# Department of Public Safety and Correctional Services
# Application for a Search Exception Card or Shower or Property Exception Request

*Read to the Incarcerated Individual:* You indicated on your Gender Identity Interview and Questionnaire that you would like to be considered for a search exception card, or shower or personal property exception**.**

## Section .01 – Applicant Information

Name of Incarcerated Individual: _____

SID Number: _____ CL Number: _____

Current Facility: _____ Current Housing Tier: _____

Gender Identity: _____ Sex Assigned at Birth: _____

Chosen Name: _____

Preferred Pronouns: _____ Date of Gender Identity Interview: _____

## Section .02 – Requested Exceptions

☐ **Search Exception Requested**

I am requesting a search exception related to the gender of the correctional staff member who conducts my frisk or strip searches.

Preferred staff gender: _____

☐ **Shower Exception Requested**

Please indicate your shower preference:

□ I would prefer to shower privately.

□ I am willing to shower with other individuals who identify as transgender.

□ Other: _____

□ I understand that I may not be able to shower at the time of my choosing in order to shower privately. _____(*Incarcerated Individual's Initials*)

☐ **Property Exception Requested**

To the extent that clothing and personal property items are available to other incarcerated individuals with the same facility classification as mine, I request approval to possess the following clothing and personal property as an exception to the standard property allowed:

_____

_____

_____

## Section .03 – Statement of Need

Please explain why you believe these exceptions support your gender identity and are necessary for your safety, privacy, or gender affirmation.

## Section .04 – Facility Review and Determination

**PREA Compliance Manager:**

Name: _____

Rank: _____

Review Date: _____

Summary of Request:

_____

_____

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_____

Recommendation:

☐ Approve in full

☐ Approve in part (*specify*): _____

☐ Deny (*attach explanation*)

_____ _____

Signature Date

**Managing Official:**

Name: _____

Review Date: _____

☐ Approve in full

☐ Denied

Reason for Denial:

_____

_____

_____

_____

_____ _____

Signature Date

## Section .05 – Appeal

*Read to the Incarcerated Individual:* An incarcerated individual whose request for a search exception card or a shower or property exception request is denied, in whole or in part, may file a written appeal within 10 calendar days of receiving the denial.

The appeal shall be submitted on the designated form, addressed to the facility managing official, and include:

- The specific aspect of the request being appealed;
- The reason you believe the denial should be reversed; and
- Any supporting documentation or witness statements, if available.

The facility managing official shall review the appeal in consultation with the chief of security, Department's PREA Coordinator, and OFPI Advocate. This review shall include:

- Examination of the original request;
- Consideration of all relevant safety, security, and operational concerns; and
- Review of any additional information provided in the appeal.

The facility managing official shall issue a final written decision on the appeal within 15 calendar days of receipt of the appeal, unless extended for cod cause with written notice.

The decision shall state whether the denial is upheld, modified, or reversed, and provide the reason for the decision.

Name of Incarcerated Individual Requesting Appeal: _____

SID Number: _____ CL Number: _____

Date of Appeal Request: _____

Current Facility: _____ Current Housing Unit/Tier _____

**Reason for Appeal (attach additional documentation as necessary):**

_____

_____

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## Section .05 – Appeal

**Managing Official:**

Name of Managing Official: _____

Date of Appeal Request: _____

Date of Final Appeal Decision: _____

Appeal Decision:

- ☐ Denial is upheld
- ☐ Denial is modified
- ☐ Denial is reversed

Final Written Decision:

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Signature of Managing Official Date