

ICON

Transfer Request

Inmate Name: INMATE DOC#: PID#:

CURRENT LOCATION	HOUSING LOCATION/CELL/BED	AM ASMT.	PM ASMT.
RACE/SEX	CASE MANAGER	EARNED CREDIT LEVEL	CUSTODY/STATUS
COURT CMT DATE	RECEPTION DATE	PRD	DSE

PHOTO

[SynopsisCaseloadSchedule](#)

ACTIVE PAGE

IMTS010B - Transfer Request

LOADED FROM PRD.AP1
04/16/2024 01:36:03 PM

Request Date:

Seq#:

Requested By Area:

Transfer Reason:

Sending Facility:

Requested By Staff:

Priority:

Target Transfer Date:

Return Date:

Facility Classification Chair:

APO II:

Transfer Comments

Waitlisted Locations

Name	Organization Type	Conflict
		IMTJ099:

Status:

**As of
Date:**

Upcoming Offender Appointments

Date	Begin Time	End Time	Type	Staff	Location	Comments

Current Assignments

Transfer Considerations (for Scheduling)

Medical Code:

**Mental Health
Code:**

Dental Code:

MA Date:

MH Date:

**Sex Offender
Code:**

**Housing
Restrictions:**

**Next Parole
Hearing Date:**

**Felony
Detainer:**

Health Restrictions

Restriction Type	Max Pounds	Max Hours	Comments
	0	0	
	0	0	

Active Transfer Holds

Offender Separation Alerts

Facility Restrictions

Staff Separation Alerts

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