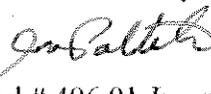


VT Department of Corrections

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)

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

M-1 M-2 M-3 M-4

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

(Continue on back if needed)

QHCP (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 _____

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