

COMPASSIONATE VISIT

Facility

TO: _____ I.D. No: _____

Under provisions of Georgia Law and GDC Rule 125-2-4-.15, you are hereby granted a Compassionate Visit for the purpose of: _____

Name of County Sheriff Department: _____

Telephone Number: _____ Address: _____

You may depart from this facility no earlier than (time): _____ (date): _____ and are to return to this facility no later than (time): _____ (date): _____. While away from this facility, you shall conduct yourself in such a manner that you will bring no adverse community reaction to yourself, your family, this facility, or the Department of Corrections.

You shall be released to the temporary custody of a sheriff or deputy sheriff for the purposes of a bonafide compassionate visit provided the sheriff accepts responsibility for the physical custody, control, and return of the offender to the facility in a manner and at the time prescribed by the Warden or Superintendent. The Sheriff or Deputy Sheriff must not release you to the custody of a family member. The Sheriff nor Deputy may not be a member of your family nor shall a family member be deputized to assume custody of you.

Should you fail to remain within the prescribed limits of this compassionate visit, or fail to return within the prescribed time of this compassionate visit, you will be considered as an escapee under Georgia law.

The telephone number of this facility is:

(Date)

(Warden/Superintendent)

(Date)

(Signature and Title of Receiving Officer)

I have read, or have had read to me, the above conditions and will abide by them. Should I fail to return at the prescribed time, I hereby expressly waive all rights of extradition. I also understand that the State of Georgia cannot expend any funds for this Compassionate Visit.

(Witness)

(Date)

(Offender's Signature)

Distribution: Offender
Offender's Administrative File
Sheriff/Deputy Sheriff
Commissioner

Retention Schedule: Upon completion, a copy shall be placed in the offender's institutional file.