
Rules of
Department of Corrections
Division 20—Division of Adult Institutions
Chapter 28—Community Services

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Title 14—DEPARTMENT OF CORRECTIONS

Division 20—Division of Adult Institutions Chapter 28—Community Services

14 CSR 20-28.010 Temporary Release

PURPOSE: The division director may extend the limits of confinement of an inmate by authorization to the inmate to visit specifically designated places without escort under prescribed conditions. Division procedures are set forth in this rule.

(1) Authority. Only the division director or his/her designee (assistant director) has the authority to extend the limits of the place of confinement of any inmate in accordance with section 217.425, RSMo (1986).

(2) Basis for Temporary Leave. Temporary release may be granted an inmate accordingly, to visit a relative who is seriously ill, to attend the funeral of a relative, to contact prospective employers, to obtain medical services not otherwise available and to participate in approved rehabilitative activities.

(A) Relatives shall be defined as immediate family, that is the father, mother, wife, husband, son, daughter, brother and/or sister. Others who can be determined to have been immediate family substitutes, such as grandparents, uncle, aunt, foster parents, etc., may be approved.

(B) Serious illness verification shall be obtained from only reliable sources such as hospital personnel or physicians. Verification of death shall be accepted from either the funeral home personnel or local law enforcement authorities.

(C) In order to be approved to seek employment, the inmate shall be scheduled for release within six (6) months and indicate definite job preparation plans.

(D) The chief medical person at each institution shall recommend medical leaves for a specific period of time. Inmates granted medical leave shall be escorted to the medical center or hospital by corrections personnel and returned in the same manner.

(E) Approved rehabilitative activities would include visiting family, participation in educational or community events and/or other legitimate reasons conducive to rehabilitation.

(3) Ineligible Inmates. No inmate under the sentence of death or serious custody risks will be granted leaves. Inmates not eligible for consideration are as follows:

(A) Inmates who are assigned to institutions offering custody provisions of level three (3) or above;

(B) Inmates with detainees;

(C) Inmates identified with organized crime, violent crimes or those whose presence in the community is likely to evoke adverse reaction;

(D) Inmates with an extended and recent history of substance abuse;

(E) Inmates with a history of sex offenses, security segregation cases and inmates with serious or numerous conduct violations indicating a lack of stability;

(F) Inmates whose proposed temporary leave raises objections from the prosecuting attorney or sentencing judge, or from the prosecuting attorney or judge of the county where s/he is being released;

(G) Inmates who have more than eighteen (18) months to serve before release by parole or commutation of sentence; and

(H) All psychiatric cases.

(4) Annual Limitation. Temporary leaves shall not exceed thirty (30) days per year, with the beginning dates of each one (1)-year period as that of the inmate's first furlough. The following shall be exceptions to the thirty (30)-days-per-annum limitation:

(A) The inmate is enrolled in a work release program; or

(B) The inmate is in need of emergency medical services.

(5) Selection Procedures. Normal classification procedures shall be used in the selection of prospective inmates for participation in temporary leave. Inmates will make application to the classification treatment team for temporary leave. If the classification treatment team approves the request, it will be forwarded to the institution head for review. If the institution head approves the temporary leave request, it will be forwarded to the division director or his/her designee (assistant director) for his/her decision.

(A) Classification Team Recommendation. All inmates seeking temporary leave authorization shall be required to complete the Inmate Request for Furlough Form, (Appendix 1). With team approval, the application shall be submitted to the institution head for approval.

1. First temporary leave request. Support for the leave recommendation of those inmates who have not previously participated in the program shall include: diagnostic center summary, copies of the chronological entries, psychiatric/psychological reports,

PSI reports (where available) and a written rationale for the request including a summary of the inmate's incarcerative period, pertinent commitment data and the inmate's expected release date.

2. Subsequent reports. Where the inmate has previously been approved for leave, it shall be necessary to submit chronological entries from the last leave to present, and a written rationale for the request including a summary of the inmate's incarcerative period since the last leave, the time accrued in temporary leaves during the inmate's furlough year and the inmate's expected release date.

(B) Division Director's Decision. The division director or his/her designee (assistant director) shall authorize the temporary leave by signature on the Approval and Order for Inmate Furlough Form (Appendix 2). The recommendation and documentation of the leave shall be submitted to the division director or his/her designee (assistant director) at least thirty (30) days in advance of the proposed temporary leave date. The recommendation and documentation of the leave shall be returned duly notarized to the institution head and thereupon, a copy provided the inmate. The inmate shall be required to carry during the leave, the director's or his/her designee's (assistant director) approval and order.

(6) Reporting Procedures/Accountability. Inmates granted a temporary leave will report to a parole office/honor center in the district where s/he has been granted a temporary leave. The reporting locations for each county are listed on the Reporting Location Form (Appendix 4). Honor centers and probation and parole staff will telephonically contact the inmate at the approved destination within the furlough period.

(A) Inmates granted a furlough must physically report to the specified location the same day s/he leaves the institution and must show his/her furlough papers and inmate identification card to the staff person s/he is reporting to. Institutional personnel shall ensure that the time of furlough departure provides the inmate sufficient time to report to the parole office/honor center that day. Institutions are reminded that parole offices are open only until 4:30 p.m. daily. In addition, furloughs will be scheduled for departure only on normal work days (Monday through Friday) and not on weekends or holidays.

1. These procedures will not be deviated from unless upon specific authorization by



the division director or his/her designee (assistant director). When this occurs, inmates furloughing to the St. Louis and Kansas City Honor Centers region will be required to report to a parole office on weekends or holidays. The furloughing institution will be required to make telephone contact with inmates during weekends and holidays, as an alternate measure for those inmates.

(B) Honor center/parole office staff will fill out the Verification of Furlough Report-In Form (Appendix 6) documenting that the inmate reported to the location on the approved date and whether s/he reported late or did not report at all.

(C) If the inmate does not physically report in to the specified location that day, the contact person will telephonically notify the institution from which the inmate was furloughed on the same working day. Failure to report or reporting late will not be considered an escape but will be considered a violation of the furlough conditions.

(D) The honor centers/parole offices will send each institution involved the original Verification of Furlough Report-In Form, at the close of business each Friday for that week. The copies of this form will be sent to the director of the Division of Adult Institutions and the chairman of the Board of Probation and Parole. The original form shall be placed in the classification file as a permanent part of the inmate's furlough record.

(7) Notification of Community Officials. Notification must be made to the community of the inmate's upcoming leave from custody, using division forms Notification and Temporary Leave from Custody (Appendix 3). Notification must be made by certified mail at the institution's expense. The inmate will furnish a stamped envelope addressed to the institution where s/he is assigned. The inmate will not be granted temporary leave unless the notification forms are returned to the institution head indicating approval from either the judge or prosecutors. Unless an emergency or a temporary leave to a halfway house assignment, written notification shall be provided twenty (20) days in advance of the proposed leave.

(A) When the inmate is granted temporary leave to a county other than the one from which s/he was sentenced, the circuit judge, prosecuting attorney, sheriff and district parole officers of the county of the proposed visit shall be notified.

(B) Courtesy notification shall also be made to the Fugitive Office, Metropolitan Police Department, 1200 Clark Avenue, St.

Louis, MO 63103, when an inmate will be located in the metropolitan St. Louis area while on temporary leave. In addition, the notification letter shall contain the St. Louis Police Department identification number if available from the FBI report.

(C) Notification shall also be made to the Kansas City Chief of Police, 1125 Locust, Kansas City, MO 64106, when an inmate will be located in the metropolitan Kansas City area on temporary leave.

(D) Notification will also be made to the honor center/parole office to which the inmate must report. If notification is made and the furlough is subsequently denied or the dates for the furlough are changed, the institution will telephonically notify the honor center/parole office prior to the original departure date.

(8) Emergency Leave. Emergencies arising in the inmate's immediate family or inmate medical crisis make it necessary to expedite the temporary leave approval process. In cases where it is neither possible nor practical to follow standard procedure in gaining the director's or his/her designee's (assistant director) approval of the leave, the institution head may recommend to the director of the division or his/her designee (assistant director) an emergency approval. In these cases the usual time frame for submission of temporary leave documentation may be waived.

(A) The institution head shall contact the director of the division and advise of the emergency. Where possible, temporary leave documentation will be hand delivered to the division director or his/her designee (assistant director) for review and action. Where, due to institutional location, time does not permit the delivery, the institution head may ask the division director or his/her designee (assistant director) to consider leave approval after a verbal review of the pertinent matters related to the leave. Upon the telephonic approval of the director or his/her designee (assistant director), the institution head shall be authorized to sign the Approval and Order for Inmate Furlough in behalf of the division director or his/her designee (assistant director).

(B) The institution head shall insure that appropriate community authorities are telephonically notified of the emergency leave in advance of the inmate's actual departure.

(9) Temporary Leave to Halfway Houses. Inmates of the State Correctional Pre-Release Center and Chillicothe Correctional Center who seek leave in destination to their halfway

house assignment may be granted through an expedited process. The institution heads of the two (2) centers have been granted authority by the division director to approve and sign Furlough from Confinement Orders (Appendix 5) in behalf of the division director.

(A) Copies of the approval and order shall be submitted to the division director or his/her designee (assistant director).

(B) Appropriate records of all furloughs granted shall be maintained by the approving institutions.

(C) Community authorities as indicated in section (7) of this rule shall be notified of the inmate's leave in advance of his/her departure.

(10) Transportation. Whenever possible, except for medical leave, a relative or friend shall transport, to and from the institution, the inmate granted temporary leave. Transportation expenses for inmates granted temporary leave shall not be borne by the division unless for medical care.

(11) Documentation of Temporary Leave Results. The institution records officer shall make notations on the reverse side of the temporary leave form indicating the date and time of the inmate's return to the institution with or without incident. If any condition of the temporary leave was violated or any incident occurred, circumstances concerning the violation and incident shall be documented and forwarded to the institution head for review. Where it appears that the inmate has violated a condition of the leave, a violation shall be written for classification team consideration.

(A) Temporary Leave Violations. Inmates who are alleged to have violated a condition of the temporary leave shall be referred to the classification team for a violation hearing. The classification team shall offer to the institution head a recommendation of furlough success or failure.

1. An inmate who fails to return from temporary leave at the appointed time shall be considered an escapee in accordance with the statute. On a case-by-case basis, the institution head may request prosecution and/or extension of conditional release for the escape, and/or construe the failure to return to be a serious violation.

2. An inmate shall have failed in the temporary leave if s/he committed a felony or misdemeanor during the leave. The inmate shall be ineligible for temporary leave.

3. An inmate who violates other conditions of the leave may be subject to suspension of temporary leave privileges for one (1) year.

(B) Furlough success or failure shall be noted on the reverse side of the request for Inmate Furlough Form and signed by the institution head. Failure shall be recorded as either: failure to return (determined to have escaped), or conditions failure. A copy of the request for Inmate Furlough Form shall be forwarded to the institutional data entry operator and the original maintained in the inmate's classification file.

(12) Each institution shall develop a form listing all furlough conditions or restrictions imposed by institutional staff. The inmate shall sign and date the form and a staff member will sign as witness. The inmate will be given a copy and the original shall be placed in the classification file as a permanent part of his/her record. The form shall be termed Institutional Furlough Instructions and shall include all pertinent information with at least the following information:

(A) You must report in person to _____ location, _____ telephone number, on _____ date, prior to _____ time;

(B) You must present your furlough papers and inmate identification card at the above location at the time you report in;

(C) Any failure to follow the above listed conditions or those noted on your Approval and Order for Inmate Furlough may result in a conduct violation or prosecution, as determined appropriate by the Classification Team, with final approval by the institution head;

(D) I have read the above conditions and agree that I fully understand each condition as specified and further agree that I will follow the conditions.

_____ Inmate Signature,
_____ Number, Date _____,
_____ Staff Signature,
_____ Date; and

(E) Each institution head shall develop an institutional rule based on the guidelines of this division rule and submit a copy to the director for approval prior to implementation.

*AUTHORITY: sections 217.175 and 217.425, RSMo 1986. * Emergency rule filed Dec. 17, 1984, effective Dec. 27, 1984, expired April 16, 1985. Original rule filed Dec. 18, 1984, effective May 11, 1985.*

**Original authority: 217.175, RSMo 1982 and 217.425, RSMo 1982.*



APPENDIX 1



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
INMATE REQUEST FOR FURLOUGH

NAME OF INSTITUTION

INMATE NAME REGISTER NUMBER

I REQUEST LEAVE FROM THIS INSTITUTION FOR THE PURPOSE OF

MY LEAVE PLAN IS AS FOLLOWS	I WILL LEAVE THIS INSTITUTION AT	▶	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE (MONTH, DAY, YEAR)
	I WILL RETURN AT	▶	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE (MONTH, DAY, YEAR)

THE TOTAL LENGTH OF THE LEAVE WILL BE _____ HOURS.

MY DESTINATION IS (NAME, ADDRESS, TELEPHONE NUMBER)

MY TRANSPORTATION ARRANGEMENTS ARE

EXPECTED COSTS OF THE LEAVE ARE AS FOLLOWS:

TRANSPORTATION	\$ _____	CLOTHING	\$ _____
MEALS	\$ _____	OTHER	_____ \$ _____
LODGING	\$ _____	TOTAL	\$ _____

I AUTHORIZE THE WITHDRAWAL OF THIS AMOUNT FROM MY ACCOUNT \$ _____

- IN ACCEPTING THIS LEAVE, I AGREE TO:
- FOLLOW THE PLAN SHOWN ABOVE;
 - CONDUCT MYSELF IN A LAW-ABIDING MANNER;
 - CALL THE INSTITUTION IMMEDIATELY IF ANY EMERGENCY THREATENS RETURN AS PLANNED, AND OBEY ANY INSTRUCTIONS GIVEN TO ME BY THE INSTITUTION;
 - PERFORM NO ERRANDS AND MAKE NO CONTACTS FOR ANY OTHER INMATE;
 - DRIVE NO MOTOR VEHICLES;
 - CONSUME NO INTOXICATING BEVERAGES OR DRUGS WITHOUT A MISSOURI LICENSED PHYSICIAN'S WRITTEN ORDER AND THEN ONLY FOR MEDICAL PURPOSES;
 - SUBMIT TO A MEDICAL EXAMINATION UPON RETURN, INCLUDING URINALYSIS.
 - OTHER CONDITIONS _____

I UNDERSTAND THAT FAILURE TO RETURN AT THE TIME SHOWN ABOVE CONSTITUTES ESCAPE FROM PRISON PUNISHABLE BY LAW AND THAT ESCAPE PROCEDURES WILL BE PUT INTO EFFECT.

INMATE SIGNATURE	DATE
WARDEN/SUPERINTENDENT APPROVED	DATE

MO 931 0463 (4-89)

APPENDIX 2



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS AND HUMAN RESOURCES
APPROVAL AND ORDER FOR INMATE FURLOUGH

NAME OF INSTITUTION

INMATE NAME

REGISTER NUMBER

YOU ARE BEING GRANTED LEAVE FROM THIS INSTITUTION FOR THE PURPOSE OF

YOUR LEAVE PLAN IS AS FOLLOWS	YOU WILL LEAVE THIS INSTITUTION AT	▶	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE (MONTH, DAY, YEAR)
	YOU WILL RETURN/REPORT AT	▶	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE (MONTH, DAY, YEAR)

THE TOTAL LENGTH OF THE LEAVE WILL BE _____ HOURS.

YOUR DESTINATION WILL BE (NAME, ADDRESS, TELEPHONE NUMBER)

IN ACCEPTING THIS LEAVE, I AGREE TO:

- Report to ▶

NAME	TIME
------	------
- Follow the plan shown above;
- Conduct myself in a law-abiding manner;
- Call the institution/halfway house immediately if any emergency threatens return/reporting as planned, and obey any instructions given to me by the institution;
- Perform no errands and make no contacts for any other inmate;
- Drive no motor vehicles;
- Consume no intoxicating beverages or drugs without a Missouri licensed physician's written order and then only for medical purposes;
- Submit to a medical examination upon return/reporting, including urinalysis and/or breathalyzer.
- Additional conditions: _____

NOTE ▶ You are certifying by your signature below that you understand that failure to return/report at the time shown above constitutes escape from prison punishable by law, and that escape procedures will be put into effect. You should also understand that any infraction of institutional or Divisional rules may result in disciplinary procedures.

INMATE SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____

CERTIFICATE

AS DIRECTOR OF THE DIVISION OF ADULT INSTITUTIONS, STATE OF MISSOURI, I HEREBY CERTIFY THAT THE ABOVE AND FOREGOING IS A TRUE, FULL AND EXACT COPY OF THE ORDER FOR INMATE TEMPORARY FURLOUGH AS THE SAME APPEARS OF RECORD AND ON FILE IN MY OFFICE.

DIRECTOR SIGNATURE _____ DATE _____



APPENDIX 3

NOTIFICATION

TEMPORARY LEAVE FROM CUSTODY

RE:

Be advised of the temporary leave from the custody of the Division of Adult Institutions, of _____, # _____, as provided under Section 217.425, RSMo (1986). The temporary leave shall be for the period _____ until _____ in _____ County. Conditions of the leave are set forth in the attached Request for Temporary Leave.

Please notify this institution immediately should any difficulties arise during this leave:

Telephone

Assistant Superintendent

IDENTIFYING INFORMATION:

CHARGE: _____
SENTENCE: _____ RECEIVED DCHR: _____
TIME SERVED: _____ YRS. _____ MOS.
JAIL TIME CREDIT: _____ DAYS
PRESUMPTIVE RELEASE DATE: _____
DISCHARGE DATE: _____
AGE: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____
HAIR: _____ BUILD: _____ COMPLEXION: _____

APPENDIX 4

FURLOUGH REPORTING LOCATIONS			
County	Location	County	Location
Adair	.18	Grundy	.2
Andrew	.1	Harrison	.2
Atchison	.1	Henry	.5
Audrain	.26	Hickory	.10
Barry	.21	Holt	.1
Barton	.9	Howard	.6
Bates	.5	Howell	.13
Benton	.9	Iron	.12
Bollinger	.22	Jackson	.K.C.H.C.
Boone	.6	Jasper	.9
Buchanan	.1	Jefferson	.St. M.H.C.
Butler	.14	Johnson	.5
Caldwell	.2	Knox	.3
Callaway	.26	Laclede	.20
Camden	.20	Lafayette	.5
Cape Girardeau	.22	Lawrence	.10
Carroll	.2	Lewis	.3
Carter	.13	Lincoln	.17
Cass	.K.C.H.C.	Linn	.2
Cedar	.9	Livingston	.2
Chariton	.2	McDonald	.9
Christian	.21	Macon	.18
Clark	.3	Madison	.12
Clay	.K.C.H.C.	Maries	.11
Clinton	.1	Marion	.3
Cole	.27	Mercer	.2
Cooper	.6	Miller	.20
Crawford	.11	Mississippi	.14
Dade	.9	Moniteau	.27
Dallas	.10	Monroe	.3
Daviess	.2	Montgomery	.26
DeKalb	.1	Morgan	.20
Dent	.11	New Madrid	.14
Douglas	.13	Newton	.9
Dunklin	.23	Nodaway	.1
Franklin	.16	Oregon	.13
Gasconade	.16	Osage	.27
Gentry	.1	Ozark	.13
Green	.10	Pemiscot	.23
		Perry	.22
		Pettis	.5
		Phelps	.5
		Pike	.3
		Platte	.K.C.H.C.
		Polk	.10
		Pulaski	.11
		Putnam	.2
		Ralls	.3
		Randolph	.18
		Ray	.K.C.H.C.
		Reynolds	.12
		Ripley	.14
		St. Charles	.17
		St. Clair	.5
		St. Francois	.12
		Ste. Genevieve	.12
		St. Louis City	.St. M.H.C.
		St. Louis County	.St. M.H.C.
		Saline	.5
		Schuyler	.18
		Scotland	.3
		Scott	.14
		Shannon	.13
		Shelby	.18
		Stoddard	.14
		Stone	.21
		Sullivan	.2
		Taney	.21
		Texas	.13
		Vernon	.9
		Warren	.17
		Washington	.12
		Wayne	.12
		Webster	.10
		Worth	.1
		Wright	.10



APPENDIX 4 (Cont.)

FURLOUGH REPORT LOCATION ADDRESSES

DISTRICT OFFICE NUMBER	ADDRESS	PHONE NUMBER
**1 — ST. JOSEPH	2921 N. Belt Highway, Suite L15 (Mart Plaza)	(816) 279-5710
2 — CHILLICOTHE	510 Webster	(816) 646-4535
3 — HANNIBAL	Suite 350, 909 Broadway	(314) 221-7010
5 — WARRENSBURG	101 Market	(816) 747-8186
6 — COLUMBIA	800 North Providence	(314) 449-2571
9 — CARTHAGE	2413 Fairlawn Drive	(417) 358-7939
10 — SPRINGFIELD	149 Park Central Square, 2nd Floor	(417) 868-3503
11 — ROLLA	1441 Forum Drive	(314) 364-1839
12 — FARMINGTON	202 E. Columbia	(314) 756-4566
13 — WEST PLAINS	1530 Imperial Center	(417) 256-6178
14 — SIKESTON	901 Davis Boulevard	(314) 472-2244
16 — UNION	80 North Oak Street	(314) 583-8933
17 — ST. CHARLES	North 12 Westbury Square	(314) 723-1550
18 — MACON	1210 North Rutherford	(816) 385-5731
20 — CAMDENTON	#3 Camden Court	(314) 346-2878
21 — BRANSON	City Hall, Business Highway 65 South	(417) 334-5613
22 — CAPE GIRARDEAU	1923 North Kingshighway	(314) 334-0561
23 — KENNETT	1321 St. Francis	(314) 888-4900
25 — POPLAR BLUFF	2725 North Westwood Boulevard	(314) 785-6468
26 — FULTON	211 Business 54 South	(314) 642-1051
**27 — JEFFERSON CITY	1109 Southwest Boulevard, Suite G	(314) 751-4949
SMHC ST. LOUIS	(St. Mary's Honor Center) 1548 Papin Street	(314) 621-1634
KCHC KANSAS CITY	(Kansas City Honor Center) 919 Oak Street	(816) 842-7663

** DISTRICT PAROLE OFFICE 1 through 27 close at 4:30 p.m. daily

APPENDIX 5



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS AND HUMAN RESOURCES
FURLOUGH FROM CONFINEMENT

NAME AND ADDRESS OF INSTITUTION

TO: _____

Be advised of the Furlough from the confinement of the Division of Adult Institutions, of _____, # _____, as provided under Section 217.425 RSMo (Supp. 1982). The Furlough shall be for the period _____ until _____ in _____ County. Conditions of the leave are set forth in the attached approval and order for furlough.

PLEASE NOTIFY THIS INSTITUTION IMMEDIATELY SHOULD ANY DIFFICULTIES ARISE DURING THE LEAVE

TELEPHONE

ASSISTANT SUPERINTENDENT

()

IDENTIFYING INFORMATION

CHARGE

SENTENCE

RECEIVED DCHR

TIME SERVED

SENTENCING COUNTY

YRS

MONS

DAYS

PRESUMPTIVE RELEASE DATE

AGE

RACE

HEIGHT

WEIGHT

EYES

HAIR

BUILD

COMPLEXION

SUPERINTENDENT

DATE

MO 931 0907 (12 97)



APPENDIX 6
VERIFICATION OF FURLOUGH REPORT-IN

HONOR CENTER _____ PAROLE OFFICE DISTRICT # _____

Institution granting furlough: _____

Inmate _____, Number _____ who has been granted a furlough has:

- 1. Reported in person to this location _____, _____ (date) _____ (time) as required.
2. Reported in person late to this location on _____, _____ (date) _____ (time)
3. Did not report in person to this location. _____ Sending institution advised telephonically by _____ (staff person) _____ (time) _____ (date).

INMATE SIGNATURE _____ DATE: _____

STAFF SIGNATURE _____ DATE: _____

TELEPHONE VERIFICATION OF INMATE'S PRESENCE AT THE APPROVED DESTINATION

Table with 4 columns: Date Call Placed, Time Call Placed, Person Contacted, Staff Signature

COPIES:
Original—Furloughing Institution
Copy—Director, Div. of Adult Institutions
Copy—Chairman, Board of Probation & Parole