

Cover Sheet to be completed using approved Department Letterhead
(see Directive #0008, "Use of Department Stationery & Business Cards")

Information/Evidence Packet Cover Sheet

(Photocopy as needed)

TO: New York State Police Bureau of Criminal Investigations/Office of the District Attorney

FROM: _____, Criminal Prosecution Liaison
_____ Correctional Facility

RE: Inmate Criminal Prosecution

DATE: _____

Type of Incident:	CCC UI#:	Facility UI#:
Date:	Time:	Location:

Inmate Perpetrator(s) - Full Name and DIN

Employee(s) Involved - Full Name and Rank

Watch Commander: _____ **Supervisor in Charge:** _____

Information included in this Information/Evidence Packet:

- Unusual Incident Report
- Disciplinary Summary sheet for alleged inmate perpetrator(s) & any witness(es)
- All facility investigative report(s) & correspondence
- Misbehavior Report(s)
- Use of Force Report(s) (if applicable)
- Certified Medical Report(s) of those suffering injuries (if applicable)
- Certificate of Conviction of the alleged inmate perpetrator(s) and any witnesses
- Photo(s) of alleged inmate perpetrator(s)
- Photo(s) of incident or crime scene (if applicable)
- Videotape(s) of incident or crime scene (if applicable)
- New fingerprint cards (if requested)