**Short Duration Furlough Application / Agreement:**

**Prisoner’s Name:** Enter name. **Prisoner #:** Enter #.

**Custody Level:** Enter level. **Institution:** Enter institution. **PRD:** Enter PRD. **Offenses:** Enter offenses.

**SECTION A - To be completed by IPO.**

**Purpose Of Furlough:**

[ ]  Medical Treatment [ ]  Family Visitation [ ]  Family Funeral

**Date(s)/Time(s):**

**Specific location and boundaries:**

**Proposed means of transportation to/from the location:**

**Individual who will be physically present with the prisoner:**

*Name:* *AK Driver’s License:* *DOB:*

*Relationship to Offender:*

*Phone Number:**Address:*

**Names, DOB’s and relationship to prisoner of any other individual who will be involved in the proposed short duration furlough:**

**Comments / Recommendation**: Enter text.

**I have attached the following documents: Presentence report / police report, judgment, most recent classification, wants / warrant check, medical abstract.**

Probation Officer Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION B – To be completed by Superintendent.**

Comments / Recommendation:

Superintendent Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION C – To be completed by Chief Classification Officer. (If a Central Monitoring Case.)**

Comments / Recommendations:

Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION D – To be completed by offender.**

CONDITIONS OF SHORT DURATION FURLOUGH:

1. I agree to leave the correctional institution only for the purpose, and only during the dates and time, and by the means specifically approved on this application / agreement, and will go directly to the approved location and return directly from that location to the correctional institution.
2. I agree not to have contact with any individual not approved on the application / agreement.
3. I agree not to make any purchases, enter into any contacts, or ride in any vehicle not specifically authorized in the application / agreement.
4. I agree not to purchase, have in my possession, nor consume alcoholic beverages in any form, nor enter upon the premises where alcohol is sold, stored or disposed.
5. I agree to comply with all federal, state, and local laws and ordinances.
6. I agree to abide by any special conditions / restrictions listed on this application / agreement.
7. I understand that if I violate any condition of the approved furlough, I will be returned to the nearest state correctional institution, that my furlough status may be terminated, and I may face disciplinary and / or criminal charges.
8. I understand that my failure to return or be at the authorized location at the times required subjects me to criminal prosecution under the criminal laws of the State of Alaska.
9. I hereby waive any right to an extradition hearing if I leave the State of Alaska during this furlough.

SPECIAL CONDITIONS / RESTRICTIONS:

I will report [ ]  in person or [ ]  by phone to the following individual / agency / institution at these times and on these days: Enter text.

I will have no contact with the following individuals: Enter text.

Other: Enter text.

I have reviewed the furlough agreement, including any special conditions or restrictions, and agree to abide by all of the conditions of the furlough.

Offender Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION E – APPROVAL / DENIAL**

***Director (If for any purpose other than family visitation.)***

[ ]  Approved [ ]  Denied

Explanation if denied or comments if forwarding to Deputy Commissioner:

Director Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Deputy Commissioner (If purpose is family visitation.)***

[ ]  Approved [ ]  Denied

Explanation if denied:

Deputy Commissioner Signature / Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_