



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 <b>(Enclose declaration of offer of economic support)</b>						
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 1888">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