder of your property.

[Signature]
Staff Signature

Received By [Signature]
Inmate Signature

A2

INMATE REQUEST SLIP

RECEIVED

FEB 22 2023

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 2/19/2023

FROM: Holloway Jan Dale E
Last Name First Name Middle Initial
Facility Housing Unit Cell Work/Shift

INMATE REQUEST: I Need the Boxes of legal work AND the CDs/DVDs in your office. Thank you!

Inmate Signature

(If you need more space, use plain paper.)

TO: LT. Carver DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: LT. CARVER DATE: 2/23/23
Staff Member Name/Office

REMARKS: I will drop them off this week.

Staff Signature
Inmate Signature

Received By

Formal Complaint

INMATE REQUEST SLIP

RECEIVED

APR 21 2023

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 4/19/2023

FROM: Holloway Jr. Dale E.

ID #: 117157

Last Name	First Name	Middle Initial	Facility	Housing Unit	Cell	Work/Shift
SHU	A	2				

INMATE REQUEST: I AM Requesting A [Keep Separate] from [Cpl. Dostaler] who has targeted me with [Loss of Rec] AND [LAW LIBRARY ACCESS] in SHU, while awaiting trial, AS PRO SE COUNSEL. Thank you.

[Handwritten Signature]

Inmate Signature

(if you need more space, use plain paper)

TO: WARDEN - Michelle Eomark

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: Medmark
Staff Member Name/Office

DATE: 4/30/23

REMARKS: I need more information to properly review your concerns. NO Keepseparate is authorized from staff. I will review but need to understand more regarding your allegations, disciplinary sanctions are given after due process.

Medmark
Staff Signature

Received By [Handwritten Signature]
Inmate Signature

FORMAL COMPLAINT

INMATE REQUEST SLIP

RECEIVED
APR 24 2023

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 4/19/2020

FROM: Holloway Jr, Dale E

ID #: 117157

Last Name	First Name	Middle Initial	Facility	Housing Unit	Cell	Work/Shift
SAU	A	2				

INMATE REQUEST: I AM REQUESTING A ["Keep Seperate"] FROM [OPL. DESTALER] WHO HAS TARGETED ME WITH [LOSS OF REC] AND ["LAW LIBRARY ACCESS"] IN SITU, WHILE AWAITING TRIAL, AS PROSE COUNSEL. Thank you

[Signature]

Inmate Signature

(if you need more space, use plain paper)

TO: Helen Hanks - Commissioner of Corrections

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: FWD: Captain Morin 5/5/23

Staff Signature

FROM: Capt Morin
Staff Member Name/Office

DATE: 5/15

REMARKS: Denied - there is no evidence of this.

[Signature]
Staff Signature

Received By _____
Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 5/11/2003

FROM: Holloway Jr. Dale E

ID #: 117157

Last Name First Name Middle Initial Facility Housing Unit Cell Work/Shift

INMATE REQUEST: what happened to Lt. Carver bringing my CD's & DVD's to STA, with the laptop the warden issued me for my legal material & you know I've been in STA for 6 months now, and I am still pretrial, I need my discovery.

Inmate Signature

(if you need more space, use plain paper)

TO: Capt. Morin

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: Capt Morin Staff Member Name/Office

DATE: 5/12

REMARKS: I have CD's. Will have laptop next week.

Capt Morin Staff Signature

Received By Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 6/11/2023

FROM: Holloway Jr. Dale E.

ID #: 117157

Last Name

First Name

Middle Initial

SHU

A

2

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: I need [ATTORNEY CALLS] AT [2PM] [MON-FRI.] UNLESS, THE NEW TABLETS ARE BEING ISSUED ON TUESDAY.

Thank You

[Handwritten Signature]

Inmate Signature

(if you need more space, use plain paper)

TO: [Handwritten Signature] CC/CM

DATE: _____

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: _____

[Handwritten Signature]

Staff Signature

FROM: CM LaPorte
Staff Member Name/Office

DATE: 6/12/23

REMARKS: 2PM is too late to be placed in the dayroom. IF your attorney reaches out to me, I can schedule a a day and time that works best.

[Handwritten Signature]

Staff Signature

Received By _____
Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 6/11/2023

FROM: Holloway Jr. Date E.

ID #: 117157

Last Name

First Name

Middle Initial

SJH

A

2

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: I need to review the Discovery files on the [Laptop with the CD's] Thank you! During Law Library Times.

(if you need more space, use plain paper)

[Handwritten Signature]

Inmate Signature

TO: CPT. MORIN

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: Capt Morin DATE: 6/12 Staff Member Name/Office

REMARKS: The password does not work. What is the password for the laptop?

[Handwritten Signature: Capt Morin]

Staff Signature

Received By Inmate Signature

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 6/13/2023

FROM: Holloway Jr. Dale E

ID #: 117157

Last Name	First Name	Middle Initial	Facility	Housing Unit	Cell	Work/Shift
Holloway Jr.	Dale	E	STU	A	2	

INMATE REQUEST: If you pull me out, I'll try to type it in because I'm not sure. In regards to the laptop's password, thank you but, LT. CARVER knows of, he erased my files twice.

[Signature]
Inmate Signature

(if you need more space, use plain paper)

TO: Capt. Morin

DATE: _____

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS: _____

Staff Signature

FROM: Capt Morin
Staff Member Name/Office

DATE: 6/19

REMARKS: Noted

[Signature]
Staff Signature

Received By _____
Inmate Signature

52

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM DATE: 7/23/23
FROM: Holloway Jr. Dale E ID #: 117157
Last Name First Name Middle Initial
COM D. Dale 52
Facility Housing Unit Cell Work/Shift

INMATE REQUEST: I need to review my laptop files, (weekly)
between 12-2pm; Mon-Fri, as law library (pro se) access
in preparation for my pending trial.
Also, photocopies of discovery,
and legal documents for filing.
Thank you!

Inmate Signature

(if you need more space, use plain paper)
TO: LT. CARVER / Law Library Access DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: LT. CARVER DATE: 8/2/23
Staff Member Name/Office

REMARKS: I will add you to the Law Library time slot, but it may
not be the time you are requesting. It will be whatever time slots
we have available.

LT. CARVER
Staff Signature

Received By Inmate Signature

52

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 7/29/23

FROM: Holloway Jr. Dale E

ID #: 117157

Last Name

First Name

Middle Initial

CCU

C

B2

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: I need all of my [legal work] to prepare pro se litigation in my open cases.

Thank you!
[Signature]

(if you need more space, use plain paper)

Inmate Signature

TO: LT. CARVER

DATE:

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM: LT. CARVER
Staff Member Name/Office

DATE: 8/2/23

REMARKS: You cannot have all of your legal work as it violates PPD. As I have already let you know you can have 2 cubic feet when you are done with that pile, write me a request and we can swap it out.

[Signature]
Staff Signature

Received By [Signature]
Inmate Signature

Once you have been cleared to leave the Quarantine section, you will be assigned to a cell on a non-clear tier of the R&D unit or the Dorms. Because you are no longer in medically non-clear status, you will eat with other inmates in the dining hall. You may receive visits from people who have been approved by the Visiting Room staff. You may write for permission to use the Law Library to work on pending legal cases, but you may not use the recreational library for reading books and newspapers.

B. CLASSIFICATION

Soon after your arrival, the classification process, used to assign your custody level, begins. Your custody level determines how much supervision and control you need and in which housing unit you will live. The custody levels within the NHDOC are:

<i>CUSTODY LEVEL</i>	<i>HOUSING UNIT(S)</i>	<i>TYPE OF CUSTODY</i>
C-5	Special Housing Unit (SHU)	Highest supervision and control due to public and institutional risks or violent behavior.
C-4	Close Custody Unit (CCU) Residential Treatment Unit (RTU) North Country Facility (NCF)	Close supervision and control with extensive lock-down.
C-3	Medium Custody North (MCN), Medium Custody South (MCS), Hancock Building (HNK), North Country Facility (NCF) Residential Treatment Unit (RTU)	Medium level of supervision and control inside the walls.
C-2	Transitional Work Center (TWC), North Country Facility (NCF)	Minimum level of supervision and control outside the walls at the NHSP and in the gym of the NCF.
C-1	Transitional Housing Units, Shea Farm, Calumet House, North End House	Lowest level of supervision and control at Transitional Housing Units in the community.
Protective Custody	R&D – Protection Review	Secure protection for safety of threatened inmates.
N/A	Secure Psychiatric Unit	Secure unit for inmates who need mental health treatment or management because of a certified danger to self or to others.

During the classification process, staff members will interview you to determine which personal development and training programs are appropriate for you. This process may indicate when access to the programs is likely to be made available to you.



NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM



Resident's Name: Harriman, Brenden C4 Booking No.: 111811

Housing Unit: NE ceo AHC eligible? Yes No Wishes to pursue AHC? Yes No NA

Board members: Lt. Carver CC/CM Hadley

Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.):
DKT#: 215-2019-cr-00519, DKT#: 215-2019-cr-00130

Parole board recommendations (if applicable): Will see parole in 2022

Escape history: Yes No Type of escape: Walk-away From secure perimeter
 During arrest Other: _____

Date(s) of escape: _____

Public risks and/or concerns: TBUT

Victim notification: Yes No Disciplinary history (since last eval.): 6/3-31B, 5/17-39B, 4/19-39C

Judges letter required? Yes No N/A

Programs completed: _____ ORAS: PIT-22

RECEIVED

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required
N/A = Not Applicable R = Referral

Sex Offender Evaluation & Treatment DR Thinking for a Change DR Substance Abuse Eval. & Treatment

Academic Skills Vocational Training Behavioral Health CLINICAL NEEDS TRANSITIONAL HOUSING

Community based treatment: _____ Other: _____

Custody Level and Housing Recommendation (Circle One of Each): C1 C2 C3 C4 C5

Facility: NHSP/Men NNHCF NHCF/Women TWC Back up to parole or AHC? Y N

Preferred THU: CHM NEH Shea or First available Status of ID: _____

Time Frame for Review (Circle One): 30 Days 60 Days 90 Days 120 Days 6 Months 1 Year Other: _____

Was a 48-hour notice received? Yes No Waived Was Resident present? Yes No Waived

It is the resident's responsibility to request programs. This plan has been reviewed with the resident.

Resident's Signature: Brenden Harriman Date: 7/1/20

Unit Supervisor's Signature: Lt. Carver Date: 7/1/20

Approved Denied* Classification Staff's Action
Comment: C3 Custody level needed
Administrator/Designee's Signature: Sara J. Webb Date: 7/8/2020

* Comments are required anytime a recommended action is not approved.

Approved Denied Administrator/Designee's Action
Comment: C3 Custody level
Administrator/Designee's Signature: Kevin Swenson Date: 7/8/2020

2 - Step Overrides Only

Approved Denied Comment: _____ Date: _____

Commissioner/Designee: _____

FINAL DECISION: Custody: C3 Housing: 9P Review Time: 6 months

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.



NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM



Resident's Name: Harriman, Brenden C-3 Booking No.: 111811

Housing Unit: MCN-3D AHC eligible? Yes No Wishes to pursue AHC? Yes No NA

Board members: Captain Burke CC/CM Barton

Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.): Active detainers noted for Robbery, 2nd + 1st Deg. Assault, Reckless Manslaughter, Negligent Homicide, Witness Tampering.

Parole board recommendations (if applicable): Has not seen parole. MPD is 2/4/2022

Escape history: Yes No Type of escape: Walk-away From secure perimeter

Date(s) of escape: During arrest Other: _____

Public risks and/or concerns: Theft by Unauthd Taking > \$1501

Victim notification: Yes No Disciplinary history (since last eval.): 31B and 35C (10/2020), 35C (9/2020)

Judges letter required? Yes No N/A 39A, 39B, and 64B (8/2020)

Programs completed: No programming completed at this time. ORAS: PIT-22

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required
N/A = Not Applicable R = Referral

N/A Sex Offender Evaluation & Treatment DR Thinking for a Change CO Substance Abuse Eval. & Treatment

HISET Academic Skills N/A Vocational Training RECEIVED Mental Health N/A Needs Transitional Housing

Community based treatment: Other: C-3 no change active detainers

Custody Level and Housing Recommendation (Circle One of Each): C1 C2 C3 C4 C5

Facility: NHSP/Men NNHCF NHCF/Women CLASSIFICATIONS Back up to parole or AHC? Y N

Preferred THU: CHM NEH Shea or First available Status of ID: _____

Time Frame for Review (Circle One): 30 Days 60 Days 90 Days 120 Days 6 Months 1 Year Other: _____

Was a 48-hour notice received? Yes No Waived Was Resident present? Yes No Waived

It is the resident's responsibility to request programs. This plan has been reviewed with the resident.

Resident's Signature: [Signature] Date: 2/9/21

Unit Supervisor's Signature: [Signature] Date: 2/24/21

Classification Staff's Action

Approved Denied* Comment: C3 No Change

Administrator/Designee's Signature: [Signature] Date: 2/24/21

Administrator/Designee's Action

Approved Denied Comment: _____

Administrator/Designee's Signature: _____ Date: _____

2 - Step Overrides Only

Approved Denied Comment: _____

Commissioner/Designee: _____ Date: _____

FINAL DECISION: Custody: C3 Housing: C4 Review Time: 6 Months

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.

See reverse side for further information.



New Hampshire Department of Corrections
Initial Classification Evaluation and re-entry Form

D/15



Name: Halloway, Dale Booking No.: 117157 DOB: 08/06/82

Housing Facility and Unit: NHSP-M, R00 511C Is individual is under 21? Yes No

Sentenced Inmate Parole Violator Probation Violator Other: _____

AHC eligible Wishes to pursue AHC? Yes No NA

Inmate Needs: (C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required)

Sex Offender Evaluation & Treatment as Directed Substance Abuse Eval. & Treatment as Directed

Academic Skills Vocational Training Self-Help Needs Transitional Housing

Medical needs: _____

Behavioral health needs: _____

Other: MPD: 4/16/2027 MAX: 10/16/2034

Custody Level and Housing Recommendation (Check only one): C1 C2 C3 C4 C5

Facility: NHSP/Men NNHCF NHCF/Women TWC THU OOS County

Job: _____ Referrals: _____

Override: Yes No Rationale: vedant nature of comment - pending changes

Time Frame for Review (Check only one): 30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

It is the inmate's responsibility to request programs. This plan has been reviewed with the inmate.

PUDC's Signature: [Signature] Date: 6/15/21

Classification Staff Signature: [Signature] Date: 6/15/21

Classification Staff Action

Approved Denied* Comment: [Signature]

Administrator/Designee's Signature: [Signature] Date: 6/15/21

* Comments are required anytime a recommended action is not approved.

Administrator/Designee's Action

Approved Denied Comment: [Signature]

Administrator/Designee's Signature: [Signature] Date: 6/15/2021

2 - Step Overrides Only

Approved Denied Comment: _____

Commissioner/Designee: _____ Date: _____

FINAL DECISION: Custody: C5 Housing: SHU Review Time: 90 days

If you disagree with this decision you may appeal to the administrator of inmate classification and offender records on an Inmate Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on an Inmate Request Slip within 15 days of the initial denial. The commissioner's decision is final.

The commissioner has the authority to remove any inmate from any approved plan, at any custody level, at any time if in his or her opinion the placement might jeopardize the safety, security or orderly operation of any departmental facility.

This re-entry plan is a recommended course of action and shall not be binding on the department to grant movement forward in custody levels, reduced custody, recommend parole or special alternative programs.



NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM

4/15



Resident's Name: Kemp, Nickolas Shane Booking No.: 118068

Housing Unit: CCU AHC eligible? Yes No Wishes to pursue AHC? Yes No NA

Board members: Lt Carver CC/CM Faria

Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.):
Active Detainers: Warrants 462-2021-cr-01118, 437-2021-cr-00312, 462-2021-cr-01109

Parole board recommendations (if applicable): Has not yet seen Parole, MPD: 11/29/2022

Escape history: Yes No Type of escape: Walk-away From secure perimeter
 During arrest Other: _____

Date(s) of escape: _____

Public risks and/or concerns: 2nd Degree Assault/DV/Strangle (x2)

Victim notification: Yes No Disciplinary history (since last eval.): 3/24-29B:Dis

Judges letter required? Yes No N/A

Programs completed: None at this time ORAS: PIT-17

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required
 N/A = Not Applicable R = Referral

RECEIVED
 Sex Offender Evaluation & Treatment DR Thinking for a Change R Substance Abuse Eval. & Treatment
 Academic Skills APR 13 2022 Vocational Training R Behavioral Health Needs Transitional Housing

Community based treatment: _____ Other: C4 to C3 meets requirements

CLASSIFICATIONS

Custody Level and Housing Recommendation (Circle One of Each): C1 C2 **C3** C4 C5

Facility: NHSP/Men NNHCF NHCF/Women TWC Back up to parole or AHC? Y N

Preferred THU: CHM NEH Shea or First available Status of ID: _____

Time Frame for Review (Circle One): 30 Days 60 Days 90 Days 120 Days 6 Months 1 Year Other: _____

Was a 48-hour notice received? Yes No Waived Was Resident present? Yes No Waived

It is the resident's responsibility to request programs. This plan has been reviewed with the resident.

Resident's Signature: [Signature] Date: 4/12/22

Unit Supervisor's Signature: LT. [Signature] Date: 4/12/22

Approved Denied* Comment: C3 Custody Level

Classification Staff's Action

Administrator/Designee's Signature: [Signature] Date: 4/15/2022

* Comments are required anytime a recommended action is not approved.

Approved Denied Comment: C3 custody level

Administrator/Designee's Action

Administrator/Designee's Signature: [Signature] Date: 4/15/22

2 - Step Overrides Only

Approved Denied Comment: _____

Commissioner/Designee: _____ Date: _____

FINAL DECISION: Custody: C3 Housing: CP Review Time: 90 Days

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.

See reverse side for further information.



NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM



4/14

(83)

A

Resident's Name: Holloway, Dale Eugene Booking No.: 117157

Housing Unit: CCU AHC eligible? Yes No Wishes to pursue AHC? Yes No NA

Board members: Lt Carver CC/CM Faria

Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.):
Active Detainer: 226-2019-cr-814

Parole board recommendations (if applicable): Has not yet seen Parole, MPD: 4/16/2027

Escape history: Yes No Type of escape: Walk-away From secure perimeter 022
 During arrest Other: _____

Date(s) of escape: _____

Public risks and/or concerns: 1st Degree Assault

Victim notification: Yes No Disciplinary history (since last eval.): 12/3, 7B-PG

Judges letter required? Yes No N/A

Programs completed: None at this time ORAS: PIT-19

~~_____~~

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required
 N/A = Not Applicable R = Referral

Sex Offender Evaluation & Treatment DR Thinking for a Change DR Substance Abuse Eval. & Treatment

Academic Skills Vocational Training D Behavioral Health Needs Transitional Housing

Community based treatment: _____ Other: C4 No Change Per Comm/Wrds

Custody Level and Housing Recommendation (Circle One of Each): C1 C2 C3 C4 C5

Facility: NHSP/Men NNHCF NHCF/Women TWC Back up to parole or AHC? Y N

Preferred THU: CHM NEH Shea or First available Status of ID: _____

Time Frame for Review (Circle One): 30 Days 60 Days 90 Days 120 Days 6 Months 1 Year Other: _____

Was a 48-hour notice received? Yes No Waived Was Resident present? Yes No Waived

It is the resident's responsibility to request programs. This plan has been reviewed with the resident.

Resident's Signature: Refused to sign class board Date: _____

Unit Supervisor's Signature: Lt. [Signature] Date: 4/12/22

Approved Denied* Comment: no change pending charges

Classification Staff's Action

Administrator/Designee's Signature: [Signature] Date: 4/14/22

* Comments are required anytime a recommended action is not approved.

Approved Denied Comment: no change pending charges are still resolved

Administrator/Designee's Action

Administrator/Designee's Signature: [Signature] Date: 4-14-22

2 - Step Overrides Only

Approved Denied Comment: _____

Commissioner/Designee: _____ Date: _____

FINAL DECISION: Custody: [Signature] Housing: [Signature] Review Time: [Signature]

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.

See reverse side for further information.



NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM

10/26

Resident's Name: Holloway, Dale Booking No.: 117157
 Housing Unit: CCU AHC eligible? Yes No Wishes to pursue AHC? Yes No NA
 Board members: LT Carver CG/cm Parlo
 Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.): _____

Active Detainers: 226-2019-cr-814
 Parole board recommendations (if applicable): Has not yet seen Parole, MPD: 4/16/2027
 Escape history: Yes No Type of escape: Walk-away From secure perimeter
 During arrest Other: _____
 Date(s) of escape: _____
 Public risks and/or concerns: 1st Degree Assault, 2nd Degree Assault
 Victim notification: Yes No Disciplinary history (since last eval.): None in review
 Judges letter required? Yes No N/A

Programs completed: None at this time ORAS: PIT-19

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required
 N/A = Not Applicable R = Referral
 Sex Offender Evaluation & Treatment DR Thinking for a Change DR Substance Abuse Eval. & Treatment
CCU 10/17/2022 Vocational Training D Behavioral Health Needs Transitional Housing
 Community based treatment: _____ Other: C4 No Change per Comm/Warden

Custody Level and Housing Recommendation (Circle One of Each): C1 C2 C3 C4 C5
 Facility: NHSP/Men NNHCF NHCW/Women TWC Back up to parole or AHC? Y N
 Preferred THU: CHM NEH Shea or First available Status of ID: _____
 Time Frame for Review (Circle One): 30 Days 60 Days 90 Days 120 Days 6 Months 1 Year Other: _____
 Was a 48-hour notice received? Yes No Waived Was Resident present? Yes No Waived
 It is the resident's responsibility to request programs. This plan has been reviewed with the resident.
 Resident's Signature: [Signature] Date: 10/17/22
 Unit Supervisor's Signature: LT. [Signature] Date: 10/17/22

Classification Staff's Action
 Approved Denied* Comment: C4 change pending change
 Administrator/Designee's Signature: [Signature] Date: 10/19/22
 * Comments are required anytime a recommended action is not approved.

Administrator/Designee's Action
 Approved Denied Comment: No change PG 39A on 10/12
 Administrator/Designee's Signature: [Signature] Date: 10-26-22

2 - Step Overrides Only

Approved Denied Comment: _____
 Commissioner/Designee: _____ Date: _____

FINAL DECISION: Custody: _____ Housing: _____ Review Time: _____

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.

See reverse side for further information.



**NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM**



Resident's Name: Holloway, Dale C4 **2-4** Booking No.: 117157
 Housing Unit: SHU AHC eligible? Yes No Wishes to pursue AHC? Yes No NA
 Board members: Inv. Keane CC/CM LaPorte
 Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.): _____

6/11/21 pending: 226-2019-cr-814: 1678542-46c, 1713433-34c

Parole board recommendations (if applicable): Resident will see parole in 2027
 Escape history: Yes No Type of escape: Walk-away From secure perimeter
 Date(s) of escape: _____ During arrest Other: _____
 Public risks and/or concerns: 1st Degree Assault (631:1)
 Victim notification: Yes No Disciplinary history (since last eval.): 1/11/23 3A
 Judges letter required? Yes No N/A

Programs completed: The Con Game/Peer Relationships ORAS: PIT 19

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required
 N/A = Not Applicable R = Referral
 NA Sex Offender Evaluation & Treatment DR Thinking for a Change R Substance Abuse Eval. & Treatment
 NA Academic Skills NA Vocational Training R Behavioral Health NA Needs Transitional Housing
 Community based treatment: _____ Other: _____

Custody Level and Housing Recommendation (Circle One of Each): C1 C2 C3 C4 **C5**
 Facility: **NHSP/Men** NNHCF NHCF/Women TWC Back up to parole or AHC? Y N

Preferred THU: CHM NEH Shea or First available Status of ID: **RECEIVED**

Time Frame for Review (Circle One): 30 Days 60 Days **90 Days** 120 Days 6 Months 1 Year Other: JAN 31 2023

Was a 48-hour notice received? Yes No Waived Was Resident present? Yes No Waived

It is the resident's responsibility to request programs. This plan has been reviewed with the resident.

Resident's Signature: [Signature] Date: 1/13/23
 Unit Supervisor's Signature: [Signature] Date: 1/13/23

Classification Staff's Action
 Approved Denied* Comment: [Signature] Date: 1/13/2023
 Administrator/Designee's Signature: [Signature] Date: 1/13/2023
 * Comments are required anytime a recommended action is not approved.

Administrator/Designee's Action
 Approved Denied Comment: Deemed appropriate based on DHSI and ECR Date: 1-14-23
 Administrator/Designee's Signature: [Signature] Date: 1-14-23

2 - Step Overrides Only

Approved Denied Comment: _____ Date: _____
 Commissioner/Designee: _____ Date: _____

FINAL DECISION: Custody: C5 Housing: SHU Review Time: 90 days

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.

See reverse side for further information.



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form

JS'



Check of Type of Review:

Road Map Level Review Initial Follow Up Date 1/17/2023

For every individual in restrictive housing, correctional staff shall develop a **clear plan for returning the resident to less restrictive conditions** as promptly as possible. The individual goals sheet will be shared with the resident, unless doing so would jeopardize the safety of the resident, staff, other residents, or the public.

Resident Name: Holloway, Dale ID #: 117157
Current Classification: C4 Pending C5 Date of Classification: 1/13/2023
Contributing Factors to Current Classification: 3A
Sentencing Offense(s): 1st Degree Assault
Parole Minimum Date: 4/16/2027 Parole Maximum Date: 10/16/2034
Date of Last Classification Review: 1/13/2023 Date of Next Classification Review: 4/13/2023

Yes or No Client of Behavioral Health?
If Yes, Yes or No Identified as SPMI (Severe Persistent Mental Illness)
 Yes or No Prescribed Psychiatric Medication
 Yes or No Has a Behavioral Health Treatment Plan

Attach Disciplinary Infraction List for the 12 Months as applicable to person sentence, highlighting any violent infractions.

of A tickets since Last review: _____
of B Tickets since Last review: _____
of C tickets since Last review: _____

Current Placement Review:

Why is this Resident in restrictive housing? (check all that apply and give detailed explanation below)

C-5 Classification Preventative Segregation Transitional Segregation C-4 Classification

Clearly articulate the specific reason(s) for a residents placement. The reason(s) should be supported by objective evidence. (Examples, List current safety concerns, threats of violence, escape risk)

Resident Holloway was upgraded after to plead guilty to a 3A for assaulting another resident.

Clearly articulate the behaviors, if applicable, that the resident has engaged in that jeopardize the safety and security of themselves, others or the facility?



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Recommendation for Level:

6 5 4 3 2 1

Is this level a... Progression Retention Regression

Staff Present for Review (state names):

Program Coordinator HADLEY

Unit Security (level review) _____

Security Leadership (road map) LT. MASSE

Behavioral Health Staff NETTO

Other (name and title) _____

Other (name and title) _____

Resident present at review? Yes No

If no, why not? _____

Date of next scheduled review: 2/17/23

Recommendation Approved

Recommendation Denied

Capt Morr
Signature of Unit Captain or Acting Captain

1/17/23
Date

Signatures Below required for moving more than 2 levels

Signature of Warden/designee

Date



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Check of Type of Review:

Road Map Level Review Initial Follow Up Date 2/16/2023

For every individual in restrictive housing, correctional staff shall develop a **clear plan for returning the resident to less restrictive conditions** as promptly as possible. The individual goals sheet will be shared with the resident, unless doing so would jeopardize the safety of the resident, staff, other residents, or the public.

Resident Name: Holloway, Dale ID # : 117157
Current Classification: C5 Date of Classification: 1/19/2023
Contributing Factors to Current Classification: 3A
Sentencing Offense(s): 1st Degree Assault
Parole Minimum Date: 4/16/2027 Parole Maximum Date: 10/16/2034
Date of Last Classification Review: 1/19/2023 Date of Next Classification Review: 4/19/2023

Yes or No Client of Behavioral Health?
If Yes, Yes or No Identified as SPMI (Severe Persistent Mental Illness)
 Yes or No Prescribed Psychiatric Medication
 Yes or No Has a Behavioral Health Treatment Plan

Attach Disciplinary Infraction List for the 12 Months as applicable to person sentence, highlighting any violent infractions.

of A tickets since Last review: _____
of B Tickets since Last review: _____
of C tickets since Last review: _____

Current Placement Review:

Why is this Resident in restrictive housing? (check all that apply and give detailed explanation below)

C-5 Classification Preventative Segregation Transitional Segregation C-4 Classification

Clearly articulate the specific reason(s) for a residents placement. The reason(s) should be supported by objective evidence. (Examples, List current safety concerns, threats of violence, escape risk)

Resident Holloway was upgraded after to plead guilty to a 3A for assaulting another resident.

Clearly articulate the behaviors, if applicable, that the resident has engaged in that jeopardize the safety and security of themselves, others or the facility?



New Hampshire Department of Corrections
 Restrictive Housing
 Road Map & Level Review Form



Current Level: 5 Days at Current level (#): 30
 Current Housing Unit: SHU Date of Last Level Review: 1/17/2023

Goals/Progress Review:

Current Goals (examples included)

Goal	Date Achieved:	Person Responsible:	Progress	
			Not Met	Meeting
Zero disciplinary				X
Completion of Violence Prevention	<u>Will complete</u> <u>2/28/2023</u>			X
Completion of Social Values/Responsible Thinking				
Follow behavioral health treatment plan	<i>ongoing</i>	<i>Jacquie Madan</i>		X

Is resident 200 days or less from maxing out their sentence? Circle YES NO

a. If yes, is there a compelling reason for resident to remain in Restrictive Housing? Yes / No

1. If yes, detail the compelling reason:

2. If no, Resident must be transferred to most appropriate least restrictive environment.

Statements/Information Presented by Resident (see attached *Resident Statement – Level Review* form)

Other Relevant Information:



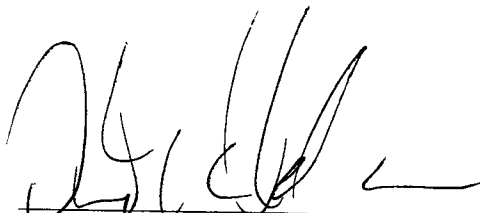
New Hampshire Department of Corrections
Restrictive Housing
Resident Statement - Level Review Form

Resident Name: Holloway, Dale
Current Classification: C5
Current Level: 5
Current Housing Unit: SHU


ID #: 117157
Date of Last Classification Review: 1/19/2023
Days at Current level (#): 30
Date of Last Level Review: 1/17/2023

Explain to the team what you have done to get better and what growth you have made while housed in restrictive housing; and, why you are a good applicant for a decrease in your level.

- STAYING POSITIVE
- D-REPORT FREE
- VIOLENCE PREVENTION
- WORKING WITH MENTAL HEALTH



Signature of Resident



Date



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Recommendation for Level:

- 6 5 4 3 2 1
 Is this level a... Progression Retention Regression

Staff Present for Review (state names):

- Program Coordinator HADLEY
 Unit Security (level review) _____
 Security Leadership (road map) LT. MASSE
 Behavioral Health Staff Jacqueline Madden
 Other (name and title) _____
 Other (name and title) _____

Resident present at review? Yes No

If no, why not? _____

Date of next scheduled review: 4/16/23

- Recommendation Approved Recommendation Denied

Capt Morin
Signature of Unit Captain or Acting Captain

2/20/23
Date

Signatures Below required for moving more than 2 levels

Signature of Warden/designee

Date



YA
2

NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM

4/6



Resident's Name: Holloway, Dale C5 Booking No.: 117157
 Housing Unit: [Signature] AHC eligible? Yes No Wishes to pursue AHC? Yes No NA
 Board members: Capt. Morin CC/CM LaPorte
 Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.): _____

6/11/21 pending: 226-2019-cr-814: 1678542-46c, 1713433-34c

Parole board recommendations (if applicable): Resident will see parole in 2027
 Escape history: Yes No Type of escape: Walk-away From secure perimeter
 Date(s) of escape: _____ During arrest Other: _____
 Public risks and/or concerns: 1st Degree Assault (631:1)
 Victim notification: Yes No Disciplinary history (since last eval.): 3/10/2023 PG 31B
 Judges letter required? Yes No N/A Pending OBB - Not BWHY

Programs completed: Violence Prevention (SHU) Responsible Thinking (SHU) ORAS: PIT 19

3A-111033

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required
 N/A = Not Applicable R = Referral
 NA Sex Offender Evaluation & Treatment DR Thinking for a Change R Substance Abuse Eval. & Treatment
 NA Academic Skills NA Vocational Training R Behavioral Health NA Needs Transitional Housing

Community based treatment: _____ Other: _____

Custody Level and Housing Recommendation (Circle One of Each):
 Facility: NHSP/Men NNHCF NHCF/Women TWC C1 C2 RL C3 C4 VED
 Back up to parole or AHC? Y N
 Preferred THU: CHM NEH Shea or First available Status of ID: APR 08 2023
 Time Frame for Review (Circle One):
 30 Days 60 Days 90 Days 120 Days 6 Months 1 Year Other: _____
 Was a 48-hour notice received? Yes No Waived Was Resident present? Yes No Waived

It is the resident's responsibility to request programs. This plan has been reviewed with the resident.
 Resident's Signature: [Signature] Date: 4/6/23
 Unit Supervisor's Signature: Capt Morin Date: 4/6/23

Approved Denied* Comment: CS & change
 Administrator/Designee's Signature: [Signature] Date: 4/6/23
 * Comments are required anytime a recommended action is not approved.

Approved Denied Comment: _____
 Administrator/Designee's Signature: _____ Date: _____

2-Step Overrides Only
 Approved Denied Comment: _____
 Commissioner/Designee: _____ Date: _____

FINAL DECISION: Custody: CS Housing: SHU Review Time: 60 days

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.

See reverse side for further information.

AZ



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Check of Type of Review:

Road Map Level Review Initial Follow Up

Date 4/12/2023

For every individual in restrictive housing, correctional staff shall develop a **clear plan for returning the resident to less restrictive conditions** as promptly as possible. The individual goals sheet will be shared with the resident, unless doing so would jeopardize the safety of the resident, staff, other residents, or the public.

Resident Name: Holloway, Dale ID #: 117157

Current Classification: C5 Date of Classification: 1/19/2023

Contributing Factors to Current Classification: 3A

Sentencing Offense(s): 1st Degree Assault

Parole Minimum Date: 4/16/2027 Parole Maximum Date: 10/16/2034

Date of Last Classification Review: 1/19/2023 Date of Next Classification Review: 4/19/2023

Yes or No Client of Behavioral Health?

If Yes, Yes or No Identified as SPMI (Severe Persistent Mental Illness)

Yes or No Prescribed Psychiatric Medication

Yes or No Has a Behavioral Health Treatment Plan

Attach Disciplinary Infraction List for the 12 Months as applicable to person sentence, highlighting any violent infractions.

of A tickets since Last review: _____
of B Tickets since Last review: _____
of C tickets since Last review: _____

Current Placement Review:

Why is this Resident in restrictive housing? (check all that apply and give detailed explanation below)

C-5 Classification Preventative Segregation Transitional Segregation C-4 Classification

Clearly articulate the specific reason(s) for a residents placement. The reason(s) should be supported by objective evidence. (Examples, List current safety concerns, threats of violence, escape risk)

Resident Holloway was upgraded after to plead guilty to a 3A for assaulting another resident.

Clearly articulate the behaviors, if applicable, that the resident has engaged in that jeopardize the safety and security of themselves, others or the facility?



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Current Level: 4 Days at Current level (#): 55
Current Housing Unit: SHU Date of Last Level Review: 2/16/2023

Goals/Progress Review:

Current Goals (examples included)

Goal	Date Achieved:	Person Responsible:	Progress	
			Not Met	Meeting
Zero disciplinary				X
Completion of Violence Prevention	2/28/2023	Laporte		X
Completion of Social Values/Responsible Thinking	4/6/2023	Laporte		X
Follow behavioral health treatment plan	<i>Completed</i>	<i>Madden</i>		X
<u>Education – Poetry</u>	<u>Enrolled</u>			X

Is resident 200 days or less from maxing out their sentence? Circle YES NO

a. If yes, is there a compelling reason for resident to remain in Restrictive Housing? Yes / No

1. If yes, detail the compelling reason:

2. If no, Resident must be transferred to most appropriate least restrictive environment.

Statements/Information Presented by Resident (see attached *Resident Statement – Level Review* form)

Other Relevant Information:



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Recommendation for Level:

6 5 4 3 2 1
Is this level a... Progression Retention Regression

Staff Present for Review (state names):

- Program Coordinator: Hadley
- Unit Security (level review) _____
- Security Leadership (road map): Sgt. O'Neil
- Behavioral Health Staff: Madan
- Other (name and title) _____
- Other (name and title) _____

Resident present at review? Yes No

If no, why not? _____

Date of next scheduled review: 6/13/23

Recommendation Approved

Recommendation Denied

Capt Moran
Signature of Unit Captain or Acting Captain

4/17/23
Date

Signatures Below required for moving more than 2 levels

Signature of Warden/designee

Date



**NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
UNIT CLASSIFICATION EVALUATION and RE-ENTRY PLANNING FORM**

6/22 (54)



Resident's Name: Holloway, Dale C5 **Booking No.:** 117157

Housing Unit: CCU AHC eligible? Yes No Wishes to pursue AHC? Yes No NA

Board members: Capt. Morin CC/CM LaPorte

Pending legal issues or amendments (Detainers, ICE, consecutive sentences, etc.): _____

Pre-arrest screen - **226-2019-cr-814: 1678542-46c, 1713433-34c**

Parole board recommendations (if applicable): Resident will see parole in 2027

Escape history: Yes No **Type of escape:** Walk-away From secure perimeter

Date(s) of escape: _____ During arrest Other: _____

Public risks and/or concerns: 1st Degree Assault (631:1)

Victim notification: Yes No **Disciplinary history (since last eval.):** 6/13/23 54B FWOP

Judges letter required? Yes No N/A

Programs completed: Responsible Thinking (SHU), Violence Prevention(SHU), LADC 3.5 **ORAS:** PIT-19

Resident Needs: C = Court Recommended CO = Court Ordered D = DOC Recommended DR = DOC Required

N/A = Not Applicable R = Referral

N/A Sex Offender Evaluation & Treatment DR Thinking for a Change R Substance Abuse Eval. & Treatment

N/A Academic Skills N/A Vocational Training R Behavioral Health N/A Needs Transitional Housing

Community based treatment: _____ **Other:** _____

Custody Level and Housing Recommendation (Circle One of Each): C1 C2 C3 **C4** **RECEIVED**

Facility: NHSP/Men NNHCF NHCF/Women TWC **Back up to parole or AHC?** Y **JUN 21 2023**

Prefered THU: CHM NEH Shea or First available **Status of ID:** NHSP/M

Time Frame for Review (Circle One): 30 Days 60 Days 90 Days 120 Days 6 Months 90 DAYS + program IF 0-FREE compliant 1 Year Other: _____

Was a 48-hour notice received? Yes No Waived **Was Resident present?** Yes No Waived

It is the resident's responsibility to request programs. This plan has been reviewed with the resident.

Resident's Signature: [Signature] **Date:** 6/21/23

Unit Supervisor's Signature: [Signature] **Date:** 6/21/23

Classification Staff's Action

Approved Denied* **Comment:** C4 Custody level

Administrator/Designee's Signature: [Signature] **Date:** 6/22/23

* Comments are required anytime a recommended action is not approved.

Administrator/Designee's Action

Approved Denied **Comment:** C4 Custody level

Administrator/Designee's Signature: [Signature] **Date:** 6/22/23

2 - Step Overrides Only

Approved Denied **Comment:** _____

Commissioner/Designee: _____ **Date:** _____

FINAL DECISION: Custody: C4 Housing: CCU Review Time: 6 months

If you disagree with this decision you may appeal to the administrator of classification and client records on a Request Slip within 15 days of receipt of this notice. If the appeal is denied by the administrator you may appeal the decision to the commissioner of corrections on a Request Slip within 15 days of the initial denial. The commissioner's decision is final.

See reverse side for further information.

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New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Check of Type of Review:

Road Map Level Review Initial Follow Up Date 6/27/23

For every individual in restrictive housing, correctional staff shall develop a **clear plan for returning the resident to less restrictive conditions** as promptly as possible. The individual goals sheet will be shared with the resident, unless doing so would jeopardize the safety of the resident, staff, other residents, or the public.

Resident Name: Holloway, Dale ID # : 117157

Current Classification: C4 Date of Classification: 6/22/2023

Contributing Factors to Current Classification: 3A

Sentencing Offense(s): 1st Degree Assault

Parole Minimum Date: 4/16/2027 Parole Maximum Date: 10/16/2034

Date of Last Classification Review: 6/22/2023 Date of Next Classification Review: 12/23/2023 (9/23 if D-free and completes a program)

Yes or No Client of Behavioral Health?

If Yes, Yes or No Identified as SPMI (Severe Persistent Mental Illness)

Yes or No Prescribed Psychiatric Medication

Yes or No Has a Behavioral Health Treatment Plan

Attach Disciplinary Infraction List for the 12 Months as applicable to person sentence, highlighting any violent infractions.

of A tickets since Last review: _____

of B Tickets since Last review: _____

of C tickets since Last review: _____

Current Placement Review:

Why is this Resident in restrictive housing? (check all that apply and give detailed explanation below)

C-5 Classification Preventative Segregation Transitional Segregation C-4 Classification

Clearly articulate the specific reason(s) for a residents placement. The reason(s) should be supported by objective evidence. (Examples, List current safety concerns, threats of violence, escape risk)

Resident Holloway was initially classified as C5 due to his pending charges of attempted murder on 6/15/2021. On 10/19/2021 Resident Holloway was downgraded to C4, however was unable to go below that classification with out admin approval due to his attempted murder charges. Resident Holloway maintained living in CCU until he was upgraded to C5 on 1/19/2023 after he assaulted another resident with a weapon causing several lacerations



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



to his face and neck. Resident Holloway remained C5 due to disciplinary tickets until he was downgraded on 6/22/2023.

Clearly articulate the behaviors, if applicable, that the resident has engaged in that jeopardize the safety and security of themselves, others or the facility?

Since his initial classification Resident Holloway has been written up for the following offenses.

- 03.A. *Striking any person with one's hands, feet or with any object; or assaulting a staff member.*
- 07.B *Fighting, sparring, wrestling, horseplay or any physical encounter which could cause bodily injury.*
- 12.C *Use of abusive, profane or obscene language or gestures.*
- 14.C *Insubordination or disrespect toward a staff member.*
- 31.B *Failing to stand for count*
- 39.A/B *Failing to obey any written rule, posted notice or procedure of the institution or order of any staff member. X3*
- 44.B *Possession of anything not issued by appropriate authority, authorized in writing or in the inmate manual.*
- 54.B *Altering, damaging or destroying state property, property belonging to another person or personal property without authority. Possession of altered or damaged property.*

Current Level: 4

Days at Current level (#): 161

Current Housing Unit: CCU

Date of Last Level Review: 6/15/2023

Goals/Progress Review:

Current Goals (examples included)

Goal	Date Achieved:	Person Responsible:	Progress	
			Not Met	Meeting
Zero disciplinary				X
Completion of Violence Prevention	<u>2/28/2023</u>	<u>Laporte</u>		X
Completion of Social Values/Responsible Thinking	<u>4/6/2023</u>	<u>Laporte</u>		X
Work with behavioral health as needed				
<u>Completion of CC/CM program</u>		Deschenes		

Is resident 200 days or less from maxing out their sentence? Circle YES / NO

- a. If yes, is there a compelling reason for resident to remain in Restrictive Housing? Yes / No
1. If yes, detail the compelling reason:

2. If no, Resident must be transferred to most appropriate least restrictive environment.



New Hampshire Department of Corrections
Restrictive Housing
Road Map & Level Review Form



Statements/Information Presented by Resident (see attached *Resident Statement – Level Review* form)

Other Relevant Information:

Recommendation for Level:

6 5 4 3 2 1
Is this level a... Progression Retention Regression

Staff Present for Review (state names):

- Program Coordinator: Hadley
- Unit Security (level review) _____
- Security Leadership (road map): Lt. Carver
- Behavioral Health Staff: Netto
- Other (name and title) _____
- Other (name and title) _____

Resident present at review? Yes No
If no, why not? _____

Date of next scheduled review: 9/27/23 ^{REVIEW} 8/27

Recommendation Approved Recommendation Denied

Capt Morin
Signature of Unit Captain or Acting Captain

6/28/23
Date

Signatures Below required for moving more than 2 levels

Signature of Warden/designee

Date

HOUSING: NHSP : CU : CT52

INMATE: HOLLOWAY, DALE E

NEW HAMPSHIRE STATE PRISON
GRANITE STATE HIGH SCHOOL
QUARTERLY GRADE REPORT for PART TIME STUDENTS

Student Name: HOLLOWAY, DALE E

ID#: 117157

Job: NJAB

Unit/Cell: NHSP : CU : CT52

Quarter: SPRING 2023

Starting: 4/3/2023

Ending: 6/19/2023

QUARTER GRADES

CODE	COURSE TITLE	INSTRUCTOR	LOC	GRADE	CREDITS	DROPPATE
A2507-P	POETRY	Piper	SHU	A	0.5	
V1103	BUSINESS COMMUNICATION	Spires	SHU	A	0.5	

The above listing of courses represent your academic achievements for the semester starting 4/3/2023.

We expect any missing grades to be available in a few weeks. Please wait 3 weeks, then send a request slip to your teacher if you still have not received your grade.



STATE OF NEW HAMPSHIRE
 DEPARTMENT OF CORRECTIONS
 Division of Rehabilitative Services
 105 Pleasant St.
 Concord, NH 03301

Helen Hanks
 Commissioner
 Nicholas Duffy
 Director

Invitation to CCU Programming (NHSP-M)

Resident

Holloway, Dale eugene (117157)

C-52

This serves as an invitation for the listed resident to attend and participate in CCU Programming. The upcoming session is set to begin on:

Date

Thursday 7/24 @ 1pm

This programming is being offered to those housed as C-4 residents in the CCU. It will be facilitated by the CC/CM assigned to the housing unit. Your invitation to this programming is based on the determination that programming, while housed at this classification level, is appropriate and beneficial to your progress going forward. By accepting this invitation, you will be enrolled in this program, and it is expected that you attend as directed by the CC/CM and complete all assigned work relative to this program.

[Handwritten Signature]

Accept Invitation to Attend (Signature and ID#)

7/14/23

Date

Decline Invitation to Attend (Signature and ID#)

Date

[Handwritten Signature]

CC/CM Deschenes

Signature of staff offering invitation

7/14/23

Date