Escorted Leave Request

Facility: _____

Inmate Requesting Leave: _____
First Name MI Last Name ODOC Number

Type of Leave Requested: ☐ Funeral ☐ Bedside Visit ☐ View Body at Funeral Home Only
☐ Marriage ☐ Medical

Escorted Leave Location:

☐ Funeral Home ☐ Courthouse ☐ Hospital ☐ Other (specify):_____

Escorted Leave Address: _____
Address City State Zip Code

Contact Person: _____ Title: _____

Date/Time of Proposed Leave: _____ _____
MM/DD/YYYY HH:MM AM/PM Facility Phone Number

Person to be Seen: _____
First Name MI Last Name Relationship to Inmate

Request Review

(Provide specific detailed information for each question below)

Unit Manager/Case Manager IV/Captain: Staff Initials

☐ Yes ☐ No Is the inmate eligible for escorted leave? Assigned custody level: _____ _____

☐ Yes ☐ No Was this person's relationship to the inmate confirmed? (List documentation relied upon to establish relationship) _____

☐ Yes ☐ No Has the inmate been granted a previous visit with the person? _____

☐ Yes ☐ No Has the inmate been informed that they will not change clothes, go to a family residence, ride in a private vehicle and will be in restraints according to OP-040111, "Transportation of Inmates?" _____

☐ Yes ☐ No Have local law enforcement agencies been notified of the inmate's intended leave? (List agency contacted, provide name and rank of person notified, notification to a dispatcher is unacceptable) _____

☐ Yes ☐ No Have hospital officials or funeral home officials been notified of the inmate's intended leave and that no other visitors may be present during the inmate's visit? _____

Comments: _____

_____

Unit Manager/Case Manager IV/Captain Signature Date

Escorted Leave Request

Chaplain: Staff Initials

☐ Yes ☐ No Was the escorted leave address confirmed? _____

☐ Yes ☐ No Was the date and time of request confirmed? _____

☐ Yes ☐ No Was the person the inmate wants to visit confirmed to be at this location? _____

☐ Yes ☐ No If this is a hospital visit, will the doctor allow the inmate to visit? _____

Comments: _____

_____

_____

_____ _____
Chaplain Signature Date

Deputy Warden/Assistant Facility Head (Address whether reimbursement requirements are applicable and have been met):

_____

_____

_____

☐ Recommend approval ☐ Recommend denial

_____ _____
Deputy Warden/Assistant Facility Head Date

Warden/Facility Head Comments:

_____

_____

_____

☐ Approved
☐ Denied

_____ _____
Warden/Facility Head Signature Date

Escorted Leave Request

Administrator Comments (If the inmate has ever been convicted of a violent or sex offense, the Administrator shallreview):

☐ Approved
☐ Denied

Administrator Signature _____ Date _____

Directions to location: _____

Date and time of departure: _____
MM/DD/YYYY HH:MM AM/PM

Date and estimated time of return to facility: _____
MM/DD/YYYY HH:MM AM/PM

Transportation Officers: _____

SPECIAL INSTRUCTIONS: _____

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