

MARYLAND DIVISION OF CORRECTION
Work Release Itinerary Form

Institution/Facility: _____ Date: _____

Address: _____

Phone: _____

SECTION I. Interview Information

Inmate: _____ DOC# : _____

Date of Interview: _____ Time of Interview: _____

Departure Time: _____ Travel Time: _____ Return Time: _____

Interview with: _____

Address: _____

Contact: _____ Phone: _____

Travel Arrangements (indicate specific mode of transportation): _____

Interview information verified by: _____

Leave authorized by: _____

SECTION II. Verification of Interview (To be completed by interviewer)

Arrival Time: _____ Length of Interview _____ Time of Departure: _____

Interviewer (Please Print): _____

Interviewer's Signature: _____ Phone: _____

SECTION III. Institutional Verification

Time Returned: _____ Verified by: _____

Case Management Specialist/Designee: _____