

Special Management Inmate Notice

Name: _____ DOC #: _____

Location: _____

Justification: _____

Requestor: _____ Date: _____

Approving Authority: _____ Date: _____

This inmate is identified as a special management inmate. Transfer will require approval of the manager of Classification and Population after consultation with the appropriate regional director.

In the event an emergency medical or mental health transfer is required, the facility head will notify the appropriate regional director.