

Release Date: \_\_\_\_\_

## Bridging the Gap

### Request for temporary contact form

Your Name: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address you will be released to:

- Street \_\_\_\_\_
- City \_\_\_\_\_
- State/Zip \_\_\_\_\_

Name of treatment or correctional facility you are currently in

(e.g. Gallatin County Detention Center): \_\_\_\_\_

Department of Corrections (DOC) number (if applicable): \_\_\_\_\_

Comments: (Alternative Contact, Transportation to Meeting Requested, Accessibility: Vision, Hearing, Dexterity, Etc.)

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Please return this form to **BTG Chair: Michael S. at** [district72btg@gmail.com](mailto:district72btg@gmail.com)