

Escorted Leave Request Form

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

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

Address of Facility: _____

Address
City
State
Zip Code

Facility 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 |
|---|--|-------------------|
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | Is the inmate eligible for escorted leave? Assigned custody level: _____ | _____ |
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | Was this person's relationship to the inmate confirmed? (List documentation relied upon to establish relationship) | _____ |
| <input type="checkbox"/> Yes
<input type="checkbox"/> No | Has the inmate been granted a previous visit with the person? | _____ |
| <input type="checkbox"/> Yes
<input type="checkbox"/> 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?" | _____ |
| <input type="checkbox"/> Yes
<input type="checkbox"/> 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) | _____ |
| <input type="checkbox"/> Yes
<input type="checkbox"/> 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

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