



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

ISTANZA DI LIBERAZIONE ANTICIPATA ANCHE SPECIALE
EARLY - INCLUDING SPECIAL - RELEASE APPLICATION

To the Supervising Judge of
.....

I, the undersigned,

Surname and Name

Born in on
(Municipality/Province) (Date)

Currently imprisoned at:

For crimes **not** in **4 bis O.P.**:

For crimes in **4 bis O.P.**: Already served YES NO

if YES, please indicate day/month/year:

and why he/she considers that the sentence has been served:

ASKS

pursuant to art. 54 of Law. 354/75, as amended by art. 4 of Law Decree on 23 December 2013 n° 146, converted into the law 21 February 2014 n°10, the granting of:

A) **75 days** for 6-month periods entirely served in prison (**not before 1 July 2009 and not after 23 December 2015**) and exclusively for crimes **not** provided for in art. **4 bis O.P.**

from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>

B) **45 days** for 6-month periods entirely served in prison for crimes provided for in art. **4 bis O.P.**

from	<input type="text"/>	to	<input type="text"/>	with his/her domicile located in	<input type="text"/>	address	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at his/her domicile located in	<input type="text"/>	address	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at his/her domicile located in	<input type="text"/>	address	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>		
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>		
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>		

C) 45 days for 6-month periods **not** entirely served in prison (also under house arrest and/or alternative measure)

from	<input type="text"/>	to	<input type="text"/>	at his/her domicile located in	<input type="text"/>	address	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at his/her domicile located in	<input type="text"/>	address	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at his/her domicile located in	<input type="text"/>	address	<input type="text"/>
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>		
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>		
from	<input type="text"/>	to	<input type="text"/>	at the State Prison of	<input type="text"/>		

.....
(place and date)

.....
(signed)

By the State Prison Direction:

He/she has provided proof that he/she has actively participated in the rehabilitation work, as provided for in art. 130 Reg.

YES NO

Already submitted investigation documents (if any):

- 1)
- 2)
- 3)

Any other documents provided:

- 1)
- 2)
- 3)

Appointed legal counsel YES _____

Surname Name Bar of

NO