



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 NO

If yes, detail: _____

The offender has had no infractions for substance abuse while assigned to the facility. YES NO

If yes, detail: _____

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