



COVID-19 Department of Corrections Form for Early Release From Local and Regional Jails

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 an inmate early from incarceration is limited to the period of the Governor's declared state of emergency.

For early release consideration, the state responsible inmate must meet the established eligibility criteria listed below:

- Current good time earning level must be a I or II
- No Active Detainers or Pending Criminal Charges
- No Sexually Violent Predator Predicate Offenses
- Low or Medium Recidivism Risk
- No convictions of a Class 1 felony or a sexually violent offense
- Documented approved home plan
- GTRD within 12 months
- Inmates Medical Condition will be considered

Inmate Name: _____ Inmate Number: _____ Date: _____

Local Correctional Facility: _____

Current Offense(s) _____ (By legislative mandate, early release does not apply to inmates convicted of a Class 1 felony or a sexually violent offense)

Good time earning level: _____ (Good time earning level must be a I or a II as documented on the attached *Exemplary Good Time (EGT)/Judicial Good Time (JGT)/ Class Level Evaluation 830_F4*)

GTRD: _____ GTRD must be calculated and verified for state responsible inmate to be considered

- Yes No Active Detainers and No Pending Criminal Charges;
- Yes No Sexually Violent Predator Predicate Offenses; (As established in §37.2-903 of the Code of Virginia)
- Yes No Inmates Medical Condition was considered;
- Yes No Low or Medium Risk of Recidivism

Inmate Home Plan documented as listed below:

Contact Name: _____ Relationship _____ Phone Number _____

Street Address/Apartment # _____

City _____ State _____ Zip Code _____

Local Correctional Facility Review Completed By: _____ (Print)

By signing below, I certify the accuracy of this information consistent with the records maintained by our facility.

Signature _____ Date _____

Provide a copy to the inmate with the original sent to OMS

OMS Review Completed By: _____

Inmate meets eligibility criteria Inmate does not meet the eligibility criteria for the following reasons (list all that apply). *If denied return copy to Sheriff/Jail Administrator with a copy to the inmate. If approval recommended, forward to the Director of Corrections.*

Director of Corrections

In keeping with legislation and based upon this Sheriff or Jail Administrator's certification, I have determined this state responsible inmate will will not be granted early release.

Director or Designee Signature _____ Date _____

