



**COOK COUNTY SHERIFF'S OFFICE
BUREAU OF INTELLIGENCE AND INVESTIGATIONS**



REQUEST FOR TEMPORARY RELEASE OF INMATE

Date: _____

From: _____
Title/Law Enforcement Agency or Title/Agency/States Attorney's Office

ATTENTION: CIID

RE: TEMPORARY RELEASE OF DETAINEE/INMATE

DETAINEE /INMATE NAME: _____

INMATE IDENTIFICATION NUMBER: _____

REQUESTING CIVILIAN CLOTHES: YES: _____ NO: _____

PLEASE BE ADVISED THAT DETECTIVE _____ STAR# _____

AGENCY OR STATE'S ATTORNEY'S OFFICE: _____

DETECTIVE/OFFICER DIRECT PHONE NUMBER: _____

REQUESTS THE TEMPORARY RELEASE OF THE ABOVE NAMED INMATE PURSUANT TO 730 ILCS 125/19.5.

THIS REQUEST IS MADE IN REGARDS TO THE INVESTIGATION OF

(Name crime and purpose of release)

IT IS REQUESTED THAT THE ABOVE LISTED DETAINEE/INMATE BE RELEASED

TO DETECTIVE(S) _____ STAR# _____ ON _____, 20__ AT _____ HOURS

THE ABOVE LISTED DETAINEE/INMATE'S NEXT COURT DATE IS _____, 20__ AND THE
LOCATION IS _____.

THE ABOVE LISTED DETAINEE/INMATE WILL BE RETURNED TO CIID (BII) UNIT

NO LATER THAN _____, 20__ AT _____ HOURS.

DETAINEE MUST BE RETURNED WITHIN 48 HOURS OR RELEASE.

APPROVED BY: _____

TELEPHONE# _____

APPROVED BY (PRINTED) _____

STAR# _____

SUPERVISOR RANK _____

Fax# _____

RELEASE OF LIABILITY

I, hereby acknowledge as an authorized agent of the Law Enforcement Agency or State's Attorney's Office listed below, that Cook County Department of Corrections Detainee _____ Cook County Department of Corrections Identification Number _____, will be released to the custody of _____ pursuant to 730 ILCS 125/19.5.

It is the specific intent and purpose of this instrument to release and discharge the Cook County Sheriff's Office from liability and that the Sheriff shall not be liable for injury of any kind, including but not limited to death, to either the detainee/inmate released or to any third party that occurs during the time period that the detainee/inmate in the custody of the Law Enforcement Agency or the State's Attorney's Office, unless the Sheriff or a Deputy Sheriff, Correctional Officer, Lockup Keeper or County Employee is guilty of willful and wanton conduct that proximately caused the injury.

In consideration thereof, I and _____ authorize and give to the _____ Law Enforcement Agency Sheriff of Cook County this release of liability and will release and hold harmless and forever discharge the Sheriff's Office of Cook County, it's agents, servants, employee's, officers, insurers, successors and assigns and each and every one of them from any act that resulting any injury of any kind or liability from all actions, causes of action, claims, demands whatsoever, whether or not well founded in fact or in law, damages, judgments, claims and demands at law or in equity that occurs as a result of taking custody of the above named detainee/ Inmate from the custody of the Sheriff's Office of Cook County.

As an authorized agent of the Law Enforcement Agency or the State's Attorney's Office listed below, I have read this **Release of Liability** in its entirety and understand all of its terms. I have also executed this instrument voluntarily and with full knowledge of its significance.

Signature of Authorized Agency of Supervisory Rank

Date

Name (Printed) and Rank of Agent of Supervisory Rank

Star Number

Law Enforcement Agency/State's Attorney's Office

Documents Received by (CCDOC Name and Star#)

Date