

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 Deputy director 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			=	\$
Officer(s) hourly wage			Estimated number of hours		Wages cost
	+			=	\$
Total mileage cost			Total wage cost		Total cost of escorted visit

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

*Deputy director 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