

MARYLAND DIVISION OF CORRECTION

REQUEST FOR TRANSFER OF RECORDS

PART A:

TO: _____
FROM: _____
DATE: _____
RE: _____
Inmate's Name DOC/CL/SID Number

OCMS, Inmate Traffic History, indicates the above-referenced inmate was released from _____ on _____. The current name/number is _____.

Please forward the inactive records. Thank you for your assistance in this matter.

PART B:

In response to your request the following has been determined:

_____ The inmate was not released from _____. Your request has been returned.

_____ The inmate's inactive records have been located and are attached. NOTE: The requested files shall be forward within five days of the initial receipt of the request.

_____ The inmate's inactive records have been archived at the State Records Center. The records have been requested (copy attached). NOTE: The request to the State Records Management Center shall be forwarded within five days of the initial receipt of the request.

_____ The inmate's inactive records have not been located. Case management staff are in the process of recreating the inactive records and they will be forwarded within 21 days of the initial receipt of the request.

Completed By: _____ Date: _____