

EMERGENCY ESCORTED TRIP**SECTION I:**

Date: _____ Prepared By: _____ Institution: _____

Inmate Name: _____ Commit#: _____ Date: _____

Governing Offense: _____

Sentence: _____ S.E.: _____ P.E.: _____ REL: _____

SECTION II: REASON FOR EMERGENCY ESCORTED TRIPImminent Death: Death: Other: _____

Name of Family Member: _____ Relationship: _____

Verified By: Funeral Director: Doctor: Other: _____

Name: _____

Cause: _____

Comments: _____

SECTION III: DESTINATION

Location: _____ Date of Trip: _____

Address: _____ Phone: _____

Time Depart Institution: _____ Visit: _____ Time Return Institution: _____

SECTION IV: TRANSPORTATION & SECURITY INFORMATIONTransportation Details: State Transportation: Institution Transportation: Vehicles: _____ CO's: _____ CPO's: _____ Armed: Unarmed: 15 Min. Private Visit: No Side Trips: Full Restraints: Restraints w/ CPO: No Restraints: Remain with CPO at all Times:

Security Concerns: _____ Security Risk Rating: _____

STG Concerns: No Yes Comments: _____Relatives Incarcerated: No Yes Comments: _____ CORI: _____

Prior Emergency Escorted Trips: _____

Overtime Required: No Yes Comments: _____**SECTION V:**

Superintendent/Designee: _____ Date: _____

Approved Denied Comments: _____

Commissioner/Designee: _____ Date: _____

Approved Denied Comments: _____

**TRACKING FORM FOR EMERGENCY ESCORTED TRIP REQUESTS
BY FIRST DEGREE LIFERS**

Date: _____ Called by/Ext: _____ Institution: _____

Inmate Name/Commitment Number: _____ DOB: _____

Governing Offense: _____

Sentence: _____ S.E.: _____

Reason for Emergency Escorted Trip

Imminent Death: Death: Other: _____

Name/Relationship: _____ Cause: _____

Superintendent/Designee: _____ Denied: Date: _____

Rationale/Comments: First Degree Life Sentences are not eligible for Emergency Escorted Trips