

## Special Management Inmate Notice

Name: \_\_\_\_\_ DOC #: \_\_\_\_\_

Location: \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Authority: \_\_\_\_\_ Date: \_\_\_\_\_

**This inmate is identified as a special management inmate. Transfer will require approval of the manager of Classification and Population after consultation with the appropriate regional director.**

**In the event an emergency medical or mental health transfer is required, the facility head will notify the appropriate regional director.**