



State Responsible Inmate Appeal for COVID-19 Early Release

Pursuant to the Budget Amendment approved by the General Assembly during the 2020 Veto Session and in response to the Governor’s state of emergency declaration related to the COVID-19 pandemic, the Director of Corrections has established a specific set of eligibility criteria that a state responsible inmate held in a local correctional facility must meet in order to be discharged from incarceration prior to their scheduled release date. The Director’s authority to release a state responsible inmate early from incarceration and this appeal process is limited to the period of the Governor’s declared state of emergency.

In order to submit this appeal, you must meet the minimum eligibility criteria as documented in your response to each question below. If you do not know your status for any of the eligibility criteria, you must request this information from local correctional facility staff. You may only submit one appeal, unless the Governor extends the state of emergency. If the Governor extends the state of emergency past June 10, 2020, and any of your eligibility criteria change, you may submit another appeal.

The Director of Department of Corrections or designee will act on appeals and the state responsible inmate will be provided a copy of the determination. The original appeal will be sent to Offender Management Services (OMS) for further review. OMS will review all appeals and the Director of Corrections or his designee will then make a final decision on an inmate’s appeal of approval for early release.

Inmate Name: _____ Inmate Number: _____ Date: _____

Local Correctional Facility: _____

Established Eligibility Criteria for Consideration

Current good time earning level must be a I or II

What is your current class level? _____

No Active Detainers

Do you have an active detainer or pending criminal charges? Yes No

No Sexually Violent Predator Predicate Offenses

Is your offense a sexually violent predator predicate offense? Yes No

Low or Medium Recidivism Risk

What is your current recidivism risk? Low Medium High

No convictions of a Class 1 felony or a sexually violent offense

What are your current offense(s)? _____

Documented approved home plan

Do you have an approved home plan? Yes No

GTRD within 12 months

What is your GTRD: _____

Sherriff/Jail Administrator or Designee: (Printed Name) _____

Signature _____ Date Received _____

OMS Review Completed By: _____

State responsible inmate meets eligibility criteria State responsible inmate does not meet the eligibility criteria for the following reasons (list all that apply). *If denied, copy of appeal returned to the inmate. If approval recommended, forward to the Director of Corrections.*

Director of Corrections

I have reviewed this appeal for consideration and determined that the state responsible inmate will will not be granted early release

Director or Designee Signature _____

Date _____