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

PHOTO

COURT CMT DATE	RECEPTION DATE	PED	PRD	DSE

SynopsisCaseloadSchedule

ACTIVE PAGE

IMTS010B - Transfer Request

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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

Toggle Last Updated Information