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INMATE TRANSFER FORM	10.2	Page 1 of 2



State of Maine Board of Corrections



Inmate Transfer Form

Transfer From: [Correctional Facility] **To:** [Correctional Facility]

Inmate Name: _____ Date of Birth: _____ Gender: M F
 Sending Agency: _____ Agency Contact Person: _____ Contact #: _____

Arrest Information

Time of Arrest: _____ Date of Arrest: _____ Sex Offender: Y N
 Current Charges: _____
 Sentenced: Unsented: Date: _____
 Other/Pending Charges: _____ Detainers: Y N Holds: Y N

Inmate Information

Current Classification: Minimum Medium Maximum Protective Custody/Special Mgmt.
 Details: _____
 Most Recent Review: No Mgmt. Problems Good Behavior Discipline (30 day history)
 Review Date: _____ Override Date (if applicable): _____
 See page two for additional reviews (if checked)
 List any other details (last 30 days): _____
 List any discipline notes: _____

Other Information

Form Completed by: _____

Medical Information

Prescriptions: Y N If yes, list: _____
 Other details: _____

Security Threat Group Information

Active: Y N Verification: Y N
 Name: _____

No Contact Order Information

Current/Active: Y N
 Victim(s) Name(s): _____
 Address: _____
 Telephone: _____

Transfer Request: Approved Denied
 Reason (if denied): _____
 Authorizing Name: _____
 Date: _____

Return to Originating County:
 Reason: _____
 Authorizing Name: _____
 Date: _____

Additional Review Information

Past Review: No Mgmt. Problems Good Behavior Discipline (30 day history)
Review Date: _____ Override Date (if applicable): _____
Classification: Minimum Medium Maximum Protective Custody/Special Mgmt.
Details: _____

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