

**RECOMMENDATION FOR COMPASSIONATE RELEASE**

**I. Unit Medical Director Evaluation**

**Offender Name:**

**DOC Number:**

**Age:**

**Facility Offender is Currently Located:**

**Medical Diagnosis:**

**Prognosis:**

**Medical Condition Present at the Time of Sentencing:** Yes  No

Comments:

**If Yes, Overall Condition Deteriorated Since Sentencing:** Yes  No

Comments:

**Nature of Terminal Illness or Limited Mobility (Provide a Medical Summary):**

**General Physical Condition:**

**Current Plan of Care (Including Any Treatments Required):**

**Extent of Help Needed with Activities of Daily Living:** (e.g. bathing; continence management; feeding; dressing; getting out of bed; ambulating with wheelchair, walker, cane; etc.):

**Proposed Housing Plans If Compassionate Release is Approved:**

Health Care Facility (Acute Care Hospital, Nursing Home, or Other Licensed Medical Facility)

Home-Setting (*\*must be admitted to hospice or home-health*)

Address:

**Recommendation:** In my medical opinion, this offender's condition meets the medical criterion for *Compassionate Release* as defined in the Department Regulation No. HC-06-A "Compassionate Release" because:

Offender is unable to perform activities of daily living without significant assistance or is totally confined to a bed or chair.

Offender is diagnosed with a terminal illness and death is expected within 60 days.

\_\_\_\_\_  
Unit Medical Director

\_\_\_\_\_  
Date

**II. Warden Evaluation**

**Date of Offense(s):**

**Current Offense:**

**Parish of Conviction:**

**Offender Class:**

**Sentence Length:**

**Time Served for Current Offense:**

**Full Term Date:**

**GTPS Date:**

**DOC Intake Date:**

**Gang Affiliation:**

**Previous Felony Conviction(s):**

**Convicted of Violent Crime:** Yes  No

**If Yes, Description of Offender's Crime Details** (What Crime, When Crime Occurred, Where Crime Occurred, Under What Conditions Crime Occurred, Weapon(s) Used in Crime, etc.):

**Summary of Disciplinary Violations While Incarcerated** (Date/ Offense):

**Brief Description of Offender's Overall Behavior and Adjustment While Incarcerated:**

**Effect of Offender's Medical Condition upon Conduct with Staff and Other Offenders:**

**Sex Offender:** Yes  No

**Currently Serving Time for a Sex Offense:** Yes  No

**Victim Notice and Registration (Form C-01-007-A) on File:** Yes  No

**DNA Sample in DNA Database:** Yes  No

**If No, Plans to Obtain DNA Sample:**

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II. Warden Evaluation (Continued)

**Include the Following Supporting Documentation:**

- Video of the offender's current physical condition, showing the extent of the offender's terminal illness or limit in mobility
- Video of treating health care personnel describing (1) the nature of the offender's terminal illness or condition preventing mobility and (2) the offender's current general physical condition (recorded in private, without the offender being present).  
*\*Please use lay man terms as much as possible.*
- Multidisciplinary team response and any supporting documentation.

**Recommendation:**

- In my opinion, the above-named offender does not pose a high risk to himself or to society and *compassionate release* consideration is appropriate.
- In my opinion, the above-named offender does pose a high risk to himself or to society and *compassionate release* consideration is not appropriate.

Comments:

\_\_\_\_\_  
Unit Warden

\_\_\_\_\_  
Date

**RECOMMENDATION FOR COMPASSIONATE RELEASE**

**III. Department's Medical/Mental Health Director Evaluation**

**Recommendation:**

- In my opinion, based on the evaluations of the Unit Medical Director and Unit Warden, *compassionate release* consideration is appropriate for the above-named offender.
- In my opinion, based on the evaluations of the Unit Medical Director and Unit Warden, *compassionate release* consideration is not appropriate for the above-named offender.

Comments:

\_\_\_\_\_  
DPS&C Medical/Mental Health Director

\_\_\_\_\_  
Date

**IV. Department's Secretary Recommendation**

Regarding *compassionate release*, I, the Secretary of the Department of Public Safety and Corrections:

- Concur with the recommendations of the Unit Medical Director, Unit Warden, and Department's Medical/ Mental Health Director and grant the above-named offender *compassionate release*.
- Seek additional information from medical and/ or administrative staff prior to rendering a decision regarding the granting of *compassionate release* for the above-named offender.  
Comments:
- Decline to grant the above-named offender *compassionate release*.

\_\_\_\_\_  
James M. Le Blanc, DPS&C Secretary

\_\_\_\_\_  
Date

**RESIDENCE AGREEMENT**

**Offender Name:**

**DOC #:**

The above-named offender has been granted a compassionate release commencing at the following:

Date

Time  AM  PM

**Offender Agreement**

I certify that I am the above-named offender and I agree to abide by the below rules. I understand that my failure to follow these rules may result in disciplinary action and suspension of compassionate release and, if applicable, prosecution on criminal charges.

1. I will remain within the boundaries of \_\_\_\_\_ Parish and at my approved home-setting or health care facility, unless otherwise authorized by my Probation and Parole Officer or institutional staff member assigned as liaison.
2. I will not engage in any type of criminal activities, nor will I associate with anyone known to be engaged in any criminal activities.
3. I will not have in my possession any firearms or other dangerous weapons, nor consume or possess any alcoholic beverages or illegal narcotic drugs.
4. I understand that as a condition of my compassionate release, I agree to submit to a urinalysis test at any time requested and assume the cost of the test.
5. I agree to report immediately any arrest, problem or unusual occurrence to my Probation and Parole Officer or institutional staff member assigned as liaison.
6. I will not operate a motor vehicle.
7. Special Conditions:

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

**Responsible Party Agreement**

The above-named offender shall reside with:

Name:  
Relationship:  
Address:  
Phone Number:

I certify that I am the above-named responsible party and that the above-named offender will reside with me at the address provided. I agree to accept responsibility for the above-named offender and agree to provide all necessary transportation for the above-named offender.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Warden/Designee Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Warden/Designee Signature

\_\_\_\_\_  
Date

