



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

**ISTANZA DI DETENZIONE DOMICILIARE AI SENSI DEGLI ARTT. 47 TER 1°
comma O.P. – 47 QUATER O.P. – 47 QUINQUIES O.P.**
**HOUSE ARREST APPLICATION PURSUANT TO ARTS 47 TER 1° para O.P. –
47 QUATER O.P. – 47 QUINQUIES O.P.**

To the Supervising Judge of
BRESCIA

The undersigned,

Surname and name

Born in on
(Municipality/Province) (Date)

Residence (Street/Square, number, City,)

Declares he/she is currently detained 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 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: 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:

HOUSE ARREST - ART. 47 TER O.P.:

PARA 01, for crimes not provided for in 4 bis O.P. or without sentence limits
(all the conditions above must be present and it is without prejudice to the length of the sentence)

- 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.

COMMA 1, for sentences of detention lasting no more than 4 years, even if residual
(tick the box concerned)

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)

- To be pregnant
- To be a mother of children under 10 years of age living with her because (how many children and date of birth):

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) because: *(indicate how many children and their date of birth and the date of decease of the mother (in such case) or the reasons for which the mother is unable to take care of her children in the absence of their father)*

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) A PERSON OVER 60 YEARS OF AGE, IF DISABLED, EVEN PARTIALLY, because (*enclose medical documentation*):

LETTER E) A PERSON UNDER TWENTY-ONE YEARS OF AGE WITH PROVEN HEALTH, STUDY, WORK, FAMILY NEEDS, because (*enclose documentation proving the needs above*):

PARA 1 TER [no limits of sentence] in the hypothesis of:

SERIOUS PHYSICAL ILLNESS THAT IS INCOMPATIBLE WITH DETENTION – Arts. 146 n.3 e 147 n.2 C.P. (*enclose medical documentation*)

HOUSE ARREST - ART. 47 QUATER O.P. (only for convicts with full-blown AIDS or serious immunodeficiency) [no limits of sentence]

HOUSE ARREST - ART. 47 QUINQUIES O.P. (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*) (conditions):

- A MOTHER OF CHILDREN OF LESS THAN 10 YEARS, IF THERE IS NO MATERIAL RISK OF RE-OFFENDING, IF THERE IS A POSSIBILITY THAT THE CHILDREN MAY RETURN TO LIVING WITH HER
- AFTER AT LEAST ONE THIRD OF THE SENTENCE HAS BEEN SERVED OR AFTER AT LEAST FIFTEEN YEARS HAS BEEN SERVED IN THE CASE OF LIFE IMPRISONMENT
- IMPRISONED FATHER, IF THE MOTHER IS DEAD (**ENCLOSE self-certification of the death of the mother**) OR UNABLE TO TAKE CARE OF HER CHILDREN AND THERE IS NO WAY OF ENTRUSTING THE CHILDREN TO ANYONE OTHER THAN THE FATHER, due to:

- Precarious health conditions, because affected by:

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

- Minors

- Seriously ill family members

The undersigned
declares:

1. That 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 no job but can provide for his or her own needs because:

--

4. 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 program

5. That an application for house arrest in his/her favour is pending in compliance with Law 199/2010, submitted on:

--

6. That he/she underwent revocation of the following alternative measures. When:

--

7. That he/she accepts responsibility for the offence of escape. When:

--

8. That he/she has already submitted the following applications to the Supervising Court different than that of Brescia

--

9. That, should the application be accepted, he/she will be allowed to leave the home according to the following timescales and procedures:

For personal and/or family reasons:

--

for therapeutic and/or health reasons, as he/she is currently being treated at:

--

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)
- Medical documentation (art. 47 ter, comma 1, let c) d) and e) O.P.)
- Certification of the public health service stating the existence of health conditions and the feasibility of the programme (art. 47 quater O.P.)

.....
(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 of

NO