



### Bereavement Visit Request - Community Corrections Facilities

Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Deathbed  Funeral  Video Visit   
 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 probationer/parolee has no history of escape from confinement or absconding from custody. YES  NO   
 If yes, detail: \_\_\_\_\_  
 \_\_\_\_\_  
 The probationer/parolee has had no infractions for substance abuse while assigned to the facility. YES  NO   
 If yes, detail: \_\_\_\_\_  
 \_\_\_\_\_

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

Probation Officer's \_\_\_\_\_  
 Recommendation: \_\_\_\_\_

Facility Unit Head  
 (Or Administrative Duty Officer) Approved:  Special Conditions: \_\_\_\_\_  
 Action: Disapproved:  \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Original to Case Record

Copy to Assistant Facility Unit Head

