



MINISTRY OF JUSTICE
PRISON ADMINISTRATION DEPARTMENT
GOVERNMENT REGIONAL OFFICE FOR LOMBARDY
DIRECTION OF _____ PRISON

ISTANZE DI MISURE ALTERNATIVE: AFFIDAMENTO IN PROVA AL SERVIZIO SOCIALE, SEMILIBERTÀ, DETENZIONE DOMICILIARE c.d. GENERICA

ALTERNATIVE MEASURES APPLICATION: – AFFIDAMENTO IN PROVA AL SERVIZIO SOCIALE - SEMI-LIBERTA' - "GENERIC" HOUSE ARREST

To the Supervising Judge of
BRESCIA

The undersigned,

Surname and name

Born in

on

(Municipality/Province)

(Date)

Residence

(Street/Square, number, City, zip

Declares he/she is currently detained at

with final juridical position

following a conviction for the following crimes:

1) **4 bis O.P.** namely:

date of commission

place of commission

2) **no 4 bis O.P.** namely:

date of commission

place of commission

to the sentence of: years

months

days

out of which, already served years

months

days

that he/she has already served detention for the crime/s provided for in art. **4 bis O.P.**:

YES

NO

to have a residual sentence of: years

months

days

end of
sentence:

that he/she has appointed as fiduciary legal
counsel, Avv.

repealing any other counsels

ASKS

With regard to the sentence being served, to be granted the following alternative measure:

- AFFIDAMENTO IN PROVA AL SERVIZIO SOCIALE** - ART. 47 O.P. for sentences of up to 4 years
- AFFIDAMENTO IN PROVA AL SERVIZIO SOCIALE** - ART. 47 quater O.P.
(only for convicts with full-blown AIDS or serious immunodeficiency) [no limits of sentence]
- SEMI-LIBERTA'** - ART. 50 O.P.
(exclusively in the presence of a working or educational activity or an activity that might be useful for social rehabilitation)
- HOUSE ARREST** - ART. 47 TER PARA 1 BIS O.P.
(not for crimes provided for in art. 4 bis O.P. and for sentences of no longer than two years of detention, even if residual)

The undersigned declares:

1. He/she has a home (address):

2. That he/she does not have a home but has a domicile with (indicate the person/s with whom the convict might benefit from the requested measure)

Enclose the declaration of willingness to host

3. That he/she has the following job (indicate which and the address)

4. That he/she is ready to carry out the following activity, that might be useful for social rehabilitation (in case of absence of job):

5. That he/she is following the following therapeutic activity: training / instruction / improvement/ etc.

6. That he/she is willing to carry out the following voluntary activities with a restorative aim:

7. That while benefiting from the alternative measure:	<input type="checkbox"/> I have my own independent means of support because: <input type="checkbox"/> my family members / friends are willing to offer me economic support (Enclose declaration of offer of economic support)						
8. That he/she is receiving rewarding permits							
9. That he/she is not receiving a rewarding permit because:	<input type="checkbox"/> the application is pending <input type="checkbox"/> the application has been rejected <input type="checkbox"/> the application has never been submitted						
10. That he/she works in compliance with art. 21 O.P.:	<input type="checkbox"/> outside prison <input type="checkbox"/> inside prison						
11. That an application for early release in his/her favour is pending:	<input type="checkbox"/> with release effect <input type="checkbox"/> that would imply the granting of the requested benefits						
12. That an application for the granting of house arrest in compliance with Law 199/2010 is pending, submitted on:							
13. That he/she underwent revocation of the following alternative measures. When:							
14. That he/she accepts responsibility for the offence of escape. When:							
15. That he/she has already submitted the following applications to the Supervising Court different than that of Brescia:							
16. That, should the application be accepted, he/she will be allowed to leave the home with the following timescales and procedures:	<table border="1"> <tr> <td data-bbox="268 1675 534 1798">for work reasons: (indicate city, province, region and work hours)</td> <td data-bbox="550 1675 1497 1805"></td> </tr> <tr> <td data-bbox="268 1821 534 1881">for personal and/or family reasons:</td> <td data-bbox="550 1821 1497 1906"></td> </tr> <tr> <td data-bbox="268 1910 534 2038">for therapeutic and/or health reasons, as he/she is currently being treated at:</td> <td data-bbox="550 1910 1497 2038"></td> </tr> </table>	for work reasons: (indicate city, province, region and work hours)		for personal and/or family reasons:		for therapeutic and/or health reasons, as he/she is currently being treated at:	
for work reasons: (indicate city, province, region and work hours)							
for personal and/or family reasons:							
for therapeutic and/or health reasons, as he/she is currently being treated at:							

17. Only in cases provided for in art. 47 quater O.P.: that he/she is following or intends to follow the following treatment/assistance programme (specify in which operating unit):

Enclose the certification of the public health service certifying the presence of the required health conditions and the eligibility to the programme

The applicant encloses:

- Declaration of willingness to provide accommodation and to support the prisoner economically, with exact indication of the place where the alternative measure will be carried out
- Employer's declaration
- Family status (also self-certification)
- Certification of the public health service certifying the presence of the required health conditions and the eligibility to the programme (art. 47 quater)

.....
(place and date)

.....
(signed)

The Treating Department / Register Officer encloses:

- First observation report
- Juridical position
- Criminal certificate
- Conviction Ruling
- Synthetic Report and / or "extended" behavioural report
- Disciplinary reports (if any)

Appointed legal counsel

YES _____

Name Surname Bar

NO