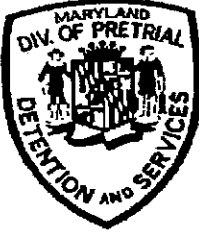
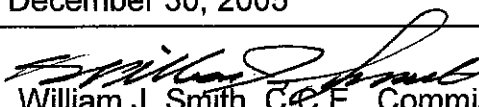


STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF PRETRIAL DETENTION AND SERVICES

	PROGRAM: Custody & Security
	PDSD: 110-36
	TITLE: Transfer Alert Form
	ISSUED: December 30, 2005
	APPROVED:  William J. Smith, C.C.E., Commissioner

- I. Reference: A) ACA 4-ALDF-4D-27
 B) PDSD #105-1
- II. Applicable to: The Division of Pretrial Detention and Services
- III. Purpose: To establish procedure for the completion of alert forms when transferring a resident.
- IV. Definition: None
- V. Policy: It is the policy of the Division of Pretrial Detention and Services to provide resident information for those problems or issues which present a significant threat to public safety, or the safety and security of a correctional facility.
- VI. Procedure:
- A. The Director/ Supervisor of each reporting department shall assign personnel to complete a *Transfer Alert Form* (Appendix A, B or C) for any resident transferring to a local correctional facility.
- B. Assigned personnel shall complete the appropriate form and respond to the "*Problem Area*" section as designated in Chart I of this directive.
- C. Document Delivery
1. Transportation officers shall collect the following documents for transport with the transferring resident:
- a. Commitment packet from the Central Records Unit
- b. Sealed medical records from the Health Care provider;
- c. Alert Form from the Case Management Unit; and
- d. When Segregation is the most recent housing assignment, a *Statewide Correctional Transfer Alert* form provided by staff of the Segregation Unit.

2. An Internal Investigative Officer (IIO) shall assume responsible for the delivery of all intelligence information to the receiving correctional facility.

Chart I

REPORTING DEPARTMENT	PROBLEM AREA(S)	FORM, SEE APPENDIX	FORWARDING METHOD
Central Records	Diminution Credits Pending Charges	B***	Commitment Packet
Case Management	Escape Risk Institutional Conduct (history)	A***	Transport Officer
IIO*	Target Individuals	C	IIO
Health Care Provider	Addiction/Substance Abuse Issues Medical Psychological	A***	Sealed Medical Record
Segregation **	Institutional Conduct (pending/current)	A***	Transport Officer

* Only for transferring residents who are identified as "Target Individuals"

**Only for those residents transferring to a correctional facility from a Segregation Unit. Pending hearings and remaining time on Segregation shall be reported/documented with a copy of all forms related to the resident's disciplinary hearing, (ticket, Hearing Officer Decision, Review by Warden, etc.) If a resident has already served at least 75% of the disciplinary sentence, reporting shall be at the discretion of the Segregation Supervisor.

***Appendix A and B Instructions

1. For each assigned problem area check either the "Yes" box if a problem has been identified, or the "None Known" box if no problem has been identified.
2. When the "Yes" box is checked:
 - a. If institutional records are available, attach the documents and check the "Attachments" box; and/ or
 - b. Write a brief yet complete narrative in the "Comments" box/ "Additional Comments". When no attachment is provided, comments are mandatory.

VII. Attachments: Appendix A - Statewide Correctional Transfer Alert
 Appendix B - Correctional Transfer Alert DPDS No. 0010
 Appendix C – Correctional Transfer Alert Memo, Internal Investigative Officer

VIII. Rescission: DPDS #110-36, Transfer Alert Form (10-31-01)

Distribution: B

Statewide Correctional Transfer Alert

Date: _____

TO: _____
Receiving Correctional FacilityFROM: _____
Transferring Correctional Facility

SUBJECT: Correctional Transfer Alert

RESIDENT: _____

Dates of incarceration at transferring facility: From _____ to _____

Problem Area	Yes	None Known	Attachment	Comments
Medical prescriptions, allergies, life-threatening conditions				
Psychological suicidal, psychiatric, hospitalization, psychotropic medications				
Escape Risk escape or attempted escape(s) or walk-offs				
Institutional Conduct assaultive, passive, vulnerable, serious disciplinary infractions				
Pending Charges other charges, detainers, parole/probation violations				
Additions/Substance Abuse Issues CDS, alcohol, inhalants				
Co-Defendants/ Known Enemies/ Relatives				

Name/Position of Staff Person Completing Form _____

Contact Person _____

Telephone Number: _____

Additional Comments:

[illegible]

Side 2

To: (Receiving Facility)
 From: ___ Baltimore City Detention Center, DPDS
 ___ Baltimore Central Booking and Intake Facility, DPDS
 Subject: CORRECTIONAL TRANSFER ALERT

Resident: _____ Date of Transfer: _____

Dates of incarceration at the Division of Pretrial Detention and Services for this resident:

from _____ to _____

PROBLEM AREA	Yes	None Known	Attachment(s)	Comments
Medical				
Psychological				
Escape Risks				
Diminution Credits				
Pending Charges (other charges, detainers, probation/parole violations)				
Finance Records				

Additional Information: _____

Staffer completing this form: _____

(Name) (Position) (Telephone #)

Contact Person: _____

(Name) (Telephone #)

INSTRUCTIONS:

- 1) If a problem area is applicable, check "yes". Attached institutional records or a written explanation under "comments" is required for each applicable problem area.
- 2) Check "none known" when a problem area is not applicable.
- 3) Sign and attach the completed form to the Commitment Packet, along with the local Diminution of Confinement Form.

Use current Division letterhead

To: MRDCC Classification _____

MRDCC INTELL _____

DOC INTELL _____

From: Division of Pretrial Detention and Services, Internal Investigative Officer

Date: _____

Subject: Correctional Transfer Alert

Resident: _____ SID #: _____

Dates of incarceration at the Division of Pretrial Detention and Services for this resident:

From _____ to _____

Additional Information: _____

Staff completing the file, (name and position)

(Telephone #)

Staff receiving the file, (name and position)

(Telephone #)