

**MAINE DEPARTMENT OF CORRECTIONS  
FURLOUGH PASS APPLICATION**

BCF    DCF    MCC    MSP    MVCF    SMWRC

Prisoner's Name: \_\_\_\_\_ MDOC # \_\_\_\_\_ Date: \_\_\_\_\_

Housing Unit: \_\_\_\_\_

Initial Furlough Pass  Subsequent Furlough Pass

Purpose:  Interview/Assessment/Evaluation    Education    Treatment/AA/NA    Family Visit for a reason set out in Furlough Policy, Procedure A.8. If family visit, specify reason \_\_\_\_\_  
 Other, including attendance at religious service (specify) \_\_\_\_\_

Date/Time of Departure: \_\_\_\_\_ Date/Time of Return: \_\_\_\_\_

Location (including full address) \_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number for the Location: \_\_\_\_\_

**Sponsor Information, if applicable**

Sponsor's Name: \_\_\_\_\_ Relationship to Sponsor: \_\_\_\_\_

Sponsor's Physical Address: \_\_\_\_\_

Sponsor's Mailing Address (if different): \_\_\_\_\_

Sponsor's Telephone Number: \_\_\_\_\_

**Transportation Information:**

Name: \_\_\_\_\_

Address (If different from Sponsor): \_\_\_\_\_

Phone (If different from Sponsor): \_\_\_\_\_

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**I understand that, if approved, I am authorized only for the purpose and to be only at the location shown on the Furlough Permission form and at ordinary stopovers or points on a direct route to or from the location 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 specified, fail to remain at the specified location during the specified period, or fail to return from the furlough by the specified time, it is deemed an escape, punishable as provided in 34-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 condition(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 pass:**

Signature of Department's Director or Classification: \_\_\_\_\_ Date: \_\_\_\_\_

Approval    Disapproval