

Length of Temporary Absence Requested	<input checked="" type="checkbox"/> Less than 72 Hours <input type="checkbox"/> 72 Hours or More	Length/Period of Absence applied for _____ days. From: Date: (mm/dd/yyyy) /Hours To: Date: (mm/dd/yyyy) /Hours
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Part 1 – Inmate Information				
Name (Last, First, Middle)		OTIS Number		Date of Birth (mm/dd/yyyy)
Home Address			Telephone No.	
Institution			Parole Eligibility Date(mm/dd/yyyy)	
Purpose of Temporary Absence	<input type="checkbox"/> Education <input type="checkbox"/> Treatment (medical)		<input type="checkbox"/> Employment <input type="checkbox"/> Other (<i>specify</i>)	
	<input type="checkbox"/> Compassionate (humanitarian)		<input type="checkbox"/> Rehabilitation	
	<input type="checkbox"/> Community work		<input type="checkbox"/> Reintegration	
Program Particulars	<input type="checkbox"/> Employment		Address	
	<input type="checkbox"/> Education		Telephone No.	
	<input type="checkbox"/> Treatment		Name of Supervisor/Contact Person	
Proposed Residence	Address		Telephone No.	Others Residing at Residence (Enter Full Name)
				Relationship
Transportation Details	How will you travel from the Institution to proposed residence?		How will you travel from residence to employment, education, treatment etc. ?	
	<input type="checkbox"/> public <input type="checkbox"/> institution vehicle <input type="checkbox"/> own car <input type="checkbox"/> other (<i>specify</i>)		<input type="checkbox"/> public <input type="checkbox"/> own car <input type="checkbox"/> other (<i>specify</i>)	
Escort	I wish to apply for Temporary Absence		Do you wish to go out if an escort is required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Without escort <input type="checkbox"/> Staff escort <input type="checkbox"/> Volunteer escort		If 'yes', are you willing to pay additional expenses involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Electronic Surveillance	Are you willing to go out under electronic surveillance?		If 'yes', are you able to pay for the cost?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Costs (if applicable)	Fare \$	Meals \$	Accommodation \$	Other (<i>specify</i>) \$
	Total \$			
I will meet all costs from <input type="checkbox"/> My own funds <input type="checkbox"/> Funds provided by >>				
Signature	Signature of Applicant (<i>to be signed in the presence of Receiving Officer</i>)		Date (mm/dd/yyyy)	Receiving Officer/Witness
	I hereby grant consent to MCSCS Staff investigating information provided and contacting persons named within.			

Part 2 – To be completed by TA Coordinator				
Sentence Details				
Date of Sentence (mm/dd/yyyy)	Offence(s)	Length of Aggregate sentence (days)	Discharge Possible Date (mm/dd/yyyy)	
		LSI-OR Score	Final Warrant Expiry Date (mm/dd/yyyy)	
Outstanding Charge(s)/Warrant(s)		Bailed on Charges? <input type="checkbox"/> Yes <input type="checkbox"/> No	Next Court Date (mm/dd/yyyy)	
Other Hold Documents e.g. Remand, Immigration, Family Responsibility Order			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Judicial recommendation for a Temporary Absence			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institutional misconducts If 'yes', enter date(s) (mm/dd/yyyy)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prior Temporary Absence(s)			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Successfully completed Temporary Absences	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probation Order(s) – active and to follow, dates, conditions		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conditional Sentence Order(s) – active and to follow, dates, conditions		<input type="checkbox"/> Yes	<input type="checkbox"/> No
TA Coordinator's Investigation.			

Part 3 – Factors for Considerations (A Misconduct does not prohibit an Inmate from applying)	
<input type="checkbox"/>	No misconducts in period leading to Temporary Absence Application (30 days if Aggregate is > 1 month) (1 week if Aggregate is 30 days or less)
<input type="checkbox"/>	No outstanding charges (except when bail has been granted) or warrant(s) on CPIC

Part 4 – To be confirmed and completed by Institution Staff/Temporary Absence Coordinator	
CPIC * Note any outstanding charges or warrants * Prior level one offences/breach of probation or conditional sentence/parole violations/Fail to Appear	
Residence/employment/education/treatment/rehabilitation; Confirmation/Input	
Police Input	
Probation & Parole Input (if active or recent Probation & Parole involvement)	
Recommendation in support (or not) of Temporary Absence	
Recommendation for special conditions	

Part 5 – TA Decision - To be completed by Temporary Absence Coordinator				
TA Committee Summary	Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Appropriate documents attached <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Provide reasons and special conditions - if applicable)</i>			
	Chairperson	Member	Member	Date (mm/dd/yyyy)
	Signature:	Signature:	Signature:	

Part 6 - To be complete by Superintendent					
Superintendent Comments	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Deferred to Date (mm/dd/yyyy)				
Superintendent Name:	Date (mm/dd/yyyy)	<input type="checkbox"/> Staff escort	<input type="checkbox"/> Volunteer	<input type="checkbox"/> No escort	Date Offender notified (mm/dd/yyyy)
Signature:					

Part 7 – Application for over 72-hour TA forward to OPERB for Decision	
Application forwarded to OPERB for decision	
Date (mm/dd/yyyy)	

Should this TA be denied, the inmate is not eligible to reapply for the same TA until after 30 days, unless significant and/or new information is obtained to support the application or unless an appeal is filed.