

Date

Sponsor Name  
Street Address  
Suburb  
Town / City Postcode

Prison  
Street Address  
Suburb  
Town / City Postcode

Dear Sponsor Name

### **M.04.06.Form.07 Temporary Release Letter to Sponsor**

Approval has been given for Prisoner name to have a temporary release with you as a sponsor.

If this is his/her first temporary release with you during his/her present sentence, you will be required to read the list of conditions set out below, and if you are satisfied these conditions can be abided by, please sign this confirmation form and return it to me as soon as possible.

If he/she has been on temporary release with you before at the same address during his/her present sentence, please sign this confirmation form and return it to me as soon as possible.

The general conditions of his/her temporary release are:

1. Prisoner name is to be picked up by you for temporary release for the following period, Date Time and must be returned by you at no later than Date Time.

You must bring suitable identification prior to collecting Prisoner name and your copy of the temporary release papers.

2. He/She is to be on good behaviour and commit no offence against the law.
3. That he/she totally abstains from consumption of alcohol and any drugs not prescribed by a registered Medical Practitioner.
4. That he/she remains in the presence of his sponsor for the entire period of his temporary release and only resides at your address.
5. That he/she does not associate with drug users or suppliers.
6. That he/she does not enter any TAB or licensed premises.
7. The area of the temporary release is restricted to: (Residential or other area restriction)
8. He/She is not to drive any motor vehicle whatsoever.
9. As Per Temporary Release Licence

(only use when IOMS is not available)

I Sponsor Name, have read and understand all conditions that are to be adhered to pertaining to Prisoner name temporary release.

Signed \_\_\_\_\_ (Sponsor)

Date / /  
\_ \_ \_

Released under the Official Information Act 1982

**M.04.06.Form.05 Licence for temporary release from custody**  
(Under section 62 of the Corrections Act 2004)

Prison \_\_\_\_\_  
Phone \_\_\_\_\_ Date \_\_\_\_\_  
To: \_\_\_\_\_  
(Full name of Prisoner)  
You are being released, temporarily, from this prison for the purpose of \_\_\_\_\_

**THE CONDITIONS OF THE TEMPORARY RELEASE ARE THAT YOU:**

- Go to \_\_\_\_\_ (specified area) and do only what your temporary release allows you to do, as stated above.
- Must behave well and commit no offence against the law.
- Must return to this Prison no later than \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ (time) (date e.g. 1st) (Month) (Year) or earlier if so directed by the General Manager Custodial or the Chief Executive (or their delegates).
- Must produce this Licence if a police officer, probation officer or prison officer asks you to.
- Must not possess, and / or consume, and / or use alcohol and / or drugs (excluding prescription medicines), or enter any licensed premises.
- Must not drive any motor vehicle, whether your own, or otherwise, other than in an emergency situation. If you are being released to work, you may seek approval to drive.

Additional Conditions \_\_\_\_\_

**Acknowledgements**

**NOTE TO PRISONER**  
Read this carefully, before you sign and date the form in the space below.

- I have received a copy of this form allowing my temporary release.
- I have had the provisions of relevant sections of the [Corrections Act 2004] on the back of this form pointed out to me.
- I agree to carry out the conditions of temporary release as set out on this form.
- I consent to the disclosure to my proposed sponsor, of personal information about my offending.
- I understand that if I do breach these conditions I make myself liable to arrest for escape
- I acknowledge that the Police will be advised of the date of my temporary release, the prison from which I am released, and the conditions of my release (whether imposed on release or subsequently), including the area I am released to.

Prisoner \_\_\_\_\_ Date \_\_\_\_\_

Sponsor agreement to not disclose any personal information about the above named prisoner supplied with the consent of that prisoner about his/her offending.

Sponsor acknowledgement (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

General Manager Custodial \_\_\_\_\_ Date \_\_\_\_\_

3 Copies      1. Prisoner copy      2. File copy      3. Control Centre

## CORRECTIONS ACT 2004

- 62(2) The chief executive may give authority for the temporary release from custody or temporary removal from prison of a prisoner....
- 63(1) Any temporary release from custody under section 62 is for a period fixed by the chief executive and may be subject to conditions imposed by the chief executive.
- 63(2) The chief executive or the prison manager may, at any time, direct the return to a prison of any person temporarily released from custody under section 62.
- 63(3) Every person temporarily released from custody under section 62 is deemed to be unlawfully at large if he or she -
- a. is at large after the expiry of the period for which he or she was so released; or
  - b. is at large after the giving of a direction for his or her return to a prison under subsection 63(2); or
  - c. breaches any condition imposed under section 63(1) requiring the person to stay at any place or within any geographical area, to stay with a particular person or group, or to attend a particular programme or course.
- 63(4) If any person released under this section is at large without reasonable excuse (the proof of which excuse lies on him or her) after the expiry of the period for when he or she was released, after the giving of a direction under subsection 63(2), or after the person breaches any condition referred to in subsection 63(3)(c), he or she is deemed to have escaped from lawful custody and is liable accordingly.

Released under the Official Information Act 1982

**M.04.06.Form.01 Notification to the Police of a temporary release from prison custody**



Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Current age \_\_\_\_\_ Classification \_\_\_\_\_ PRN \_\_\_\_\_  
Prison \_\_\_\_\_ Unit \_\_\_\_\_ Cell \_\_\_\_\_

**Instructions:** Please complete this form and send to the Police at least five (5) working days prior to the date of temporary release or immediately after the appropriate authorities approval if less time is available.

Prisoner is subject to CSO Register

Other relevant information

Temporary release starts \_\_\_\_\_ (Date) \_\_\_\_\_ (time)

**Conditions of temporary release**

Sponsor (s) \_\_\_\_\_

Form completed by \_\_\_\_\_

Position \_\_\_\_\_

Insert photo in the box



Released under the Official Information Act 1982

## M.04.05.Form.02 Temporary removal application details

Date:

### Prisoner's Details

Site:                      Prison:

Prisoner's surname:

First names:

PRN:

Sentence:

Offences:

SCD:

PED:

SED/SRD:

Security Classification:

Maximum  High  Low Medium  Low  Minimum  Unclassified

### Proposed Temporary Removal Details:

Purpose of the proposed Escorted Outing:

Location of Proposed Temporary Removal:

Date of Proposed Temporary Removal: on/from...../...../..... To  
...../...../.....

Duration:

Transport arrangements:

Time of Departure:

Time of Return:

Number of Officers:

Costs: How will the costs associated with the Temporary Removal be met?

Prisoner's signature:

Date:    /    /

### Escort arrangements:

Transport Arrangements:

Name of Escorting Officer (Must have Level Three NZQA Unit Standard Escort Prisoners):

**Behaviour within Prison:**

(Include details of the prisoner's sentence management, other activities, details of any previous temporary removals and responses to those).

Is the temporary removal recommended by the New Zealand Parole Board: Yes  No   
N/A

Other Relevant Information:

**Prepared by**

Date

**The Manager with the delegated authority to approve the application is to complete this section.**

**The temporary removal is:** Approved / Not Approved

Date:

If the application is not approved give reasons:

**If approved ensure the conditions are stated on M.04.01.Form.01 Instructions for Escorts.**



Requested Date and time: \_\_\_\_\_

Requested by: \_\_\_\_\_

### Instructions for Escorts

#### Prisoner's Details (ensure Offender Details Report is attached)

Surname:			
First Names:			
Address:			
Occupation:	Gender:		
PRN:	Age:	Date of Birth:	
Location From:	Location To:		
Security Classification: <input type="checkbox"/> Max. <input type="checkbox"/> High <input type="checkbox"/> Low Medium <input type="checkbox"/> Low <input type="checkbox"/> Min. <input type="checkbox"/> Unclassified			
Status: <input type="checkbox"/> Sentenced      Remand: <input type="checkbox"/> Accused <input type="checkbox"/> Convicted			
Reason in Custody: _____			
Arrest Date:	Bail Date:	Arrest Date:	Bail Date:
Next Court Date:	Arrest Date:	Bail Date:	Arrest Date:      Bail Date:

Corrections must attach a copy of the printed IOMS Offender Details Report and a copy of M.04.01.Form.06 Prisoner escort safety and security information. Police will provide their risk evaluation information and attach all Warrants to this escort handover form. The information contained in either the Police or Corrections evaluations/assessments is to be considered and recommended mitigation taken into consideration when determining/setting escort conditions.

Risks/Alerts	Identified risk Comments	Change	N/A
Suicidal:			
Assaults Law Enforcement Officer:			
Drugs:			
Gang Affiliations:			
Health			
Escapes Custody			
Weapons			

Special Instructions, Risk Mitigations and Medication:

<b>Handover of Prisoner</b>				
Receipt of prisoners and verbal instructions. Signature required for each hand over including the Final.				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Name:</b>				
<b>Signature:</b>				
<b>Date:</b>				
<b>TAG/Rank/Position:</b>				
<b>Prison/Agency:</b>				

<b>Incident / Issues during Escort</b>		
	(select one)	Describe
<b>Was the prisoner involved in any incidents during the escort?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
<b>Was the prisoner involved in any incidents while in the cells?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
<b>Was the prisoner involved in any incidents during court?</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
<b>Additional paperwork attached</b>	<input type="checkbox"/> Yes / <input type="checkbox"/> No	
When the escort has finished, file this form in section G of the prisoner's file.		
<b>Incident Details</b>		
<b>Property:</b>		
Number of packages	Description of Property	Total Cash: \$
Item #		
<b>Signature of Detainee:</b>		<b>Date:</b>

## Handover of Property

Receipt of prisoner's property and verbal instructions. Signature required for each hand over including the Final.

	1	2	3	4
Name:				
Signature:				
Date:				
TAG/Rank/Position:				
Prison/Agency:				

## Escort Details

Date of Escort: \_\_\_\_\_ Purpose:  Court  NZPB No. of Escorting staff: \_\_\_\_\_  
Mode of Transport:  Car  Van  Bus  Plane Other: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Route: \_\_\_\_\_  
Authorised Stops: \_\_\_\_\_

## Standard Instructions

Maintain strict security at all times.  
Prisoners to be under direct supervision at all time.  
Make no unauthorised stops – travel directly to and from the destination.  
Ensure that you carry communications equipment – you must contact the prison in case of emergency.  
No unauthorised phone calls or visitors during the escort.  
All documents related to the prisoner are held in a covered folder or satchel within the possession or control of staff.

## Restraint Instructions

## Verbal Authorisation (MCS or Delegated person)

I \_\_\_\_\_ contacted \_\_\_\_\_  
who gave verbal approval for this escort.  
Date Contacted: \_\_\_\_\_ Time Contacted: \_\_\_\_\_  
TAG/Rank/Position: \_\_\_\_\_ Date: \_\_\_\_\_

Escort OIC (Must have Level Three NZQA Unit Standard Escort Prisoners or equivalent)

Prior to any escort departing a secure point, the officer in charge of the escort (OIC) must check that the application of the handcuffs to the prisoner has been performed correctly, with the appropriate inserts where required.

The OIC must check and confirm that the handcuffs are securely fitted prior to any escort departing.

Receipt of prisoners and verbal escort briefings.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
TAG/Rank/Position: \_\_\_\_\_ Date: \_\_\_\_\_

## C.02.Form.01 Prisoner telephone number request



Surname \_\_\_\_\_  
First name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Current age \_\_\_\_\_ Classification \_\_\_\_\_ PRN \_\_\_\_\_  
Prison \_\_\_\_\_ Unit \_\_\_\_\_ Cell \_\_\_\_\_



This request will be entered on IOMs via the Prisoner Summary Screen as a manual entry. If you do not have access to a Kiosk or you are not able to access the Kiosk for any reason, staff will print off a current approved phone list and provide it to you once your request has been processed.

Prisoner requests the following telephone numbers:

1.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

2.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

3.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

4.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

5.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

6.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

7.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

8.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

9.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

10.  New /  Remove

Details of person to be contacted:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Does this person or any family member residing at the same address have a contact restriction (such as a court order) against you?  Yes /  No

When is the best time to contact this person?  Anytime /  Morning /  Afternoon /  Evening

Unit staff to complete

Printed CPTS list handed to prisoner

Officers Name: \_\_\_\_\_ Date: \_\_\_\_\_

Completed and filed in prisoner personal file

## Privacy Disclosure Statement

The Department of Corrections collects names, phone numbers and records calls, for the purpose of increasing the safety of the community, and you have the right of access and correction.

### To use the telephone system:

1. Lift Handset.
2. Enter access code.
3. Enter your personal PIN number.
4. Listen to pre-recorded message advising you and your caller that the call will be recorded and may be monitored unless your call is exempt from recording.
5. Wait while your call is checked.

### Telephone Call Monitoring:

Any prisoner non-exempt calls may be monitored.

Calls are exempt from monitoring if, and only if, the call is:

- A call between a prisoner and a Member of Parliament
- A call relating to the prisoner's legal affairs, between a prisoner and a barrister or solicitor of the High Court who acts for the prisoner; or with whom the prisoner is discussing the possibility of the person acting for the prisoner.
- A call between a prisoner and a person acting, in respect of the prisoner, in an official capacity as:
  - An Ombudsman.
  - An Inspector of Corrections.
  - The Health and Disability Commissioner.
  - The Privacy Commissioner.
  - A member of the Human Rights Commission, or an employee of the Commission.
  - A Children's Commissioner.
  - A Justice of the Peace.
- A call between a prisoner and a person acting, in his or her official capacity, on behalf of the International Criminal Court.
- A call between a prisoner and a person (other than a prisoner) who is:
  - A person of a kind or description for the time being exempted from monitoring under the Corrections Act 2004 sections 111-122 by the Governor-General by Order in Council and is acting for the purpose specified in the Order.
  - Exempted from monitoring under the Corrections Act 2004 sections 111-122 by the Chief Executive.

### Purpose of Call Monitoring

The purpose of monitoring prisoner calls is to increase the safety of the community by assisting staff to:

- Prevent and discourage the commission of offences by, for the benefit of, or with the help or encouragement of, prisoners.
- Detect and investigate offences committed by, for the benefit of, or with the help or encouragement of, prisoners.
- Prosecute, convict and punish prisoners who commit offences or who help or encourage other people to commit offences.
- Prosecute, convict and punish people who commit offences for the benefit of, or with the help or encouragement of, prisoners.
- Prevent and discourage escapes from prisons.

Monitoring prisoner calls also the purpose of assisting staff to:

- Maintain the security, good order and discipline of prisons.

## 1. Sponsor Understanding

I am over 16 years old and I have applied to be the approved sponsor for a prisoner applying for a Guided Release/Temporary release from Prison. This release may include the prisoner spending time at my address. As such, I understand an assessment of my address for the suitability of electronic monitoring must be carried out.

I understand that a condition of this release may include that the prisoner be monitored by GPS.

The Probation Officer must ensure I am aware of the nature of the prisoner's past and current offending to enable me to make an informed decision about whether I consent to the prisoner undertaking a guided release/temporary release with electronic monitoring with me as the approved sponsor. I understand I must not use this information for any other purpose.

The probation officer will;

- Provide a report to the Prison on:
- The suitability of the address
- The safety and welfare of the occupants of the address where the offender will be subject to monitoring.
- Collect the details of all persons, including children, who reside either permanently or part-time at, or regularly visit, the address, and
- If necessary for the assessment, send information to and receive information from the Police, Child Youth and Family and other agencies as appropriate.

I can withdraw my consent at any time to have the prisoner at the address while subject to the guided release/temporary release and electronic monitoring.

## 2. Obligations of relevant occupants

If I give consent to have the prisoner at the address while subject to GPS monitoring, electronic monitoring equipment **may be** installed at the address and would be attached to the address power supply for the duration of the leave. I am aware the offender may be required to charge the battery, as explained by the Probation Officer.

### **Allowing the probation officer or authorised person entry to the address**

I understand that by providing consent for the prisoner to be with me and at my address during the Guided release/temporary leave that I must allow staff from the Department of Corrections (Prison and/or Probation), any authorised person (such as the monitoring company) or Police entry to the residence at any time requested. This is for the purpose of maintaining the monitoring equipment or the offender's compliance with the monitoring.

**No interference with monitoring equipment**

If I am found to have tampered with the equipment in any way I understand that this is likely to jeopardise my ability to continue as an approved sponsor for temporary releases.

**3. Occupant criminal checks**

As part of the assessment of address suitability, the Department of Corrections will check for any criminal convictions and active charges I may have. The Department of Corrections will conduct the checks via internal records and the Ministry of Justice. I am aware that the Criminal Records (Clean Slate) Act 2004 does not apply in these circumstances so the Department of Corrections will have access to my full criminal conviction history.

**4. Sponsor acknowledgement, agreement, and consent**

The probation officer has explained the requirements of my role as a sponsor while the prisoner is subject to temporary leave and GPS monitoring.

I consent to the offender being at my address with me as the approved sponsor:

_____	_____	_____
Name of Sponsor	Date	Signature
I consent to CP checking my criminal history*		<b>YES / NO</b>

**5. Other Occupants (Over 16 years):**

The probation officer has explained the requirements of a temporary leave and GPS monitoring and my obligations as an occupant.

I consent to having the offender at the address while subject to GPS monitoring.

_____	_____	_____
Name of Occupant	Date	Signature
I consent to CP checking my criminal history*		<b>YES / NO</b>

_____	_____	_____
Name of Occupant	Date	Signature
I consent to CP checking my criminal history*		<b>YES / NO</b>

_____	_____	_____
Name of Occupant	Date	Signature
I consent to CP checking my criminal history*		<b>YES / NO</b>



## Sponsorship Assessment Temporary/Guided Release

**TO:**  Prisons Service (PS)  
 Community Probation (CP):

Office /  
Site: \_\_\_\_\_

The prisoner identified below has applied for a Guided Release activity/Temporary Release. Could you please ensure the following details are canvassed, and the completed form returned.

Due Date: \_\_\_\_\_ (10 working days)

This is the application for temporary release from custody during this sentence.  
I wish to emphasise that the Probation Officer should not give the sponsor any commitment regarding the possible outcome of the prisoner's temporary release application.

Principal Case Manager  
(signature) \_\_\_\_\_

Prison \_\_\_\_\_

Date \_\_\_\_\_

### (1) PRISONER

Name: \_\_\_\_\_ PRN: \_\_\_\_\_ DOB: \_\_\_\_\_

Sentence: \_\_\_\_\_ Commencement Date  
(SCD): \_\_\_\_\_

Index  
Offence(s)  
:

RoCRol: \_\_\_\_\_ HRX?  Yes  No

Next NZPB Hearing: \_\_\_\_\_

#### Proposed Activity:

**Duration of Leave Requested:** \_\_\_\_\_ *(This must be specific or the request will not be progressed)*

**Time and Date of Requested Leave:** \_\_\_\_\_

**Initial Response of Sponsor:** \_\_\_\_\_

### (2) SPONSOR

Name: \_\_\_\_\_ Photo ID copied:  Yes  No

Address: \_\_\_\_\_

Contact Telephone  
Number: \_\_\_\_\_

Mobile and/or Email *(if  
applicable)* \_\_\_\_\_

2.1 Has the sponsor participated in Temporary Leaves for this offender previously:  Yes  No  
If yes, any known issues or concerns: \_\_\_\_\_

2.2	Criminal History Check Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Outcome:
2.3	How long has the sponsor known the prisoner?
2.4	What is the sponsor's relationship to the prisoner?
2.5	Is there currently a protection or restraining order in force against the prisoner, in respect of either the sponsor or any children of the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No Confirmed with Police: <input type="checkbox"/> Yes <input type="checkbox"/> No Details:
2.6	Any other relevant information about the sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.7	Is the sponsor willing to have the prisoner on temporary release for the date and time sought or is a different date requested? <input type="checkbox"/> YES / <input type="checkbox"/> NO (state requested date and time)
2.8	Is the sponsor able to supervise the prisoner at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what arrangements are anticipated for the prisoner's supervision during the period(s) the sponsor is unavailable?
2.09	Has the sponsor been made aware of the prisoner's offence for which the prisoner is currently imprisoned? <input type="checkbox"/> Yes <input type="checkbox"/> No
2.10	Does the sponsor have a good understanding of the prisoner's high risk situations and identified risk factors? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:
2.11	Has the sponsor read and signed the Sponsor General Agreement Form? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>(3) ACCOMMODATION (TO BE VISITED AND ENTERED IF PROPOSED LEAVE INVOLVES A HOME VISIT)</b>	
3.1	What is the accommodation? <input type="checkbox"/> HOUSE <input type="checkbox"/> FLAT <input type="checkbox"/> OTHER (state)
3.2	Is the accommodation the sponsor's established home? <input type="checkbox"/> Yes <input type="checkbox"/> No

3.3	Are others sharing the accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details.
3.4	Are there concerns about any of the persons (including children and young persons) residing at the proposed accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4) GPS MONITORING (TO BE COMPLETED IF PROPOSED LEAVE INVOLVES A HOME VISIT)</b>	
4.1	Has the Sponsor signed the GPS sponsor agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Has an on site feasibility check been completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This is a requirement to ensure GPS data can be transmitted from the tracker while the prisoner is at the address)</i> Outcome:
4.3	Do Community Probation suggest specific inclusion/exclusion zones? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please detail these and the rationale for the zones)</i>
<b>(5) VICTIM RELATED INFORMATION</b>	
5.1	VNR alert? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, outcome of VNR check:
5.2	Are there any victim related issues with the proposal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, detail concerns:
<b>(6) PUBLIC SAFETY</b>	
6.1	Could the release of the prisoner on Guided Release/temporary release create any adverse local reaction, including the safety of the public and any person or any group of persons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, detail information:
6.2	Does the offender have any non-associations or protection orders that will need to be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, detail who and why:  <i>(Consideration should be given to an additional condition of the temporary release relating to non-associations)</i>
6.3	Has a request for information been sent to Police in regards to the proposal and sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail response. If no, please explain why.

6.4 Has a request for information been sent to CYF in regards to the proposal and sponsor?  Yes  No  
If yes, please detail response. If no, please explain why.

**(7) TRANSPORT AND OTHER CONSIDERATIONS**

7.1 Is the sponsor able and willing to transport the prisoner to and from the prison?  Yes  No  
If no, what other provisions are planned for the prisoner's transportation?

7.2 If the sponsor is planning to drive the prisoner, do they hold a valid NZ Drivers Licence?  
 Full  Restricted  Learner  No  
D/L Number:  
Expiry Date:

7.3 If the sponsor is planning to drive the prisoner, does the vehicle have current registration and WOF?  
 Yes  No  
Vehicle Details: *Model/Make/Colour/Licence Plate*

7.4 Are there any other matters that you are aware of that should be taken into account?  Yes  No  
If yes, please detail.

7.5 Are there any other restrictive conditions of Temporary Release that should be considered?  Yes  No  
If yes, please detail what and why.

Report prepared by \_\_\_\_\_ Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Service Manager Check Completed:

Yes \_\_\_\_\_  
SM Name

**Attachments** Please scan and attach to email with completed Sponsor Assessment Form

- Photo ID of sponsor
- Sponsor Criminal and Traffic History
- Sponsor General Agreement Form
- Sponsor GPS Agreement Form (if applicable)
- Other (Please Specify)