

MAINE DEPARTMENT OF CORRECTIONS

FURLOUGH PASS APPLICATION

Resident's Name: _____ MDOC#: _____

Facility/Housing Unit: _____ Case Manager: _____

Initial Furlough Pass Subsequent Furlough Pass

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, including attendance at religious service (specify): _____

Location (including full physical address): _____

Contact Phone Number for the location: _____

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

Name and relationship of persons who will be with you on the furlough pass (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 pass.

Sponsor Information, if applicable

Sponsor's Name: _____ Relationship to Sponsor: _____

Sponsor's Physical Address: _____

Sponsor's Mailing Address (if different): _____

Sponsor's Phone Number: _____

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): _____

Resident's Signature: _____ Date: _____