

MAINE DEPARTMENT OF CORRECTIONS

FURLOUGH LEAVE APPLICATION

Resident's Name: _____ MDOC#: _____

Facility/Housing Unit: _____ Case Manager: _____

Initial Furlough Leave Subsequent Furlough Leave

Applying for multiple furloughs pursuant to Policy 27.4 (AF), Furlough Program, Procedure F. 15.

Purpose: Interview/Assessment/Evaluation Education (one time event) Treatment/AA/NA
 Family Visit for a purpose set out in Policy (AF) 27.4, Furlough Program, Procedure B.5. If family visit, specify purpose: _____

 Other (specify): _____

Primary Location (including full physical address): _____

Contact Phone Number for the primary location: _____

Date/Time of Departure: _____ Date/Time of Return: _____

Name and relationship of persons who will be with you at the location where you will be residing during the furlough leave (other than the sponsor and driver): _____

If applying for multiple furloughs, specify all dates/times of departure and return: _____

I agree that the Department's Director of Victim Services, or designee, may notify my victim(s), if applicable, of the requested furlough leave.

Sponsor Information

Sponsor's Name: _____ Relationship to Sponsor: _____

Sponsor's Physical Address: _____

Sponsor's Mailing Address (if different): _____

Sponsor's Phone Number: _____

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Transportation Information:

Name of Driver: _____

Driver's Physical Address (if different from Sponsor): _____

Driver's Mailing Address (if different from physical address): _____

Driver's Phone Number (if different from Sponsor): _____

I AM ALSO REQUESTING THE FOLLOWING SPECIAL ACTIVITIES (type of activity, date, beginning and ending times, location, physical address, contact phone number for location): _____

Resident's Signature: _____ Date: _____