



State of Montana
DEPARTMENT OF CORRECTIONS
APPLICATION FOR GATE MONEY

Date ____/____/____

Name _____

AO# _____

Current Facility _____

Prison Reception Date ____/____/20____

Housing Unit _____ Cell _____

Release Date ____/____/20____

Inmate Signature _____

Type of Release:

- 10 Day Furlough

- Intensive Supervision (ISP)

- Supervised Release (Probation)

- Parole

- Discharge

- Other _____

1) Has the inmate been incarcerated at a secure facility for 12 consecutive months?

YES NO

(If no then the inmate is not eligible to receive gate money)

2) Is the inmate discharging one felony sentence to another?

YES NO

(If yes then the inmate is not eligible to receive gate money)

3) Is the inmate releasing to Immigration and Customs Enforcement (ICE) or is not a US Citizen?

YES NO

(If yes then the inmate is not eligible to receive gate money)

4) Has the inmate received gate money within the last five (5) years?

YES NO Request Review

(If yes then the inmate is not eligible to receive gate money)

5) Is the inmate being released because the court vacated the sentence?

YES NO

(If yes then the inmate is not eligible to receive gate money)

6) Is the inmate paroling to federal jurisdiction?

YES NO

(If yes then the inmate will receive \$5.00 per MCA 53-30-111)

Balance per Inmate Accounts \$ _____

Balance Verified by: _____

On: _____

Amount Authorized: \$ _____

(Amount authorized will not exceed \$100 when combined with the current inmate account balance)

Please route completed form to:

Jennifer Paszkiet

corcontractbeds@mt.gov