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

ISTANZA DI LIBERAZIONE CONDIZIONALE – ART. 176 C.P.

PROBATION – ART. 176 C.P.

To the Supervising Judge of
BRESCIA

The undersigned,

Surname and name	

Born in _____ (Municipality/Province) on _____ (Date)

Residence (Street/Square, number, City, _____)

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 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.

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repealing any other counsels

ASKS

With regard to the sentence being served, to be granted **PROBATION - ART. 176 C.P.:**

☐ If he/she has served at least 30 months and in any case at least half his/her sentence, if the remaining sentence does not exceed 5 years

☐ If he/she is a re-offender, in the cases provided by article 99 C.P., he or she must have served at least 4 years and no less than three quarters of his or her sentence

☐ If sentenced to life imprisonment, he or she must have served at least 26 years of his or her sentence

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 behaved in such a way as to suggest that his/her **repentance** is sure, because:
Enclose any documentation proving the repentance

4. After fulfilling the civil obligations deriving from the crime (damage compensation) or being unable to fulfil them, because:

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

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

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

8. That while benefiting from the alternative measure:

☐ I have my own independent means of support because:

☐ my family members / friends are willing to offer me economic support (**Enclose** *declaration of offer of economic support*)

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

For working reasons: (indicate city, province, region and working time)

For personal and/or family reasons

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

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

11. That he/she has already submitted the following applications to the Supervising Court (also different than that of Brescia):

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)

☐ Certification of the public health service certifying the presence of the required health conditions and the eligibility to the programme (art. 47 quater)

☐ Any documentation proving repentance (e.g. pardon of offended parties)

☐ Documentation proving damage compensation

………………………….   ………………………….
(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