

MONTANA DEPARTMENT OF CORRECTIONS
PROGRAMS AND FACILITIES BUREAU

APPROVAL OF OFFENDER PLACEMENT WITH ESCAPE CONVICTION(S)

Offender Name: _____ DOC ID#: _____
Facility/Unit: _____ Date: _____

Please include/attach all known information regarding any escape conviction(s) within the past three (3) years.

Provide justification for request for approval:

Facility Staff / Probation & Parole Officer Date

After a review of the circumstances of the escape conviction(s), the request for initial screening to a PFB facility has been:

Approved

Denied

PFB Bureau Chief/Designee

Date

Comments / Recommendations: