Office of Juvenile Justice
Escorted Absence Request Form

Date of Request: _____ Escorted Absence Date &Time: _____

Name of Youth: _____ Client ID#:_____

Offense(s):_____

Judge(s):_____ Region of Origin: _____

Requested By: _____ _____
Name Position

TYPE OF ESCORTED ABSENCE

EMP Required: □***Yes*** □***No***

☐ ***Family Emergency*** ***(Indicate which:*** □ ***Wake*** □ ***Funeral)***

_____. _____
Location of Escorted Absence Person who verified emergency info

Nature of emergency: _____

_____

☐ ***Family Reintegration***

_____ _____
Location of Escorted Absence Names of 2 participating family members

Other information: _____

☐ ***Group/Special Event Escorted Absence***

_____ _____
Location of Escorted Absence High Level Admin Staff Accompanying

Other information: _____

☐ ***Education/ Work opportunity/ Work training***

_____ _____
Location of Escorted Absence Educational Purpose/Employer/Training Provider

Work activity_____

REQUIRED SIGNATURES

Approved: _____Date_____ Approved: _____Date_____
Case Manager Group Leader

Approved: _____Date_____ Approved: _____Date_____
School Principal Date Facility Treatment Director

Approved: _____Date _____
Specialized Treatment Provider (if applicable)

Facility Director: □ Approved □ Denied

Comments: _____

FUNERAL ATTENDANCE REQUIREMENT:

Assistant Secretary: □ Approved □ Denied

Comments: _____