

Medical Furlough or Parole Request Form

Offender Name:

DOB:

Jacket Number:

MEDICAL SUMMARY

Diagnosis:

Prognosis:

Current Level of Function:

Level of Care Required:

Other Medical Concerns:

Disposition: Hospice: Nursing Home: Family Home:

Other: Unknown:

Additional Information:

FACILITY SUMMARY

Convictions:

High Risk Sex Offender:

Level C:

Release Sensitive Notification:

Field and Facility Supervision History for Past Year:

Victim Issues and/or Input

DETERMINATIONS

Approved

Denied

Requesting Further Information

Reason for Denial:

Further Information Requested:

Participating Review Committee:

Director of Classification Signature:

Date: