

PASS REQUEST AND APPROVAL

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

TO	FROM (Resident Name)	DATE
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I request approval for a pass during the period specified below.

I understand and agree to abide by the pass conditions specified on the request and I understand that any violation of these conditions may be sufficient cause to revoke the pass and/or result in disciplinary action. Failure to remain at the specified residence during curfew hours or to inform Center staff of my whereabouts at all times may result in a charge of escape from federal custody.

PASS PERIOD	From (Time / Date)	To (Time / Date)
Name of Person with whom Staying		Relationship
Street Address		
City / State		Phone Number
Resident Signature		

Pass Recommended By (Printed Name and Signature of Staff)	
Approved (Center Director's Signature)	Date

SIGN OUT	Date	Time	Resident Initial	Staff Initial
SIGN IN	Date	Time	Resident Initial	Staff Initial

RECORD OF CONTACTS (Indicate "T" for Telephone, "P" for Personal)

Date									
Time									
Type									
Staff Initial									

1. I will reside only with the approved person at the approved address.
2. I will conduct myself in a lawful manner.
3. I will telephone the Center at least once each day of my pass, and more often if so instructed. I will accept telephone calls from Center staff to verify my presence. I will not have "call forwarding" capability at my residence and I will, when requested, provide copies of my telephone bills to Center staff.
4. I will accept the visits of Center staff at my place of residence.
5. I will not possess any deadly weapon or knowingly be with a person who is in possession of a deadly weapon.
6. I will not knowingly associate with persons who have criminal records nor will I frequent places where illegal activities are conducted.
7. I will not drink alcoholic beverages of any kind; nor will I enter any establishment, such as bars or liquor stores, where the sale and/or consumption of alcoholic beverages is the primary business of the establishment.
8. Except as medically authorized, I will not use or possess narcotics, or any other controlled substances, nor will I be in the presence of persons who are using or in possession of narcotics or illegal drugs. I understand that ingestion of poppy seed food products may result in positive test results for unauthorized drug use and is therefore prohibited.
9. I will inform Center staff of my whereabouts at all times and, unless otherwise authorized in advance by the Center Director, I will remain at the approved pass location from 9:00 p.m. to 6:00 a.m. each day of the pass.
10. I understand that I am subject to other applicable Center rules and Bureau of Prisons prohibited acts while I am on pass.

Signed	Date
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