Escorted Leave Agreement

Facility_____

I, Inmate _____ DOC #_____, am requesting escorted leave for (name of relative and/or purpose):_____, (relationship, if applicable)_____, at (location):_____.

I have been advised that I will receive one escorted leave for a family member (as defined by procedure) at my own expense to a funeral home.

_____ _____
Inmate Signature Date Staff Witness Date

Approved ☐ Disapproved ☐ Approved ☐ Disapproved ☐

_____ _____ _____
Facility Head Date *Regional Director 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: _____
Mileage _____ (round trip) @ $._____per mile (current mileage rate) = Total:_____
Officer(s): hourly wage_____ times estimated number of hours_____ =Total: _____

Mileage + officer wages = 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 Witness Date

Approved ☐ Disapproved ☐ Approved ☐ Disapproved ☐

_____ _____
Facility Head Date *Regional Director Date

***Regional 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