



Bereavement Visit Request – Community Corrections Facilities

Facility: _____	Date: _____	Deathbed <input type="checkbox"/>	Funeral <input type="checkbox"/>	Video Visit <input type="checkbox"/>
Name: _____	D.O.B.: _____			
Intake Date: _____	District: _____			

Deceased / Ill: _____	Relationship: _____
Funeral Home/ Hospital: _____	Visit Date/ Time: _____
Contact: _____	Telephone: () _____
Address: _____	City: _____

Family Members: _____	
Contacted: _____	Telephone: () _____
Address: _____	City: _____

The offender has no history of escape from confinement or absconding from custody.	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If yes, detail: _____			
The offender has had no infractions for substance abuse while assigned to the facility.	YES <input type="checkbox"/>		NO <input type="checkbox"/>
If yes, detail: _____			

P&P District	Date/		By: _____
Notified, PO Name: _____	Time: _____		
Additional Comments: _____			

Probation Officer's _____	
Recommendation: _____	

Facility Unit Head <i>(Or Administrative Duty Officer)</i>	Approved: <input type="checkbox"/>	Special Conditions: _____		
Action: _____	Disapproved: <input type="checkbox"/>			
Signature			Date	

Original to Case Record

Copy to Assistant Facility Unit Head