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| 012332 Ontario Trillium |  | | | **Temporary Absence Application** |
| **Length of Temporary** Absence Requested | | 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  No  If **‘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 misconducts  If **‘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 decision  Date (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.**