



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

ISTANZA DI MISURE ALTERNATIVE IN VIA PROVVISORIA E DIFFERIMENTO DELL'ESECUZIONE DELLA PENA

APPLICATION FOR PROVISIONAL ALTERNATIVE MEASURES AND DEFERMENT OF SERVING THE SENTENCE

To the Supervising Judge of
BRESCIA

I, the undersigned,

Surname and name

Born in

on

(Municipality/Province)

(Date)

Residence

(street/Square,n°,City, zip)

Currently imprisoned at

with final juridical position

following a conviction for the following crimes

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

such as:

date of commission

place of commission

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

such as:

date of commission

place of commission

to a sentence of:

years

months

days

out of which, already served

years

months

days

to have served the punishment 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:

ASKS

With regard to the sentence being served, to be granted, on a provisional basis, the following measure:

- AFFIDAMENTO IN PROVA AL SERVIZIO SOCIALE** - ART. 47 O.P.
- AFFIDAMENTO IN PROVA AL SERVIZIO SOCIALE IN CASI PARTICOLARI** - ART. 94 T.U. 309/90
(exclusively for convicts with proven alcohol / drug addiction problems)
- SUSPENSION OF SENTENCE OF IMPRISONMENT** - ART. 90 T.U. 309/90
(exclusively for convicts who have satisfactorily completed a therapeutic programme; it cannot be granted more than once)
- SEMI-LIBERTA'** - ART. 50 O.P.
(exclusively for a working or educational activity or an activity that might be useful for social rehabilitation)
- HOUSE ARREST** - ART. 47 TER O.P.:
 - PARA 01, for crimes not provided for in 4 bis OP or without sentence limits**
(all the conditions above must be present)
 - A CONVICT HAVING REACHED THE AGE OF 70
 - NOT A USUAL, PROFESSIONAL OR HABITUAL OFFENDER
 - THAT HAS NOT BEEN CONVICTED WITH THE AGGRAVATING CIRCUMSTANCE UNDER ART. 99 C.P.
 - PARA 1 for sentences of no more than 4 years of detention, even if residual**
(tick the field of interest)
 - LETTER A) A PREGNANT WOMAN OR A MOTHER OF CHILDREN UNDER 10 LIVING WITH HER (also for crimes in compliance with art. 4 bis, 1 para O.P. and in the absence of a re-offending probability - *Corte Cost. sentence 239/2014*)
(see point 13 let. a)
 - LETTER B) A FATHER, EXERCISING PARENTAL AUTHORITY, OF CHILDREN UNDER 10 YEARS OF AGE LIVING WITH HIM WHEN THE MOTHER IS DEAD OR OTHERWISE ABSOLUTELY UNABLE TO TAKE CARE OF HER CHILDREN (also for crimes provided for in art. 4 bis, 1 para O.P. and in the absence of a re-offending probability - *Corte Cost. sentence 239/2014*)
(see point 13 let. b)
 - LETTER C) A PERSON IN PARTICULARLY SERIOUS HEALTH CONDITIONS, REQUIRING CONTACTS WITH LOCAL HEALTH INSTITUTIONS (both conditions must be present) (see point 13 letter c)
 - LETTER D) A PERSON OVER 60 YEARS OF AGE, IF DISABLED, EVEN PARTIALLY
(see point 13 let. d)
 - LETTER E) A PERSON UNDER TWENTY-ONE YEARS OF AGE WITH PROVEN HEALTH, STUDY, WORK, FAMILY NEEDS
(see point 13 let. e)
 - PARA 1 BIS for crimes not provided for in art. 4 bis and for sentences of up to two years imprisonment, even if residual**

PARA 1 TER
(physical conditions that are incompatible with imprisonment)

DEFERMENT OF SERVING THE SENTENCE - ART. 684, 2nd PARA C.P.P.
(physical conditions that are incompatible with imprisonment)

The undersigned declares:

1. **That material indications are given** as to the presence of the prerequisites for granting the requested measure (arts. 47 O.P. - 90 - 94 T.U. 309/90), as follows (*burden of proof on the applicant*);
2. **That the protraction of imprisonment causes a serious prejudice** as follows (*burden of proof on the applicant for applications in compliance with articles 47 O.P. - 47 ter para 01, 1, 1 bis, 1 ter O.P. - 90 - 94 DPR 309/90*);

The release to society program has already

- started: the offense is old and the working and family situation is regular, because:

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- A therapeutic program interrupted by imprisonment has already started, at:

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- Precarious health conditions, because affected by:

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- Sole means of support for the family with risk of losing job at:

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- Minors

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- Seriously ill family members

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- Other

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3. **That there is no risk of flight** (*burden of proof on the applicant for applications in compliance with articles 47 O.P. - 90 - 94 DPR 309/90*) because he or she promises to observe all the prescriptions that will be imposed, also for the indications provided below;

4. That if the permit is granted he/she will stay at (street/square, no., zip code, phone no.)
5. That the following people live at the address:
(Surname and name and level of kinship)
6. That he/she is employed with the following job:
*(indicate:
name of the firm
address
telephone – fax – e-mail
actual job address)*
7. That he/she has no job but can provide for his/her own needs because:
8. That he/she is a drug addict / alcoholic (**mandatory: enclose SERT or SMI certification**) and that he/she is following the enclosed therapeutic programme (**mandatory: enclose the certification of eligibility to the therapeutic programme**)
Affidamento in prova al servizio sociale in casi particolari - art. 94 T.U. 309/90
9. That he/she has already completed a therapeutic programme (**art. 90 DPR 309/90, mandatory: enclose the SERT or SMI certification**):
10. That he/she states that he/she is willing to carry out the following activity useful for social rehabilitation (if he/she has no job):
11. That he/she is following the following therapeutic activity : training / instruction / improvement/ etc.
12. That he/she is willing to carry out the following voluntary activities with a restorative aim:

13. To fall under the following subjective conditions provided for in art. 47 ter para 1 (*tick the field of interest, enclose family status*)

- Letter a That she is pregnant
 That she is a mother of children under 10 years of age living with her, because:
(mother absolutely unable to carry out her duties)

Letter b That he is a father, exercising parental authority, of children under the age of ten living with him, when the mother is dead or otherwise unable to take care of her children because:

Letter c That he or she is a person in particularly serious health conditions, who requires constant contact with local medical facilities (*both conditions must exist, **enclose medical certification***) because:

Letter d That he/she is over sixty years of age, if disabled, even partially, (***enclose medical certification***) because:

Letter e That he/she is under twenty-one years of age with proven health, study, work and family needs (***enclose documentation proving the needs above***), because:

14. That he/she has health conditions that are incompatible with detention because: (***mandatory: enclose medical certification***)

15. That he/she has been granted rewarding permits

16. That he/she has not been granted a rewarding permit because:

- the application is pending
- the application has been rejected
- the application has never been submitted

17. That he/she works in compliance with art. 21 O.P.:

- outside prison
- inside the prison

18. That an application for early release in his/her favour is pending:

- with release effect
- which would imply the admission to the requested benefits

19. That an application to serve the sentence at home in compliance with Law 199/2010 is pending, submitted on:

20. That he/she underwent the withdrawal of the following alternative measures. When:	
21. That he/she has accepted responsibility for the offense of escape. When:	
22. That he/she has already submitted to the Supervising Court the following application:	
23. That, should the application be accepted, he/she will be allowed to leave the home according to the following timescales and procedures:	
for work reasons:	
for personal and/or family reasons:	
for therapeutic and/or health reasons, as he/she is currently being treated at:	
24. That he/she has appointed a fiduciary legal counsel:	

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
- The employer's declaration
- Family status (also self-certification)
- Medical documentation (art. 47 ter, para 1, let. c), d) – art. 47 ter, para 1 ter – art. 684, para 2 C.P.P.) (*point 13, let. c), d) and e) and point 14*)
- Certification certifying the drug-addiction status and eligibility for the therapeutic programme (*point 8*)
- Certificate certifying the positive conclusion of a therapeutic programme (*point 9*)

.....
(place and date)

.....
(signed)

The Treating Department / Register Officer encloses:

- First observation form
- Juridical position
- Criminal Certification
- Conviction Ruling
- Synthetic Report and / or "extended" behavioural report
- Disciplinary reports (if any)
- Already submitted investigation documents (if any):

- 1)
- 2)
- 3)

- Any other documents provided:

- 1)
- 2)
- 3)

Appointed legal counsel

YES _____

Surname Name Bar

NO