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| 012332 Ontario Trillium |  | **Temporary Absence Application** |
| **Length of Temporary**Absence Requested | [x]  Less than 72 Hours[ ]  72 Hours or More | Length/Period of Absence applied for       days.From: Date:       (mm/dd/yyyy)      /Hours To: Date:       (mm/dd/yyyy)      /Hours  |

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| Part 1 – Inmate Information |
| Name (Last, First, Middle)      | OTIS Number      | Date of Birth (mm/dd/yyyy)      |
| Home Address      | Telephone No.      |
| Institution      | Parole Eligibility Date(mm/dd/yyyy)      |
| **Purpose of Temporary Absence** | [ ]  Education | [ ]  Treatment (medical) | [ ]  Employment | [ ]  Other *(specify)*      |
| [ ]  Compassionate (humanitarian)  | [ ]  Rehabilitation |
| [ ]  Community work | [ ]  Reintegration (Terminal) |
| **Program****Particulars** | [ ]  Employment[ ]  Education[ ]  Treatment | Address      |
| Name Employment/School/Treatment Centre      | Telephone No.      |
| Name of Supervisor/Contact Person      |
| **Proposed Residence** | Address      | Telephone No.      | Others Residing at Residence(Enter Full Name)      | Relationship      |
| **Transportation Details** | How will you travel from the Institution to proposed residence? [ ]  public [ ]  institution vehicle[ ]  own car [ ]  other *(specify)*       | How will you travel from residence to employment, education, treatment etc.?[ ]  public [ ]  own car[ ]  other *(specify)*       |
| Escort | I wish to apply for Temporary Absence[ ]  Without escort [ ]  Staff escort [ ]  Volunteer escort | Do you wish to go out if an escort is required? [ ]  Yes [ ]  NoIf **‘yes’**, are you willing to pay additional expenses involved? [ ]  Yes [ ]  No |
| **Electronic Surveillance** | Are you willing to go out under electronic surveillance? [ ]  Yes [ ]  No | If **‘yes’**, are you able to pay for the cost?[ ]  Yes [ ]  No |
| Costs(if applicable) | Fare$      | Meals$      | Accommodation$      | Other *(specify)*      $      | **Total****$** |
|  | I will meet all costs from[ ]  My own funds [ ]  Funds provided by > >       |
| **Signature** | Signature of Applicant *(to be signed in the presence of Receiving Officer)**I hereby grant consent to MCSCS Staff investigating information provided and contacting persons named within.* | Date (mm/dd/yyyy)      | Receiving Officer/Witness |

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| Part 2 – To be completed by TA Coordinator |
| **Sentence Details** |
| Date of Sentence (mm/dd/yyyy)      | Offence(s)      | Length of Aggregate sentence (days)      | Discharge Possible Date (mm/dd/yyyy)       |
| LSI-OR Score      | Final Warrant Expiry Date (mm/dd/yyyy)      |
| Outstanding Charge(s)/Warrant(s)      | Bailed on Charges?[ ]  Yes[ ]  No | Next Court Date(mm/dd/yyyy)      |
| Other Hold Documents e.g. Remand, Immigration, Family Responsibility Order       | [ ]  Yes  | [ ]  No |
| Judicial recommendation for a Temporary Absence | [ ]  Yes | [ ]  No |
| Institutional misconductsIf **‘yes’**, enter date(s) (mm/dd/yyyy)       | [ ]  Yes | [ ]  No |
| Prior Temporary Absence(s) | [ ]  Yes | [ ]  No |
| Successfully completed Temporary Absences | [ ]  N/A | [ ]  Yes | [ ] No |
| Probation Order(s) – active and to follow, dates, conditions      | [ ]  Yes | [ ]  No |
| Conditional Sentence Order(s) – active and to follow, dates, conditions      | [ ]  Yes | [ ]  No |
| TA Coordinator’s Investigation.      |

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| **Part 3 – Factors for Considerations (A Misconduct does not prohibit an Inmate from applying)** |
| [ ]  | No misconducts in period leading to Temporary Absence Application (30 days if Aggregate is > 1 month) (1 week if Aggregate is 30 days or less) |
| [ ]  | No outstanding charges (except when bail has been granted) or warrant(s) on CPIC |

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| Part 4 – To be confirmed and completed by Institution Staff/Temporary Absence Coordinator |
| CPIC\* Note any outstanding charges or warrants\* Prior level one offences/breach of probation or conditional sentence/parole violations/Fail to Appear      |
| Residence/employment/education/treatment/rehabilitation; Confirmation/Input      |
| Police Input       |
| Probation & Parole Input (if active or recent Probation & Parole involvement)       |
| Recommendation in support (or not) of Temporary Absence       |
| Recommendation for special conditions       |

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| Part 5 – TA Decision - To be completed by Temporary Absence Coordinator |
| **TA Committee****Summary**  | Recommended [ ]  Yes [ ]  No Appropriate documents attached [ ]  Yes [ ]  No*(Provide reasons and special conditions - if applicable)*       |
|  | Chairperson      Signature: | Member      Signature: | Member     Signature: | Date (mm/dd/yyyy)      |

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| **Part 6 - To be complete by Superintendent** |
| **Superintendent****Comments** | [ ]  Approved [ ]  Denied [ ]  Deferred to Date       (mm/dd/yyyy)      |
| Superintendent Name:     Signature: | Date(mm/dd/yyyy)      | [ ]  Staff escort | [ ]  Volunteer | [ ]  No escort | Date Offender notified(mm/dd/yyyy)      |

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| **Part 7 – Application for over 72-hour TA forward to OPERB for Decision**  |
| Application forwarded to OPERB for decisionDate (mm/dd/yyyy)        |

**Should this TA be denied, the inmate is not eligible to reapply for the same TA until after 30 days, unless significant and/or new information is obtained to support the application or unless an appeal is filed.**