DEPARTMENT OF CORRECTIONS

Date:

County Attorney/Sentencing Court
Address

RE: (Full name and OID)
Consideration for Conditional Release for Person Convicted of Nonviolent Controlled Substance Crime
DOB:
FILE: (County Court File Number)

Dear _____:

As the prosecuting authority or sentencing court in the above case, you are being notified by the Minnesota Department of Corrections that this individual is being screened to determine if they are eligible to be released early under Minnesota Statutes § 244.0513 (2023). At this time, based on the most recent substance use disorder (SUD) assessment, treatment is not recommended. As such, this individual is eligible to be placed on conditional release on [___date___].

The early release program requires that each prospective participant submit to an SUD assessment and that they complete the appropriate level of treatment as indicated by the assessment during incarceration. In this case, there is no requirement to complete SUD treatment. The community phase of this program includes intensive supervision, securing appropriate housing, gaining employment, as well as daily reporting, electronic monitoring, urinalysis, and breathalyzer testing, as appropriate. If the participant fails the program, they will be subject to reincarceration and may be required to serve all or part of their remaining sentence up to expiration.

If you have any information that would help us determine if this individual is an appropriate candidate for early release, please send or fax a response within thirty days to the address below, indicating why they would or would not be appropriate for this program. All letters of concern will be forwarded to the Deputy Commissioner for Client Services and Supports of the Department of Corrections for review prior to a determination of the individual's eligibility for admission to the program. Thank you for your consideration and response to this request.

Respectfully,

Caseworker
Address
Fax #