

Escorted Leave Request Form

Facility: _____

Offender Requesting Leave: _____
First Name MI Last Name Number

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

Address of Requested Visit: _____
Address City State

Type of Facility: Funeral Home Hospital Other (specify) _____

Contact Person: _____ **Title:** _____

Date/Time of Proposed Leave: _____ / _____ / _____ ()
(Month) (Day) (Year) (Time) Funeral Home/Hospital Phone Number

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

Request Review

(Provide specific detailed information for each question below)

Unit Manager/Case Manager IV/Captain:

- Yes Is the offender eligible for escorted leave? _____ Assigned custody level Staff Initials: _____
 No
- Yes Was this person's relationship to the offender confirmed? (List Staff Initials: _____
 No documentation relied upon to establish relationship)
- Yes Has the offender been granted a previous visit with the person? Staff Initials: _____
 No
- Yes Has the offender been informed that he/she will not change clothes, go to a Staff Initials: _____
 No family residence, ride in a private vehicle and will be in restraints according to OP-040111, "Transportation of Offenders."
- Yes Have local law enforcement agencies been notified of the offender's intended Staff Initials: _____
 No leave? (List agency contacted, provide name and rank of person notified, notification to a dispatcher is unacceptable)
- Yes Have hospital officials or funeral home officials been notified of the offender's Staff Initials: _____
 No intended leave and that no other visitors may be present during the offender's visit?

Comments: _____

Unit Manager/Case Manager IV/Captain

Date

Transportation Officers: _____

SPECIAL INSTRUCTIONS:

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

(R 11/14)