INTERIM REVISION MEMO

TO: All Staff
FROM: Andrew Pallito, Commissioner
RE: Change to Attachment in newly revised # 406.01 Inmate Instate Transportation
DATE: September 29, 2009
Cc: William Lawhorn, Bob Kupec, Heather Simons

On August 3, 2009 I approved and signed the newly revised administrative directive #406.01 Inmate Instate Transportation, “A” security level. Following training of this directive, a slight change has been made to Attachment 3, the Inmate Transfer Alert Form (page 20), by changing the directions for who should receive copies of the completed form. The change follows:

From current: Cc: Sending Facility Security & Operations Supervisor
   Sending Shift Supervisor
   Sending QHCP

To: Cc: Sending Facility Security & Operations Supervisor
   Receiving Shift Supervisor
   Inmate File

Please replace the current Attachment 3 in your copy of the directive with the attached form. The directive and this revision go into effect October 1, 2009 and will be on the Department Web site. The revised form will be in the Forms Directory.

Thank you. If you have any questions, please contact Bill Lawhorn, 241-1572.
INMATE TRANSFER ALERT FORM

INMATE NAME: ___________________________ DOB: __________ PID#: ___________________________

TRANSFER FROM: ___________________________ TO: ___________________________

DATE OF TRANSFER: ___________ Time: ___________ MUST RETURN – DO NOT RELEASE: □

Reason for Alert (check all that apply)

<table>
<thead>
<tr>
<th>Medical Alert</th>
<th>Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assaultive</td>
<td>Former Law Enforcement Officer</td>
</tr>
<tr>
<td>Escape Risk</td>
<td>Hostage Taker</td>
</tr>
<tr>
<td>Security Threat Group</td>
<td>Special Skills (e.g., black belt)</td>
</tr>
<tr>
<td>Protective or Close Custody</td>
<td>History of Contraband</td>
</tr>
<tr>
<td>Segregation</td>
<td>History of Self Harm</td>
</tr>
<tr>
<td>Restraint Modifications</td>
<td>ADA Accommodation</td>
</tr>
<tr>
<td>None</td>
<td>Withdrawal – Detox</td>
</tr>
</tbody>
</table>

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For each applicable category above, provide a brief summary and attach supportive documentation if available.

________________________________________________________________________

________________________________________________________________________

(Continue on back if needed)

Officer (print name) ___________________________ QHCP (Signature) ___________________________ Date ___________

Approving DOC Supervisor (print name) ___________________________ Approving DOC Supervisor (signature) ___________________________ Date ___________

Transport Staff Have

| Inmate’s Medications □YES □N/A | Inmate’s Medical Records □YES □N/A |
| Medical Transfer Form □YES □N/A | Inmate’s File □YES □N/A | Inmate’s Property □YES □N/A |

Transporting Staff Name ___________________________ Transporting Staff Signature ___________________________ Date ___________ Time ___________

Transporting Staff Name ___________________________ Transporting Staff Signature ___________________________ Date ___________ Time ___________

Receiving Staff Name ___________________________ Receiving Staff Signature ___________________________ Date ___________ Time ___________

Receiving Staff Name ___________________________ Receiving Staff Signature ___________________________ Date ___________ Time ___________

Co: Sending Facility Security & Operations Supervisor; Receiving Shift Supervisor; Inmate File