

**GEORGIA DEPARTMENT OF CORRECTIONS
TRANSITIONAL CENTER RESIDENT PASS APPLICATION/AUTHORIZATION**

Dorm/Bed: _____ Counselor: _____

Name: _____ Cell Phone #: _____ GDC#: _____

Date of Pass: _____ Total Hours: _____ Departure: _____ Return: _____

Destination: _____

Name	Relationship	Address	Phone No.	Arr. Time	Dep. Time
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**** Call Center upon arrival and departure ****

Person(s) who will provide transportation to and from the Center:

Name	Relationship	Address	Phone No.
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If granted this pass, I pledge that I will at all times conduct myself in a responsible manner that will not bring adverse community reactions to myself, the Department of Corrections, or to the community facility program. Furthermore, I have read or have had read to me the conditions governing this pass and understand them fully. Should I fail to return at the prescribed time, I understand that the established escape fee will be taken from my account, and that severe disciplinary consequences may result. I also understand that I may be charged with the criminal offense of escape and I hereby waive all rights of extradition. I agree to submit to search of my body and possessions upon return from pass, I am prohibited from consuming alcohol/drugs while on pass and I will submit to alcohol/drug testing if so instructed upon my return.

Date: _____ Resident's Signature: _____

The resident meets eligibility requirements for the following pass:

___ W-R 30-day (6hr) ___ W-R 60 Day (9hr) ___ W-R 90 Day (12hr)

Approved / Disapproved _____ Approved / Disapproved _____
Counselor Security

Approved / Disapproved _____ Approved / Disapproved _____
Employment Specialist Assistant Superintendent

Approved / Disapproved _____ Date _____
Superintendent

Comments: _____

Under provisions of Georgia Law, the Department of Corrections has granted this leave for the purpose or period outlined above. Any deviation from this or violation of local or State laws should immediately be reported to the Superintendent or the Center.

RETURN Prescribed Time: _____ **RETURN** Actual Time: _____

Violations: () Yes () No ___ Contraband Search ___ Alcohol Test ___ Drug Screen ___ Other

Comments: _____

Correctional Officer: _____ Date: _____

Retention Schedule: Upon completion, this form shall be placed in the resident's institutional file and maintained according to the official retention schedule for that file.