

PROTECTIVE MEASURES INVESTIGATION

This form must be completed by a designated staff member to determine whether separation from other inmates is recommended. This form is to be completed by the designated investigator and should not be given to the inmate to complete.

Inmate Full Name: _____ ODOC #: _____ Date: _____

Inmate will initial the following upon his/her understanding:

_____ The inmate understands that it is their responsibility to fully cooperate with the investigation and that disciplinary measures may be taken if false information is presented or policy violations are found.

_____ The inmate understands that the request may be denied due to the findings of the investigation.

_____ If non-associations are granted, separation will be approved for 12 months and it will be the responsibility of the inmate to re-file the separation prior to expiration.

- 1. List the inmate(s) that separation is being requested. If there are more names, attach additional pages.

Inmate Name: _____ ODOC #: _____

Inmate Name: _____ ODOC #: _____

Inmate Name: _____ ODOC #: _____

- 2. Why is the inmate requesting separation from each inmate listed above? Attach additional pages as needed.

- 3. What evidence can the inmate provide that will assist staff with validating the request? Evidence does not include unsubstantiated claims or statements made by the inmate.

This section needs to be completed by the investigator only.

- 1. Did the inmate cooperate with the investigation?

Yes No

- 2. Was a policy violation discovered? Yes No

Was an offense report issued? Yes No

Do you recommend the inmate be transferred based on the evidence provided?
(Evidence does not include unsubstantiated claims or statements made by the
inmate.) Yes No

Is a transfer packet included? Yes No

3. Do you recommend non-associations be approved based on the evidence
provided? If yes, attach justification and supporting documents.

Yes No

4. Do you recommend the inmate be placed in protective custody? If yes, attach
justification and supporting documents.

Yes No

5. Submit completed form with all justification and supporting documents to facility
head.

Staff Signature: _____ Date: _____

This section needs to be completed by the Facility Head or Designee.

1. Do you concur with the approval of non-associations? If yes, submit this form,
DOC 060106B, supporting documentation and transfer packet (if applicable) to the
Population Office. If no, place completed investigation in field file.

Yes No

2. Do you concur with the approval of placement in protective custody? If yes, submit
justification, supporting documentation and transfer packet to the Population
Office.

Yes No

Facility Head or Designee Signature: _____ Date: _____