

EMERGENCY ESCORTED TRIP

Attachment I

SECTION:

Date: _____ Prepared By: _____ Institution: _____
Inmate Name: _____ Commit#: _____ D.O.B: _____
Governing Offense: _____
Sentence: _____ S.E.: _____ P.E.: _____ REL: _____

SECTION II: REASON FOR EMERGENCY ESCORTED TRIP

Imminent 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 INFORMATION

Transportation 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 ☐ Comment: _____
Relatives Incarcerated: No ☐ Yes ☐ Comment: _____ 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 for
Non-paroleable Life Sentences**

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

Inmate Name/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: Non-paroleable Life Sentences are not eligible for Emergency
Escorted Trips