

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

ISTANZA DI PERMESSO DI NECESSITÀ - ART. 30 O.P.

NECESSITY LEAVE APPLICATION - ART. 30 O.P.

To the Supervising Judge of BRESCIA

Considering that the undersigned

| Surname and name | | | | | | | | | |
|-------------------------------|--------|------------|-----------|----------------|------------|-------------------|-------------------------------|-----|--|
| born in | | | | | | on | | | |
| | | | (Municipa | lity/Province) | | | (Date) | | |
| Residence (Street/Square, | no.,Ci | ty,zip | | | | | | | |
| Presently detained at | | | | | | | with final juridical position | | |
| following a sentence of years | | | | months | | days | | | |
| of which, already served | | | | months | | days | | | |
| for the crime of | f | | | | | | | | |
| That his/h | er kin | or cohabit | ant | | | | | | |
| with residence | in | | | | | | | () | |
| or hospita | lized | at | | | | | | | |
| of | | | | | () is in i | mminent danger of | death, as: | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

That there are particularly serious family events such as:

| concerning his/her family member/s or cohabitant/s | | |
|--|----|--|
| that will take place | at | |
| from to | - | |

<u>ASKS</u>

to Y.W. to grant the undersigned a **Leave** in compliance with art. 30 O.P. (imminent danger of death / particularly serious family event) in order to go to:

| | Street | n° | |
|----|--------|----|--|
| at | | | |

The permission is asked for:

| Days / hours | | From (day) / time | | To (day) / time | |
|--|--|-------------------------|-------------------------------|-----------------------|--|
| The undersigned states that he/she has already been granted n: | | ready | leaves, the last of which | | |
| granted by the Supervising Judge of | | | for a total amount of days of | | |

The applicant encloses:

□ Medical documentation testifying the imminent danger of death

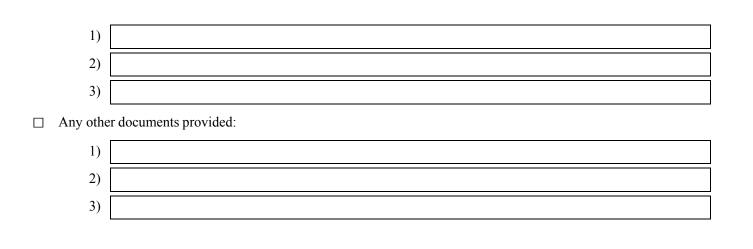
 $\hfill\square$ Documentation testifying the particularly serious family event

(place and date)

(signed)

The Treating Department / Register Officer encloses:

- □ Juridical position
- \Box First observation form (if any)
- □ Already filed synthetic reports and behavioural reports (if any)
- □ Already submitted investigation documents (if any):



Appointed legal counsel

 \Box YES

Surname Name Bar of

 \square NO