

NOV 12

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Inmate's Name	Register No.	Institution(address and phone number)
---------------	--------------	---------------------------------------

APPLICATION

Purpose of Visit	Sentry Assignment FURL _____	Date/Time of Departure	Date/Time of Return
------------------	---------------------------------	------------------------	---------------------

Furlough Address (include name of responsible party if applicable):

Telephone No. (Including Area Code):

Point of Contact for Emergency	Method of Transportation EA _____	Detainer/Pending Charges _____	Verified by (CSM Staff)
-----------------------------------	--------------------------------------	--------------------------------------	-------------------------

NOTE TO APPLICANT: You are reminded that should any unusual circumstances arise during the period of your visit, you should notify the institution immediately at telephone:

UNDERSTANDING

I understand that if approved, I am authorized to be only in the area of the destination shown above and at ordinary stopovers or points on a direct route to or from that destination. I understand that my furlough only extends the limits of my confinement and that I remain in the custody of the Attorney General of the United States. If I fail to remain within the extended limits of this confinement, it shall be deemed as escape from the custody of the Attorney General, punishable as provided in Section 751 of Title 18, United States Code. I understand that I may be thoroughly searched upon my return to the institution and that I will be held responsible for any item of contraband or illicit material that is found. I have read or had read to me, and I understand that the foregoing conditions govern my furlough, and will abide by them. I have read or had read to me, and I understand the CONDITIONS OF FURLOUGH as set forth on the reverse of this form.

Witness

Signature of Applicant

Title

Date Signed

ADMINISTRATIVE ACTION

Information Verified by	Title
Name Of USPO Notified	Date of Notification

Does USPO Have Any Objections to Furlough? (If so, explain)

APPROVAL

Approval for the above named Inmate to leave the Institution on a furlough as outlined is hereby granted in accordance with P.L. 93-209 and the BOP Furlough Program Statement. The period of furlough is from _____ to _____

As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separatee Data and I recommend the inmate be approved to participate in this furlough.

Yes No Signature of CMC _____

Chief Executive Officer (Name & Date) - Approval and signature certifies CIMS Clearance

Approval Disapproval

Reason(s) for disapproval:

RECORD

Date/Time Released: _____	Date/Time Returned: _____
---------------------------	---------------------------

Travel Schedule:



Inmate's Photo
Conditions of Furlough

- (a) An inmate who violates the conditions of a furlough may be considered an escapee under 18 U.S.C. § 4082 or 18 U.S.C. § 751, and may be subject to criminal prosecution and institution disciplinary action.
- (b) A furlough will only be approved if an inmate agrees to the following conditions and understands that, while on furlough, he/she:
 - (1) Remains in the legal custody of the U.S. Attorney General, in service of a term of imprisonment;
 - (2) Is subject to prosecution for escape if he/she fails to return to the institution at the designated time;
 - (3) Is subject to institution disciplinary action, arrest, and criminal prosecution for violating any conditions(s) of the furlough;
 - (4) May be thoroughly searched and given a urinalysis, breathalyzer, and other comparable test, during the furlough or upon return to the institution, and must pre-authorize the cost of such test(s) if the inmate or family members are paying the other costs of the furlough. The inmate must pre-authorize all testing fee(s) to be withdrawn directly from his/her inmate deposit fund account;
 - (5) Must contact the institution (or United States Probation Officer) in the event of

AAAAAAACWDAAAR|b\A'~↑*→|JÁ}↔|áÁá^|Á~\áääÁbæã↔~|bÁá↔ää↔|→\JÁ~ää↔→↔æbb|Áá^áÁ

Special Instructions:

It has been determined that consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds. (Note: Additional conditions may be added to Special Instructions as warranted).

- (c) While on furlough, the inmate must not:
 - (1) Violate the laws of any jurisdiction (federal, state, or local);
 - (2) Leave the area of his/her furlough without permission, except for traveling to the furlough destination, and returning to the institution;
 - (3) Purchase, sell, possess, use, consume, or administer any narcotic drugs, marijuana, alcohol, or intoxicants in any form, or frequent any place where such articles are unlawfully sold, dispensed, used, or given away;
 - (4) Use medication that is not prescribed and given to the inmate by the institution medical department or a licensed physician;
 - (5) Have any medical/dental/surgical/psychiatric treatment without staff's written permission, unless there is an emergency. Upon return to the institution, the inmate must notify institution staff if he/she received any prescribed medication or treatment in the community for an emergency;
 - (6) Possess any firearm or other dangerous weapon;
 - (7) Get married, sign any legal papers, contracts, loan applications, or conduct any business without staff's written permission;
 - (8) Associate with persons having a criminal record or with persons who the inmate knows to be engaged in illegal activities without staff's written permission;
 - (9) Drive a motor vehicle without staff's written permission, which can only be obtained if the inmate has proof of a currently valid drivers license and proof of appropriate insurance; or
 - (10) Return from furlough with anything the inmate did not take out with him/her (for example, clothing, jewelry, or books).

I have read, or had read to me, and I understand the above conditions concerning my furlough and agree to abide by them.

Inmate's Signature: _____ Reg. No.: _____ Date: _____
Signature/Printed Name of Staff Witness: _____

Conditions of Furlough - Inmate's Copy

1. I will not violate the laws of any jurisdiction (federal, state, or local). I understand that I am subject to prosecution for escape if I fail to return to the institution at the designated time.
2. I will not leave the area of my furlough without permission, with exception of traveling to the furlough destination, and returning to the institution.
3. While on furlough status, I understand that I remain in the custody of the U.S. Attorney General. I agree to conduct myself in a manner not to bring discredit to myself or to the Bureau of Prisons. I understand that I am subject to arrest and/or institution disciplinary action for violating any condition(s) of my furlough.
4. I will not purchase, possess, use, consume, or administer any narcotic drugs, marijuana, intoxicants in any form, nor will I frequent any place where such articles are unlawfully sold, dispensed, used, or given away.
5. I will not use any medication that is not prescribed and given to me by the institution medical department for use or prescribed by a licensed physician while I am on furlough. I will not have any medical/dental/surgical/psychiatric treatment without the written permission of staff, except where an emergency arises and necessitates such treatment. I will notify institution staff of any prescribed medication or treatment received in the community upon my return to the institution.
6. I will not have in my possession any firearm or dangerous weapon.
7. I will not get married, sign any legal papers, contracts, loan applications, or conduct any business without the written permission of staff.
8. I will not associate with persons having a criminal record or with those persons who I know are engaged in illegal occupations.
9. I agree to contact the institution (or United States Probation Officer) in the event of arrest, or any other serious difficulty or illness.
10. I will not drive a motor vehicle without the written permission of staff. I understand that I must have a valid driver's license and sufficient insurance to meet any applicable financial responsibility laws.
11. I will not return from furlough with any article I did not take out with me (for example, clothing, jewelry, or books). I understand that I may be thoroughly searched and given a urinalysis and/or breathalyzer and/or other comparable tests upon my return to the institution. I understand that I will be held accountable for the results of the search and test(s).
12. It has been determined that consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds.
13. Special Instructions:

This is a translation of an English-language document provided as a courtesy to those not fluent in English. If differences or any misunderstandings occur, the document of record shall be the related English-language document.

Esta es una traducción de un documento escrito en inglés, distribuido como una cortesía a las personas que no pueden leer inglés. Si resulta alguna diferencia o algún malentendido con esta traducción, el único documento reconocido será la versión en inglés.

Condiciones de Permiso de Salida Temporera - Copia del Reo

1. No violaré leyes de ninguna jurisdicción (federal, estatal, o local). Entiendo que estoy sujeto al juicio por fuga si no vuelvo a la institución en la fecha designada.
2. No dejaré el área designada por mi permiso de salida temporera sin autorización, con excepción al viaje hacia el área designada por el permiso de salida temporera, y el regreso a la institución.
3. Mientras esté en estado de permiso de salida temporera, entiendo que permanezco en la custodia del General de Fiscal de EE.UU.. Acuerdo a conducirme en una manera que no desacredite a mi persona ni a la Agencia Federal de Prisiones. Entiendo que estoy sujeto a arresto y/o acción disciplinaria de la institución por violación de cualquier condición de mi permiso de salida temporera.
4. No compraré, poseeré, usaré, consumiré, o administraré ninguna droga narcótica, marihuana, estupefacientes en cualquier forma, ni tampoco frecuentaré cualquier lugar donde tales artículos son ilegalmente vendidos, dispensados, usados, o regalados.
5. No usaré ninguna medicación que no sea recetada y dada por el departamento médico de la institución para mi uso o recetada por un médico autorizado mientras estoy bajo permiso de salida temporera. No tendré ningún tratamiento médico/dental/quirúrgico/psiquiátrico sin el permiso escrito del personal, excepto en caso de emergencia que requiera tal tratamiento. Notificaré al personal de la institución sobre cualquier medicación recetada o tratamiento recibido en la comunidad al regresar a la institución.
6. No tendré en mi posesión ninguna arma de fuego o arma peligrosa.
7. No contraeré matrimonio, ni firmaré cualquier papel legal, contratos, solicitudes de préstamo o conduciré cualquier negocio sin el permiso escrito del personal.
8. No me asociaré con personas con antecedentes criminales o con aquellas personas quienes conozco estar envueltos en ocupaciones ilegales.
9. Acuerdo ponerme en contacto con la institución (u Oficial de la Oficina Federal de Libertad Supervisada) en caso de arresto, o cualquier otra dificultad seria o enfermedad.
10. No conduciré un automóvil sin el permiso escrito del personal. Entiendo que debo tener una licencia de conducir válida y suficiente seguro automovilístico para satisfacer cualquier ley de responsabilidad financiera aplicable.
11. No volveré de salida temporera con ningún artículo con el cual no haya salido (por ejemplo, ropa}, joyas, o libros). Entiendo que puedo ser registrado a fondo y administrado un análisis de orina y/o alcoholómetro y/u otras pruebas comparables al regresar a la institución. Entiendo que seré responsable por los resultados del registro y prueba(s).
12. Ha sido determinado que el consumo de semillas de amapola puede causar un resultado positivo en una prueba de drogas, lo cual puede resultar en acción disciplinaria. Como condición de mi participación en programas comunitarios, no consumiré ninguna semilla de amapola o artículos que contengan semillas de amapola.
13. Instrucciones Especiales:

Yo he leído, o se me leyeron, y entiendo las condiciones anteriormente dichas acerca de mi permiso de salida temporera y acuerdo a cumplir con ellas.

Firma del Reo:

Número de Registro:

Fecha:

Firma / Nombre Impreso de Testigo del Personal: