**Release Transportation Request Or Waiver Form:**

Offender Name: Offender #: DOB:

I was arrested at: and upon release request:

(Choose one:)

 [ ]  Transportation to place of arrest.

 [ ]  Ground transportation to the airport or ferry terminal.

 [ ]  Equivalent transportation to alternate location noted below:\*

 [ ]  Waive transportation upon release.

This request or waiver is binding at the time of release and may not be modified following release from an institution, Community Residential Center (CRC) or program. By signing this document I am also acknowledging that I have had explained to me my responsibilities (see page 2, below) as they relate to transportation back to my place of arrest:

Offender’s Signature & Printed Name: Date:

Witness Signature & Printed Name: Date:

Release Date:

Offender Instructions: (To be entered by DOC employee receiving request or waiver.)

\*Approval / signature from Director required if return costs to alternative destination exceed costs of return to place of arrest:

Signature & Printed Name of Director of Institutions: Date:

Signature & Printed Name of Employee Arranging Transportation: Date:

Employee’s Job Title: Date Arrangements Made:

**Offender Responsibilities:**

I have had explained to me my responsibilities as they may relate to transportation upon release from custody from an institution or CRC. These include the following:

* Request for transportation back to place of arrest or to an alternative destination must be made at least two (2) working days (Monday through Friday, except holidays) before actual release.
* If I was incarcerated less than four (4) days, I am to make an arrangement as soon as possible.
* I am required to take the first available means of authorized transportation, weather permitting. Delays in departure can only be authorized by the appropriate Superintendent / Chief Probation Officer.
* If there may be a delay in my transportation upon release, I am allowed to stay in a designated CRC or authorized alternative accommodations without cost to myself. I must, however, sign a voluntary consent and an agreement to abide by the house rules as appropriate.
* If I refuse to be placed in a CRC or authorized alternative placement until transportation is available, I shall be financially responsible for any other temporary housing arrangements I make.
* If I am released from a court ordered treatment program on a weekend or holiday, I understand that I must report to my designated Probation Officer (PO) on the next scheduled workday to substantiate my travel claim.

Offender’s Signature & Printed Name: Date:

Distribution:

Superintendent / CPO.

Offender.

Offender File.

Staff Arranging Travel.

Director of Institutions. (If applicable.)