

VOLUNTARY PROTECTIVE CUSTODY STATUS CONSIDERATION FORM

NAME _____ DIN _____ REQUEST DATE _____

EMPLOYEE RECEIVING REQUEST _____
NAME TITLE

SECTION A SUMMARY OF REASONS FOR VOLUNTARY PROTECTIVE CUSTODY REQUEST
(TO BE COMPLETED BY EMPLOYEE RECEIVING REQUEST)

INMATE'S SIGNATURE _____ DATE _____

AFTER COMPLETION OF SECTION A, FORWARD FORM AND RELATED DOCUMENTS TO APPROPRIATE OFFICE FOR FURTHER ACTION.

SECTION B INTERVIEW

Upon receipt of a Protective Custody request, the inmate shall be interviewed by a Offender Rehabilitation Coordinator or supervisory level employee. Available records shall also be reviewed.

INTERVIEWER'S COMMENTS AND RECOMMENDATION REGARDING PROTECTIVE CUSTODY REQUEST.

INTERVIEWED BY _____ TITLE _____ DATE _____

AFTER COMPLETION OF SECTION B, FORWARD FORM AND RELATED DOCUMENTS TO SUPERINTENDENT'S OFFICE FOR FINAL DETERMINATION

SECTION C SUPERINTENDENT'S DETERMINATION

_____ ASSIGN TO PROTECTIVE CUSTODY STATUS

_____ DO NOT ASSIGN TO PROTECTIVE CUSTODY STATUS

SUPERINTENDENT'S SIGNATURE DATE

NOTICE TO INMATE:

If assigned to Protective Custody status, you may at any time make a written request to the Superintendent for a reassignment to general population. Such request shall be evaluated and within 14 days you shall either be reassigned or be subject to a hearing conducted in accordance with the provisions of 7NYCRR Part 254 to determine the need for assignment to involuntary Protective Custody status

- White - Superintendent
- Yellow - Inmate
- Pink - Central Office, Special Housing
- Gold - Guidance Unit