MINNESOTA DEPARTMENT OF CORRECTIONS

Conditional Release Agreement (SUD Treatment Not Required) (Minn. Stat. § 244.0513)

Pursuant to, and authorized by, Minnesota Statute 244.0513, I, _____, OID Number _____ hereby request the opportunity to participate in the conditional release program (CRP). I understand that, at this time, there is no requirement that I complete substance use disorder (SUD) treatment as part of my acceptance into CRP. I understand that a conditional release is being granted which will occur 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 the commissioner/designee. I further understand that if I enter into this agreement and fail to successfully comply with my conditions of release, I may be revoked from the CRP program and returned to incarceration.

2. I will follow all rules and regulations set forth by the program, supervising agent or agency, and all conditions of release.

3. If conditional release is granted, I will abide by all release conditions, and will submit to random drug and alcohol tests as required, and to 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.

4. The commissioner/designee will not grant conditional release unless a release plan is in place that addresses, at a minimum, gaining employment and securing housing.

5. 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 all of the remaining portion of my sentence.

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6. If the 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