Bereavement Visit Request - Institutions

Part I: Complete for all Bereavement Visits

Facility: _____ Date: _____ Private Visitation ☐ Deathbed Visit ☐ Video Visit ☐

Offender Name: _____ Number: _____

Offense(s): _____

Total Sentence: _____ PED: _____ MPRD: _____ GTRD: _____

DRC: _____ DRCI: _____ Security Level: _____ Date Assigned Security Level: _____

Date of Birth: _____ Class Level: _____ Medical Class: _____ Mental Health Class: _____

Detainers: _____

Dates of Prior Private Visitation/Deathbed Visits: _____

Name of Deceased/Ill Relative: _____ Relationship to Offender: _____

Date of Proposed Visit: _____ Time of Visit: _____

Are there any unusual circumstances concerning this private visitation/deathbed visit? Yes ☐ No ☐

Explain: _____

Will any other offenders request to attend? Yes ☐ No ☐ Are they approved? Yes ☐ No ☐ Are they disapproved? Yes ☐ No ☐

Names of other offenders and facility assignment: _____

Family Member Contacted: _____ Relationship to Offender: _____

Phone: _____ Will Any Family Members Object? Yes ☐ No ☐ Explain: _____

Are Funds Available to Cover Expenses? (If applicable) Yes ☐ No ☐ Who Will Pay Expenses: _____

How Will Payment be Made?

Name/Title of Staff Member Verifying All Information: _____

Recommendation: _____ Date: _____

Facility Unit Head Recommendation:
(Or Administrative Duty Officer) Approved ☐ Disapproved ☐ Date: _____

Comments: _____

Signature:

Part II: Complete for Bereavement Visit Attendance

Private Visitation Information: Cause and Date of Death: _____

Location of Private Visitation: _____ Address: _____

_____ City: _____

Name of Funeral Home Handling Arrangements: _____

Contact Person: _____ Phone: _____

Deathbed Information: Nature of Illness or Injury: _____

Physician's Prognosis: _____

Physician's Name: _____ Phone: _____

Location of Proposed Visit: _____

Address: _____

Does Physician or Hospital Authority Have Any Objection to Proposed Visit: Yes ☐ No ☐

Hospital Authority Contacted: _____ Phone: _____

Local Law Enforcement Contact: _____ Phone: _____

Specify Objections (*if any*): _____

Probation/Parole Official Contacted: _____ Phone: _____

Specify Objections *(if any)*: _____

Expenses: **$** _____ Mileage Est. Mileage: _____ **X** State Mileage Rate _____

$ _____ Salary Est. Hours: _____ **X** Hourly Rate _____ **X** Number of Officers _____

$ _____ Other Specify: _____

$ _____ **TOTAL EXPENSES**

Regional Administrator's Decision: Approved ☐ Disapproved ☐ Date: _____

Comments: _____

_____

_____

_____

Signature: _____