

MINNESOTA DEPARTMENT OF CORRECTIONS

Conditional Release Agreement (SUD Treatment Required) (Minn. Stat. § 244.0513)

Pursuant to, and authorized by, Minnesota Statute 244.0513, I, _____, OID Number _____ hereby request the opportunity to participate in a substance use disorder treatment program that, if successfully completed, may result in a conditional release before my supervised or target release date. With full and complete understanding, I agree to be bound by the following terms and conditions:

1. I must satisfy all eligibility criteria, whether legislated, or determined by commissioner/designee.
2. I will fully participate in, and successfully complete all substance use disorder treatment program components, and to follow all rules and regulations set forth by the program or the Minnesota Department of Corrections.
3. I will be expelled from the substance use disorder treatment program if:
 - a. I commit a material violation of, or fail to follow the rules of the program;
 - b. I commit any criminal offense while in the program; or
 - c. I present any risk to others based on my behavior and attitude.
4. Upon successful completion of the recommended substance use disorder treatment program, I will be considered for conditional release. If such release is granted, I will abide by all release conditions, and will submit to random drug and alcohol tests, and electronic or home monitoring as determined by the commissioner/designee or my supervising agent. I understand and agree the commissioner/designee may impose additional requirements.
5. The commissioner/designee will not grant conditional release unless a release plan is in place that addresses, at a minimum, plans for community-based substance use disorder treatment or aftercare, gaining employment, and securing housing.

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6. The commissioner/designee may rescind release without hearing, if the commissioner/designee determines that continuation of the conditional release poses a danger to the public or to an individual. If the commissioner/designee rescinds the conditional release, I shall be returned to prison to serve the remaining portion of my sentence.
7. If conditional release is revoked after a hearing by the hearings and release unit, I shall be returned to prison to serve all or a portion of my remaining sentence.

I, the undersigned, have read, or been advised of the above stated conditions and requirements for participation in the Conditional Release of Individuals Convicted of Nonviolent Controlled Substance Offenses (Minn. Stat. § 244.0513).

Applicant Signature and OID

Date

Caseworker Printed Name

Caseworker Signature (Witness)

Date

Original – ODocS
Copy – Applicant