

Quarter:
Year:

**NEW YORK STATE – DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION**

Form 6910 C (2/15)
(Photocopy Locally As Needed)

QUARTERLY REPORT OF PENDING INMATE CRIMINAL PROSECUTION CASES

FACILITY – FACILITY NAME (COUNTY)

Incident Date	CCC #	Inmate's Name (Last)	DIN	Incident Description	Investigating Agency and Investigator	Details

Criminal Prosecution Liaison
NAME/TITLE