

**MAINE DEPARTMENT OF CORRECTIONS
FURLOUGH LEAVE APPLICATION**

BCF DCF MCC MSP MVCF SMWRC

Prisoner's Name: _____ MDOC # _____ Date: _____

Housing Unit: _____

Initial Furlough Leave Subsequent Furlough Leave

Purpose: Interview/Assessment/Evaluation Education Treatment Family Visit for a reason
set out in Furlough Policy, Procedure A.8. If family visit, specify reason _____
 Other (specify) _____

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

Sponsor Information

Sponsor's Name: _____ Relationship to Sponsor: _____

Sponsor's Physical Address: _____

Sponsor's Mailing Address (if different): _____

Sponsor's Telephone Number (must be hard wired, not a cell phone): _____

Transportation Information:

Name: _____

Address (If different from Sponsor): _____

Phone (If different from Sponsor): _____

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

I understand that, if approved, I am authorized only for the purpose and to be only at the location(s) shown on the Furlough Permission form and at ordinary stopovers or points on a direct route to or from the location(s) and that I must return to the facility by the date and time shown on the Furlough Permission form. I understand that if I fail to go to the location(s) specified, fail to remain at the specified location(s) during the specified period, or fail to return from the furlough by the specified time, it is deemed an escape, punishable as provided in 17-A. M.R.S.A. Section 755.

I have read or had read to me and I understand the foregoing paragraph. I have also have read or had read to me the Conditions of Furlough Program. I further acknowledge that I may be subject to disciplinary action, revocation of probation or supervised release for sex offenders (if applicable), and/or criminal prosecution for violating any conditions(s) of the furlough.

Signature of Prisoner: _____ Date: _____

Signature of Community Program Coordinator, or other designated staff: _____

Date: _____

Signature of Unit Manager: _____ Date: _____

Signature of Chief Administrative Officer: _____ Date: _____

Approval Disapproval

If this would be an initial furlough leave:

Signature of Department's Director or Classification: _____ Date: _____

Approval Disapproval