

## Escorted Leave Agreement

\_\_\_\_\_  
 Inmate Name ODOC # Facility

I am requesting escorted leave for the family member (as defined by procedure) or purpose below:

\_\_\_\_\_  
 Name of family member Relationship Purpose

\_\_\_\_\_  
 Location of visit

I have been advised that I will receive one escorted leave for a family member at my own expense to a funeral home.

\_\_\_\_\_  
 Inmate signature Date Staff signature Date

Approved  Denied  Approved  Denied

\_\_\_\_\_  
 Facility Head signature Date Administrator signature\* Date

**To be completed for cost of Funeral Home Visit, Emergency Leave, Specialized Medical Care Leave, or Marriage License leave.**

Second Escorted Visit – Funeral, Extended Family Visit, Emergency Leave, Specialized Medical Care Leave, or Marriage License Leave

Location of visit: \_\_\_\_\_

	x	\$		=	\$	
Mileage (round trip)			Current mileage rate			Mileage cost
\$	x		Estimated number of hours	=	\$	Wages cost
Officer(s) hourly wage						
	+		Total wage cost	=	\$	Total cost of escorted visit
Total mileage cost						

I understand and agree to have the above amount deducted from my trust fund account in advance of the escorted visit.

\_\_\_\_\_  
 Inmate signature Date Staff signature Date

Approved  Denied  Approved  Denied

\_\_\_\_\_  
 Facility Head signature Date Deputy director signature\* Date

\*Administrator approval is required for all minimum security home visits or if the inmate has ever been convicted of a violent or sex crime.

The agency director is required to be notified of all minimum security home visits by submission of this form.

cc: Inmate  
 Inmate Field File  
 Trust Fund  
 Facility Head