## Escorted Leave Request Form

| Facility:  |                |  |  |  |  |
|--|----------------|--|--|--|--|
| Inmate Requesting Leave:   |                |  |  |  |  |
| Inmate Requesting Leave:<br>First Name MI Last Name ODOC Number  |                |  |  |  |  |
| Type of Leave Requested:          □ Funeral         □ Marriage         □ Medical         □ View Body at Funeral Home Only         □ Medical         □  |                |  |  |  |  |
| Type of Facility:   Funeral Home Hospital Other (specify):   |                |  |  |  |  |
| Address of Facility:   |                |  |  |  |  |
| AddressCityStateZip Code   | State Zip Code |  |  |  |  |
| Facility Contact Person:   |                |  |  |  |  |
| Date/Time of Proposed Leave:   |                |  |  |  |  |
| MM/DD/YYYY HH:MM AM/PM Facility Phone Number   |                |  |  |  |  |
| Person to be Seen:<br>First Name MI Last Name Relationship to Inmate   |                |  |  |  |  |
|  |                |  |  |  |  |
| <b>Request Review</b><br>(Provide specific detailed information for each question below)   |                |  |  |  |  |
| Unit Manager/Case Manager IV/Captain:  |                |  |  |  |  |
| □ Yes<br>□ No □ S the inmate eligible for escorted leave? Assigned custody level:  |                |  |  |  |  |
| <ul> <li>□ Yes Was this person's relationship to the inmate confirmed? (List documentation relied upon to establish</li> <li>□ No relationship)</li> </ul>   |                |  |  |  |  |
| □ Yes<br>□ No Has the inmate been granted a previous visit with the person?  |                |  |  |  |  |
| <ul> <li>□ Yes Has the inmate been informed that they will not change clothes, go to a family residence, ride in a</li> <li>□ No private vehicle and will be in restraints according to OP-040111, "Transportation of Inmates?"</li> </ul> |                |  |  |  |  |
| <ul> <li>□ Yes Have local law enforcement agencies been notified of the inmate's intended leave? (List agency</li> <li>□ No contacted, provide name and rank of person notified, notification to a dispatcher is unacceptable)</li> </ul>  |                |  |  |  |  |
| <ul> <li>□ Yes Have hospital officials or funeral home officials been notified of the inmate's intended leave and that</li> <li>□ No no other visitors may be present during the inmate's visit?</li> </ul>                                |                |  |  |  |  |
| Comments:  |                |  |  |  |  |
|  |                |  |  |  |  |
|  |                |  |  |  |  |
|  |                |  |  |  |  |
| Unit Manager/Case Manager IV/Captain Signature Date  |                |  |  |  |  |

## Escorted Leave Request Form

| Chaplain<br>□ Yes<br>□ No   | :<br>Was the type of facility and address confirmed?                       |      | Staff<br>Initials |  |  |  |
|---|--|------|-------------------|--|--|--|
| □ Yes<br>□ No   | Was the date and time of request confirmed?                                |      |                   |  |  |  |
| □ Yes<br>□ No   | Was the person the inmate wants to visit confirmed to be at this location? |      |                   |  |  |  |
| □ Yes<br>□ No   | If this is a hospital visit, will the doctor allow the inmate to visit?    |      |                   |  |  |  |
| Comments:   |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
|   | Chaplain Signature   | Date |                   |  |  |  |
| <b>Deputy Warden/Assistant Facility Head/Supervisor/Captain Comments</b> (Address whether reimbursement requirements are applicable and have been met): |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
| Recommend approval     Recommend denial   |  |      |                   |  |  |  |
| Deputy W  | arden/Assistant Facility Head/Supervisor/Captain Signature                 | Date |                   |  |  |  |
| Warden/Facility Head Comments:  |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
|   |  |      |                   |  |  |  |
| D Denie   | d Warden/Facility Head Signature   | Date |                   |  |  |  |
|   |  |      |                   |  |  |  |

## **Escorted Leave Request Form**

| Administrator Comments (If the inmate has ever been convicted of a violent or sex offense, the deputy director must review): |      |  |  |  |  |
|--|------|--|--|--|--|
|  |      |  |  |  |  |
| Approved     Denied     Administrator Signature  | Date |  |  |  |  |
| Directions to location:  |      |  |  |  |  |
|  |      |  |  |  |  |
| Date and time of departure:  |      |  |  |  |  |
| Date and estimated time of return to facility:<br>MM/DD/YYYY HH:MM AI  | M/PM |  |  |  |  |
| Transportation Officers:   |      |  |  |  |  |
|  |      |  |  |  |  |
|  |      |  |  |  |  |
|  |      |  |  |  |  |
|  |      |  |  |  |  |
|  |      |  |  |  |  |
|  |      |  |  |  |  |

INMATES WILL NOT CHANGE CLOTHES OR RIDE IN A PRIVATE VEHICLE. THE INMATE WILL BE IN RESTRAINTS ACCORDING TO **OP-040111**, "TRANSPORTATION OF INMATES."

(R 03/22)