

**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: \_\_\_\_\_

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: \_\_\_\_\_

**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: \_\_\_\_\_