**[DATE]**

Department of Corrections

Secretary James Leblanc

P.O. Box 94304

Baton Rouge, LA 70804

jmleblanc@corrections.state.la.us

RE: Furlough Request for **[NAME OF INCARCERATED PERSON, DOC #]**

Dear Secretary Leblanc:

I am writing to you today on behalf of **[NAME, DOC #]**, to ask you to release **[HIM/HER]** on immediate furlough. According to La. R.S. 15:833(B), you may authorize furloughs to deserving inmates to serve as a rehabilitation tool and maintain family relationships. Now, more than ever, this furlough should be used to reunite **[NAME]** with **[HIS/HER]** family.

We are in the midst of the gravest global health crisis in over a century. The novel

coronavirus that causes COVID-19 is exceptionally contagious, reaching pandemic status within

just a few months of the appearance of the first known cases. COVID-19’s fatality rate is

estimated to be up to thirty-five times deadlier than the common flu; and at one time, Louisiana had the second highest death rate per capita in the country. Currently, Louisiana is reporting fewer cases and the growth rate in new cases is decreasing, however, prisons are not on the same timeline as the rest of the state. Louisiana's first case was reported March 5th, and its first death on March 15th with cases and deaths dramatically increasing for the next six weeks. Those statistics were happening while people and communities were ordered to stay at home, socially distance, and practice safe hygiene.

People in prison are even more acutely at risk, because they tend to have poorer

overall health than the average population and social distancing is practically impossible in

prisons, where people often sleep in dormitories within several feet of one another, with no

possibility of keeping the requisite six foot distance apart, nor the capacity to maintain adequate

sanitation and hygiene. We don’t know when the first case of COVID-19 entered each prison, but the first death of a Louisiana prisoner in DOC custody was April 1st. This puts prisons at least 2 weeks behind the state’s timeline, but new introductions of the virus and spread continues to be a serious probability.

If your person has a family member who is sick with COVID-19 **OR** the person incarcerated has underlying health conditions, put specific information about illness, health conditions, treatment, and medication here.

I am asking you to act now to release **[NAME]**, who is eligible for your furlough under La. R.S. 15:833(B), and return **[HIM/HER]** to **[HIS/HER]** family. **[NAME]** has served **[AMOUNT OF TIME]** of **[HIS/HER]** sentence. **[HIS/HER]** current release date is **\_\_\_\_\_\_\_\_\_\_**. Your furlough power under this Louisiana law does not have any restrictions that apply to **[NAME]** because **[HE/SHE]** does not have any disqualifying convictions listed under La. R.S. 15:833(B)(3). **[HE/SHE]** would be better rehabilitated by this furlough than by remaining in prison. We can support and care for **[HIM/HER]** during this time. I am asking that **[HE/SHE]** be allowed to submit the following furlough plan:

* The purpose of this furlough is to maintain a relationship and provide for **[HIS/HER]** physical and mental health and well-being with **[HIS/HER]** family during this pandemic.
* **[HE/SHE]** will live at **[INSERT ADDRESS]** and stay with me, **[HIS/HER] [INSERT FAMILY RELATIONSHIP TO PERSON]**. I will make sure **[NAME]** follows all rules or regulations necessary during the furlough.
* I will also sign the Responsibility Agreement and provide transportation for **[NAME]** from **[LOCATION OF PERSON]**.

I believe granting this furlough request is in the best interests of **[NAME]** and will help **[HIS/HER]** rehabilitation. This furlough will also help protect the health and safety of **[NAME]**, other inmates, the staff and employees at **[DOC LOCATION]**, and our larger community. I ask that this furlough be for the remainder of Governor John Bel Edwards’s stay-at-home order plus 14 days, if **[NAME]** is required to return to the facility after this furlough, to ensure **[NAME]** does not reintroduce COVID-19 into the facility.

Thank you for considering this request. I look forward to your response to this urgent request, and ask you to release **[NAME]** as soon as possible to protect **[HIS/HER]** health and wellbeing.

Sincerely,