



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

**ISTANZE DI AFFIDAMENTO IN PROVA IN CASI PARTICOLARI O DI  
SOSPENSIONE DELL'ESECUZIONE DELLA PENA DETENTIVA**  
**- AFFIDAMENTO IN PROVA IN CASI PARTICOLARI - OR – SUSPENSION OF DETENTION**

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 sentence 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 sentence for the crime/s provided for in art. **4 bis O.P.**:

YES

NO

if YES, please indicate day/month/year

and why he/she considers that it has been served:

to have a residual sentence of:  months  days

years

end of sentence:

to have appointed as fiduciary legal counsel,  repealing any other counsels  
Avv.

### ASKS

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

- AFFIDAMENTO IN PROVA IN CASI PARTICOLARI**, - ART. 94 T.U. 309/90  
(exclusively for convicts with proven alcohol and/or drug addiction, with sentences, also residual, of no more than six years of detention, if relating to sentences not for crimes provided for in art. 4 bis O.P. or not for more than 4 years of detention for crimes provided for in art. 4 bis O.P.)
- SUSPENSION OF DETENTION**, - ART. 90 T.U. 309/90  
(exclusively for convicts having already positively concluded a therapeutic programme)

The undersigned, in support of the application for *affidamento in prova in casi particolari* (ART. 94 T.U., declares 309/90):

1. That he/she is a drug addict and/or alcoholic  
**Enclose the certification certifying the drug-addiction status and the diagnostic procedure**
2. That he/she is following a rehabilitation programme or that he/she intends to follow one  
**Enclose the certification of eligibility to the therapeutic programme**
3. That the rehabilitation programme is:

In compliance with art. 94, 1st para, the applicant must **enclose the certification** with the application, on pain of inadmissibility, to be issued by the public service for drug-addictions or by an accredited private structure, certifying the drug-addiction or alcohol-addiction status, the procedure through which the routine use of psychotropic or alcoholic substances has been proved and the eligibility, for the purposes of rehabilitation, to the agreed programme

- on an outpatient basis with the ASL - SERT or SMI of (indicate the city of reference):
- on an inpatient basis with the therapeutic community: (indicate the community and the place where he/she is treated):

To be completed **exclusively** in case of an **outpatient** therapeutic programme:

4. To be domiciled with (indicate the person/s with whom the convict might benefit from the requested alternative measure):  
**Enclose the declaration of willingness to host**
5. That he/she has the following job (indicate which and the address):

6. That he/she is ready to do the following job, which might be useful for social rehabilitation (in the case of absence of job):	
7. That he/she is willing to carry out the following voluntary activities with a restorative aim:	
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 the 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 house arrest in compliance with Law 199/2010 is pending, submitted on:	
13. That he/she underwent withdrawal 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 other 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 :	<p style="text-align: center;">for work reasons:</p> <p style="text-align: center;">for personal and/or family reasons:</p> <p style="text-align: center;">for therapeutic and/or health reasons, as he/she is currently being treated at:</p>

The underwriting, in support to the application of suspension of detention (art. 90 DPR 309/90), declares:

1. That he/she has positively completed a therapeutic programme  
**(art. 90 DPR 309/90, mandatory: *enclose certification of the SERT or SMI*):**

In compliance with art. 91, 2nd para, the applicant must **enclose** with the application, on pain of inadmissibility, the **certification**, to be issued by the public service for drug-addictions or by an accredited private structure, certifying the drug-addiction or alcohol-addiction status, the procedure through which the routine use of psychotropic or alcoholic substances has been proven, the therapeutic programme has been followed, the methods adopted and the results obtained thanks 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 diagnosis of drug addiction and suitability of the therapeutic programme (articles. 90 and 94 DPR 309/90)
- Certification certifying the positive conclusion of a therapeutic programme (only for art. 90 DPR 309/90)

.....  
(place and date)

.....  
(signed)

**The Treating Department / Register Officer encloses:**

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

**Appointed legal counsel**       YES \_\_\_\_\_

NO