EMERGENCY COMMUTATION
PETITIONS IN THE
AGE OF COVID-19

A Guide for Incarcerated People
and Their Loved Ones

Illinois Prison Project, Updated April 2020
COVID Commutation Petition Handbook

This handbook is intended to be used for the preparation of emergency commutation petitions in light of the developing COVID-19 pandemic. It can be used by anyone who wants to help their loved one incarcerated in the Illinois Department of Corrections (IDOC) to file a clemency petition.

This handbook DOES NOT provide guidance for the filing of commutation petitions under normal circumstances, nor does it provide guidance for petitions that are not emergency petitions based on the threat posed by COVID-19. Additionally, this handbook is intended to be educational only. While we will try to provide you as much information as possible about what we know about clemency generally, we do NOT know the specifics of your situation and the information here does NOT constitute legal advice.

I. How Should I Use this Handbook?

This handbook provides information about how someone can help their Loved One to file a clemency petition. You may choose to use this document together with Illinois Prison Project’s COVID Commutation Petition Template. This document provides background information to help you answer all of the questions on that template.

The handbook will help you to gather the information you need to help your loved one write a clemency petition and include supporting documents. Ultimately, the clemency petition you are helping your Loved One write will be signed by your Loved One. For that reason, the template included in this toolkit is written in your Loved One’s voice, although this handbook is designed to help family members draft the petition for their Loved Ones to sign. You may write the petition in your Loved One’s voice, or in your voice. Either way, your Loved One must sign the petition.

II. What to Know Before You Begin

What is clemency?

Clemency is the power of the Governor to change a criminal conviction or criminal sentence imposed by a court. Commutation is a type of clemency, specifically the modification of a sentence. If someone’s sentence is commuted, that means that it is changed, often to “time served” so that the person can be released.

Who reviews and decides on clemency petitions?
Clemency petitions are filed with the Prisoner Review Board (PRB). The PRB makes a confidential recommendation to the Governor. However, the recommendation is not binding. The Governor makes the final decision about all clemency requests. The Governor’s authority to grant or deny a clemency petition is limitless, meaning the Governor can commute any sentence at any time, to anything, and for any reason. On the other hand, the Governor can deny any commutation request for any reason, and without explanation. You and your loved one may find it helpful to remember the saying, “Always hope for the best but prepare for the worst.”

How quickly will the Governor decide?

Under normal circumstances, the Prisoner Review Board considers petitions on a three-month schedule, meaning that petitions filed by a certain date are scheduled for a public hearing three months after that filing date. For example, if you file by January 23, your hearing might be held on April 23. The PRB makes a recommendation to the Governor at some point after the public hearing. The Governor then grants or denies the petition. The Governor is not bound by any timeline or schedule.

Emergency petitions are considered on an expedited basis, and do not involve a public hearing. Unless you clearly state that your petition is filed on an emergency basis, it may be held over to determine if your Loved One or the State’s Attorney would like a public hearing. For that reason, the clemency petition should be clearly labeled as an “Emergency” petition, and should explicitly state that your Loved One does not seek a public hearing. (If you use Illinois Prison Project’s COVID Commutation Petition Template, this language is already included.)

III. What To Do Before You Begin

Before you begin, make sure that you have a plan for how you will finalize and send the petition. The Prisoner Review Board (PRB) requires that clemency petitions be typed. You may choose to use IPP’s COVID Commutation Petition Template and fill in the answers and narrative sections. You will also need to gather additional documentation, such as letters of support. After you have compiled the documents, you will need to compile the entire petition into a single electronic file (PDF), to be emailed. You will also need to mail three copies of the petition: to the PRB, the sentencing court, and the State’s Attorney.

Please note that the petition must be agreed to and signed by your incarcerated Loved One. For that reason, the COVID Commutation Petition Template is drafted in the voice of your incarcerated Loved One. For example, it will say things like, “I am serving 20 years,” even if you, a family member, are helping your Loved One to prepare the petition.
IV. What Information Will I Need to Include in the Clemency Petition?

The PRB requires that all clemency petitions include the following information. If you are using the COVID Commutation Petition Template, you’ll see a place to include all of this information. Before you begin, however, you may want to go down this list and make sure you have all this information.

Questions with an asterisk (*) can be found on the IDOC Inmate Search website: https://www2.illinois.gov/idoc/Offender/pages/inmatesearch.aspx

A. Your Loved One’s information:

- The name under which your Loved One was convicted*
- Address (prison where your Loved One is incarcerated)
- Phone Number (of the prison where your Loved One is incarcerated)
- Loved One’s Date of Birth*
- Loved One’s Place of Birth
- Any Aliases, including your Loved One’s maiden name or married name if they are different from their name right now.
- Loved One’s Social Security Number
- Loved One’s State Prisoner Number*
- Prior Clemency Request: If your Loved One has applied for clemency before, you’ll need to know the month and year in which it was considered.

B. Information about the convictions for which clemency is being sought:

- Offense of Conviction: What was your Loved One Convicted of?*
- County of Conviction: What county was your Loved One Convicted in?*
- Sentencing Judge: Who was the judge that sentenced your loved one?
- Case numbers*
- Sentences imposed*
- Dates sentenced
- Time served*
- Kind of Conviction — Jury Trial, Bench trial or Guilty Plea
- Petitioner’s Version of the Offense

This question requires a longer answer than some of the other questions. You will need to work with your Loved One to help them provide a detailed statement about what happened in their
case. This includes dates, places, and all surrounding circumstances. Unless someone has a very compelling innocence claim, most attorneys recommend that a person filing for clemency both accept responsibility for the offense and express remorse.

C. Information about previous criminal history:
For every case in which your Loved One was arrested in the past, except traffic cases, you will need to provide the following information:

- The offense
- The disposition (meaning what happened in the case, such as whether the case was dismissed or the person was convicted; and if convicted, what sentence they served)
- What happened in the case (your Loved One’s own version of events)

D. Petitioner’s personal life history
This information should be written out, like a story. The more details you can include about your Loved One’s life before his or her incarceration, the better. Below are some questions that you could answer in this section. An answer to each question is not required. The purpose here is just to include a full life history, so that the PRB and the Governor understand what the person’s life has been like, especially any struggles or hardships that they have been through:

Please remember that your Loved One will sign the petition, so it may be easier to write the petition in his or her voice. The petition can be in the third person or in your voice, but your Loved One must sign it.

- Childhood
  - What was your Loved One’s childhood like? Was there enough food and money for the family to be comfortable, or were basic necessities a struggle? Did your Loved One grow up in a neighborhood where s/he felt unsafe, whether from violence, drugs, or trouble at home? Was s/he ever abused—physically, verbally, or sexually—as a child, or did s/he witness that abuse of someone else? Did they become pregnant at a young age (before 18)? When did s/he leave home? Why? Were they homeless as a child or teenager?

- Educational history
  - Where did your Loved One go to school? Did he or she excel academically, or struggle in school? Was s/he in special classes, or did s/he have a learning disability? How far did s/he get in school? If s/he did not graduate, why not? Did
s/he play sports, participate in clubs, or any other extra-curricular activities as a child?

- Employment history
  - Where did your Loved One work, and for how long? Include as much information as you can about each position, including title and pay rate. Please note if your Loved One particularly enjoyed or excelled at any position.

- Hardships and violence as an adult:
  - Did your Loved One experience hardships as an adult? For example, did they experience any abuse in their relationships, such as being beaten up by a partner or spouse? Were they the victim of violence outside of the home, such as community violence or gang violence? Were they ever the victim of violence against them because of who they are (for example, because of their sexual orientation)? Were they in any serious accidents that caused serious, permanent, or life-threatening injuries?

- Military service:
  - Did your Loved One serve in the military? Where did they serve? Were they in combat? Were they injured? How did serving affect them?

- Current relationships with family members:
  - Please describe your Loved One’s relationship with his/her partner, if s/he has one, including when they were married (if applicable), the ages and names of any children, and some detail about your Loved One’s role as an active and loving parent. Describe other family members or loved ones who support or play a major role in your Loved One’s life.

The PRB does not require the following information, but we have found that it can be helpful in explaining how your Loved One came to be involved in the criminal justice system, what steps have been taken to address underlying health issues, and what plans are in place to make sure that your Loved One’s release is successful.

- Mental health history
  - Does your Loved One have any prior mental health diagnoses, especially if they are now being successfully treated through medication or therapy?

- Drug use/addiction
  - Does your Loved One have a prior history of drug use, that might explain his or her involvement in the criminal justice system? Has your Loved One participated in drug treatment?
• Current Health Conditions
  ○ Please include substantial information about any health condition your Loved One currently has that makes him or her at higher risk for serious complications from COVID-19. This includes asthma, heart disease, lung disease, high blood pressure (also called hypertension), diabetes, an immune disorder, cancer, kidney failure, liver disease, etc. Please list any and all medications, recent surgeries, specialized treatments, etc. If in doubt, include more health-related information than less.

E. Reasons for seeking clemency and the type desired

Reasons for seeking clemency. In this section, you will provide the reasons why your Loved One should receive clemency. For example:

• **Health.** You can argue that based on your Loved One’s age or underlying medical condition, that COVID-19 poses a substantial risk of serious infection or death.

• **Age.** You can argue that because of your Loved One’s age, COVID-19 poses a substantial risk of serious infection or death.

• **Rehabilitation.** You can argue that commutation is appropriate because of your Loved One’s history of rehabilitation while in custody. To support this argument, you should include information that demonstrates your Loved One’s rehabilitation, including certificates of accomplishments, job history, transcripts, diplomas, letters of support or recommendation from staff or inmates.

• **Family Connections.** It is important to emphasize community support for two reasons: first, it assures the PRB and Governor that your Loved One has the emotional resources he or she will need to succeed in the community. Second, providing proof of community support and family connections helps the PRB and Governor’s Office see your client as a person, not a piece of paper. You can argue that your family members have loved ones who depend on them, such as children who are missing their parent, or elderly family members who need their incarcerated Loved One’s help. You can also argue that the family is ready and able to support your Loved One when s/he returns from prison.

**Type of Relief Requested: Commutation of Sentence.** Commutation is a change in sentence. Although the Governor can commute a sentence in any way, here, your Loved One should state that he or she seeks a commutation to “time served.” If your Loved One’s sentence is commuted to time served, he or she will likely be placed on Mandatory Supervised Release for a period of time. Your Loved One may wish to seek an alternative form of relief, such as a full pardon. It is
unlikely that such a request will be considered on an emergency basis, unless you or your Loved One can tie the request to the public health threat posed by COVID-19.

F. Parole Plan

You **must** include a parole plan for the best chances of success. That means spelling out exactly where your Loved One will live if released. In whose home will s/he stay? Will s/he have their own room? Is the home set up so that your Loved One can quarantine for two weeks upon release? Will you, or someone else, agree to provide financial support while your Loved One gets back on his or her feet? If your Loved One has a medical condition, how will s/he be taken care of if released? Ideally, the person who will house your Loved One should draft a letter of support, saying that they will do this.

G. Signature

The Petition **must** be signed by your Loved One, and include the following language:

“I declare under penalty of perjury that all of the assertions made in this petition are complete, truthful and accurate.”

V. Documents You Should Gather and Attach to the Petition

Although every petition is different, there are certain documents that you might want to consider including as attachments:

- **Medical Records.** If your Loved One has a medical condition that makes him or her especially vulnerable to COVID-19, include medical records that articulate that condition. **Do not** include hundreds (or even dozens) of pages of records. Anything that spells out the condition, and reflects his or her current health and medications, is enough.
  - Medical records can be difficult and time-consuming to obtain. Your Loved One is entitled to a copy of his medical records from his or her institution. Asking for a copy of the “Problem List” and current medications should provide enough information to reflect your Loved One’s current medical situation.

- **Letters of Support.** Letters of support from people in the community are very important, and you should include as many as you can. A template is included at the end of this petition.
● **Disciplinary Card.** Your Loved One can obtain his or her disciplinary card from his or her counselor. If your Loved One has had only minor or old infractions, you might consider including it in the petition.

● **Accomplishments.** If your Loved One has completed any courses, educational programs, degrees, or groups while incarcerated, you might include that documentation here.

● **Photographs.** You might include photographs of your Loved One with family or friends.

● **Military Records.** If your Loved One served in the military, include his or her DD214.

● **Court Documents.** You may want to include court documents if the facts of your Loved One’s case are sympathetic (i.e., your Loved One was convicted on accountability, or no one was hurt in an otherwise “violent” incident, or an “armed” offense involved a knife or a gun that was never discharged). Your Loved One likely has copies of some of his/her legal paperwork. Otherwise, court orders can be obtained from the circuit clerk’s office in the county where your loved one was convicted.

**VI. How to Submit the Petition**

We recommend that petitions be submitted **both by mail and by email**, to ensure the quickest consideration.

● To file by mail:
  
  ○ You will need three copies of the entire petition (meaning what you typed up all of the documentation). Petitions should be stapled or clipped together so that they can easily be separated. Do not bind them or submit them in plastic sleeve sheets.

  ○ Send a copy to the sentencing judge or the chief judge of the circuit, if the sentencing judge is no longer on the bench. Information about chief judges of each circuit court can be found at [http://illinoiscourts.gov/CircuitCourt/CircuitCourtJudges/ChiefJudges&Assoc.asp](http://illinoiscourts.gov/CircuitCourt/CircuitCourtJudges/ChiefJudges&Assoc.asp)

  ○ Send a copy to the current State’s Attorney of the county of conviction.
- Send a copy of the petition plus **proof of mailing** (registered or certified mail receipt included in the package) to the Illinois Prisoner Review Board, 319 East Madison, Suite A, Springfield, Illinois 62701.

- To file by email:
  - Send a pdf copy of the petition to:
    - Jason Sweat (jason.sweat@illinois.gov) and Nichole Damhoff (nichole.damhoff@illinois.gov).
    - In that same email, CC the State’s Attorney for the county of conviction. To determine which email address to use, please call the State’s Attorney for the county where your Loved One was convicted.
Frequently Asked Questions

1. Will there be a hearing on the petition?

There will not be a hearing on the petition unless someone affirmatively asks for one; either your Loved One, the State’s Attorney, the victim, or someone else. If the petition is framed as an emergency request, it seems unlikely that anyone will request a hearing, although it is not impossible.

2. What happens to my petition?

Your petition will be considered by the Prisoner Review Board, which makes a non-binding and confidential recommendation to the Governor’s Office.

3. When will I hear if the petition is granted?

Ordinarily, the Prisoner Review Board (PRB) has 60 days from the date of the hearing to make a confidential non-binding recommendation to the Governor. The PRB can decide to make decisions on emergency petitions more quickly than that. After the recommendation goes to the Governor’s office, there is, unfortunately, no timeframe for when a petition must be granted or denied; the timeframe is entirely up to the Governor’s Office.

4. What happens if the petition is granted?

If the petition is granted, the Governor’s Office will direct the PRB to prepare a commutation order, which will be sent directly to the Department of Corrections. Someone in the institution will tell your Loved One that his or her sentence has been commuted, and Field Services will begin working with your Loved One to verify his or her release plan.

5. What happens if the petition is denied?

If the petition is denied, your Loved One will receive a letter from the Governor's Office. Your Loved One may refile in one year from the date of the denial.

6. My Loved One’s last petition was denied less than a year ago. Can we still file?

Yes. According to the Prisoner Review Board’s guidelines, the one-year bar does not apply to emergency filings.
7. Does the petition need to be notarized?

No. The Prisoner Review Board has suspended the requirement that petitions be notarized. Petitions must be signed by either the incarcerated person seeking relief, or his or her attorney, and must include the following statement:

“I declare under penalty of perjury that all of the assertions made in this petition are complete, truthful and accurate.”

8. My Loved One has a petition pending right now. Can we still file?

You can.

9. How do I get medical and/or mental health records from the Illinois Department of Corrections?

Your Loved One is entitled to a copy of his or her medical records from the Department of Corrections. The fastest way to get his or her records is to have your Loved One mail them directly to you. For a snapshot of your Loved One’s medical history, ask him or her to send you their “Problem List” and current medications, both of which they can obtain from Medical Records.

If you would like to request them from the Department of Corrections yourself, your Loved One must first sign the Department of Corrections release form. Blank forms are at the end of this handbook. You must then fax or mail the signed form back to your Loved One’s correctional institution. Because each institution has different rules about how to submit medical records requests, you should call the institution and ask to speak to “Medical Records” for guidance from your Loved One’s institution.

10. My Loved One received medical and/or mental health treatment at an outside hospital while incarcerated. How do I get medical and/or mental health records from them?

You are not required to include medical records, but if you decide that you want to obtain medical records from a community hospital or provider, you will need explicit permission from your Loved One. First identify the provider. Call the medical records department where your Loved One received care, and ask for a copy of their HIPAA release form. You can also typically find this form on the provider’s website. Once you have a copy of the release, fill it out
to allow the provider to release the medical record to you, and then mail it to your Loved One for his or her signature. Once your Loved one has returned the signed release, contact the community provider, who will have you fax or email them the release. Be prepared to pay a small fee for medical records from providers.

11. If my Loved One has to register as a Sex Offender, are there restrictions on where s/he can live if s/he is released?

There are. It is unlawful for a child sex offender to reside within 500 feet of a school, playground, or any facility providing programs or services exclusively directed toward people under age 18, unless they owned the property prior to July 7, 2000.

Although there are no formal restrictions on sex offenders living with children under the age of 18, the Department of Corrections is unlikely to approve a parole site where children live. If your Loved One is required to register as a sex offender, it is a good idea to identify a parole site where there are no children.

12. Where can I find the information about my Loved One’s current and/or previous cases (i.e. judge, sentencing date, etc.)?

Most of your client’s previous and current cases, including the county of conviction, offense, case number, and sentencing information will be listed on IDOC’s website. You can look at that information here: https://www2.illinois.gov/idoc/Offender/Pages/InmateSearch.aspx

If your Loved One was convicted in a county outside of Cook County, you may be able to find additional information through this website, which provides access to the clerk systems in many counties outside of Cook County: https://www.judici.com/. Unfortunately, Cook County does not provide general public access to this information online.

13. My Loved One has a pending case. Can we still file?

You can.

14. Will IDOC test my Loved One for COVID-19 before s/he is released?

Probably not. You should be prepared for your Loved One to completely self-isolate for 14 days after being released from prison (such as in their own bedroom), especially if the person with whom s/he will live is elderly has underlying medical conditions.
15. What if my Loved One has cases out of multiple counties?

Please include all current, undischarged sentences in the Offenses of Conviction section. Please provide mailed and emailed copies to the Chief Judges and State’s Attorney’s Offices in every county where your Loved One has active sentences.

16. Can the Illinois Prison Project review our petition before we file or can IPP file on our behalf if we compile everything?

Unfortunately, due to the sheer volume of requests, we cannot review every petition prior to filing. We are happy to try to answer discrete questions, however. Please email questions to illinoisprisonproject@gmail.com. We will update this handbook with additional information as we answer questions.

17. Can we still file a regular petition in addition to an emergency petition?

If your emergency petition is denied, you can file another petition one year after the denial.
How to Write a Letter of Support for a Clemency Case

Letters of Support help show that the person who is incarcerated has family and friends who love and care about them and who are ready to help them reenter society successfully, such as by providing housing or help finding a job.

Who can write a letter of support?

Family members and friends who know the incarcerated person are the best people to write letters. Important friends of the family, such as your pastor or other religious leaders, can also write letters. Children in the family, especially the person’s own children, can write letters. Even if they cannot write very much, they can just say how much they miss their parent.

How long should the letter be?

Some letters are just a couple of sentences and other letters are several pages long. You should just say whatever you want to say, and talk about whatever is most important to you. Don’t worry about it being too long or too short. Even a very short letter is a good letter!

What are the most important things to say in a letter of support?

1. **Who are you?**
   
   You can say your name and, if you want to, you can say what your profession is, if you are retired, served in the military, or if you are a parent or caretaker.

2. **How do you know this person?**
   
   Are they related to you? Did you raise them? Did you grow up together? How often do you stay in touch with them during their incarceration? Do you write or call them in prison?

3. **What kind of person are they?**
   
   If you knew them before they were incarcerated – what were they like before they were incarcerated? What kinds of things did they enjoy doing?

   What kind of person are they now? For example, do they help other people who are in prison? Do they stay in touch with you and their children by phone?

4. **Did this person have a hard life? Did they experience hard times? Were they the victim/survivor of abuse?**
   
   If you knew this person when they were younger, and they had a hard life, please say so. If they were poor when they were growing up, or a difficult home life, you can talk about that. If they were abused by someone in their life, please talk about that.
5. How will you help if this person is released?

*This may be the most important section!* Talk about how you would help them if they are released. For example, will they live with you? Will you help make sure they get to medical appointments? Will you help make sure they stay sober and attend AA? Will you help them find a job?

**Is there anything I should not say in the letter?**

Most importantly, everything you say should be true and from the heart. Also, filing a clemency petition is NOT like being in court. It is **not** helpful to say that the person is innocent. Instead, the Governor wants to know that people are sorry for what they have done and have been rehabilitated, and also that they have friends and family who care about them and who will be able to support the person if they are released.

**Can my letter be handwritten?**

Yes! But please write legibly.

**Must I include my address?**

You ideally should include your address as part of verifying your identity.
SAMPLE CLEMENCY LETTER:

[DATE]

Office of the Governor
James R. Thompson Center
100 W. Randolph, 16-100

Dear Governor Pritzker,

My name is Esther Good. Amanda Good is my niece. I have known her since she was born. Ever since she was little, she wanted to help others. I remember as a little girl she always tried to help me in the kitchen, even when she was too small to be much help. But I did love the company. We didn’t have a lot of money when Amanda was a child, but we made do.

When Amanda was a teenager, she was raped by some older boys. After that, she started having a hard time in school. She would come home from school and I knew she was high. I think she was trying to deal with what happened to her and she didn’t know how to do it. She struggled a lot and she lost her way.

Amanda has a family who loves her very much. We are a very close family and we take care of our own. It broke my heart when Amanda was arrested. Since then, I write her letters and call her on the phone about once a week. I put money on her books whenever I can. I cannot believe it has been this many years. I wish we could have kept her out of trouble. She is sorry and we all are. But since she’s been in prison, I have seen the change in Amanda. She’s gotten sober and that helped a lot. She’s thinking clearly now and she wants to help other people in their sobriety.

If Amanda is released, she will be staying with my sister, Eden Good, who is Amanda’s mother. I used to be over at my sister’s house just about every day because Eden and I work together helping people with their taxes. Now with Coronavirus, I call on the phone every day. If she is released, I will be helping Amanda get back on her feet. After Coronavirus, I will help to take her around and look for jobs. I know that she wants to do something in the helping professions. I believe that humility goes a long way. I know that Amanda is in a place where she has found her humility and is ready to give back to society.

Amanda is a person who has made mistakes, but she is a good person. She is kind and loving. She cares about other people, especially her family. I know she wants to help her mother and me as we get older. Please find it in your heart to grant her clemency.

Sincerely,

Ms. Esther Good
1234 Sample Street
Chicago, IL 60603
(312) 555-5555
Emergency Petition Checklist

Underlying Offense
- Court Order, sentencing transcripts, or other court documents
- Letter from Loved One expressing remorse

Medical History – most files include a medical review
- List current medications
- List prior medical conditions
- Attach relevant medical records

Parole Plan
- Place to live
- If sex offender registrant, confirm and note there are no children in the home and that it is more than 500 feet from a school, park, playground, etc.
- Describe your plan for quarantine
- Describe your plan for medical care in the community
- Describe your plan for financial support

Institutional Adjustment
- Highlight classes, certificates, diplomas, and other accomplishments

Personal History
- Childhood
- Education
- Military history
- Job history (in and out of prison)
- Marriage/Children

Attachments
- Letters of Support
- Medical Records
- Accomplishments in Prison
- Disciplinary Cards
- Photographs

Submission
- Signed by Loved One (under penalty of perjury)
- Mailed to PRB, Court, and State’s Attorney
- Emailed to PRB and State’s Attorney
Authorization for Release of Offender Medical Health Information

This Authorization may not be used for mental health or substance abuse treatment information (use form DOC 0240)

The Department of Corrections will not condition treatment on this authorization. If authorizing disclosure to persons or organizations that are not health plans, covered health care providers or health care clearinghouses subject to federal health information privacy laws, they may further disclose the protected health information. However, genetic testing or HIV/AIDS information disclosed pursuant to this authorization may not be further disclosed except pursuant to authorization.

I hereby authorize __________________________ to release the following information: (State specific medical health information to be disclosed including date(s) or date range)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

☐ At Request of Offender and/or: ____________________________________________ Purpose of disclosure

from the records of __________________________________________________________ ID# __________________________ Print Offender's Name

to:  ☐ Self    ☐ Authorized Attorney    ☐ Health Care Facility    ☐ Other: __________________________

Name: ______________________________________________________________________ Print Name

Address: ____________________________________________________________________

________________________________________________________________________ Street Address

________________________________________________________________________ City ___________ State ___________ Zip Code

I hereby release and hold harmless, the State of Illinois, the Department of Corrections, and its employees from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted to the authorized attorney, health care facility, other as specified, or self. Records disclosed may contain confidential medical information including HIV disease information. I understand that I have the right to revoke this authorization at any time prior to disclosure by giving written notice (witnessed by someone who knows my identity) to the prison Facility Privacy Officer.

Expiration: This authorization will expire (complete one):

☐ 45 days from date of signature

☐ Upon the occurrence of the following event (must relate to the individual or purpose of the authorization):

________________________________________________________________________

Signature:

________________________________________________________________________ Signature of Offender or Person Authorized to Consent

________________________________________________________________________ Relationship

________________________________________________________________________ Date

Give Offender a copy if DOC made the request for release.
Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information

This Authorization may not be used for medical health information (use form DOC 0241)

The Department of Corrections will not condition treatment on this authorization. Mental health information disclosed pursuant to this authorization may not be further disclosed except pursuant to authorization from the offender or offender’s representative. If this authorization is for psychotherapy notes, it must not be used as an authorization for any other type of protected health information.

I hereby authorize ___________________________ to release

Section A: Mental Health Information (State specific Mental Health information to be disclosed including date(s) or date range):


Section B: Substance Abuse Treatment Information (as indicated below):

If Substance Abuse Treatment records are being authorized, initial all relevant areas below (including date(s) or date range):

- [ ] Diagnosis
- [ ] Toxicological Reports/Drug Screens
- [ ] Evaluation/Assessment
- [ ] Medication Management Information
- [ ] Treatment Plan
- [ ] Attendance in Treatment
- [ ] Summary of Treatment Services
- [ ] Treatment Progress Report
- [ ] Continuing Care Plan
- [ ] Educational Information
- [ ] Other (specify): ___________________________

- [ ] At Request of Offender and/or: ___________________________ Purpose of disclosure

from the records of ___________________________ ID#

Print Offender’s Name

to: [ ] Self [ ] Authorized Attorney [ ] Health Care Facility [ ] Other: ___________________________

Name: ___________________________ Print Name

Address: ___________________________ Street Address ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

I hereby release and hold harmless, the State of Illinois, the Department of Corrections, and its employees from any liability which may occur as a result of the disclosure or dissemination of the records or information contained therein resulting from the access permitted to the authorized attorney, health care facility, other as specified, or self. I understand that I have the right to revoke this authorization at any time prior to disclosure by giving written notice (witnessed by someone who knows my identity) to the prison Facility Privacy Officer.

Expiration: This authorization will expire (complete one):

- [ ] 45 days from date of signature
- [ ] Upon the occurrence of the following event (must relate to the individual or purpose of the authorization):

Signature: ___________________________ Signature of Offender or Person Authorized to Consent ___________________________ Relationship ___________________________ Date ___________________________

Witness: ___________________________ Print Name ___________________________ Title ___________________________ Signature ___________________________ Date ___________________________

Give Offender a copy if DOC made the request for release.