

ORIGINAL COMMENCEMENT DATE
RENEWAL DATE

DEPRIVATION ORDER
 DEPRIVATION ORDER RENEWAL

INMATE'S NAME	
DIN#	CELL LOCATION

_____ Correctional Facility

In accordance with 7 NYCRR Section 305.2, you are being deprived of the following specific item(s), privilege(s) or service(s): _____
 because it is determined that a threat to the safety or security of staff, inmates, or State property exists and for the following specific reason(s): _____

Upon signature (authorization) tear off the pink copy and deliver it to the inmate.

Recommended by _____, Sergeant

Authorized by: _____
Deputy Superintendent for Security (DSS)/Officer of the Day (O.D.) or other authorized staff Date

Note: For any deprivation order issued pursuant to §305.2(e), the appropriate OMH form must be attached as soon as possible upon completion by the approving clinical professional.

DAILY REVIEW		
Day	Date	Reason(s) for continuing this order (based on current evaluation):
2.		
		Recommended by (Sgt.): _____ Authorized by _____
3.		
		Recommended by (Sgt.): _____ Authorized by _____
4.		
		Recommended by (Sgt.): _____ Authorized by _____
5.		
		Recommended by (Sgt.): _____ Authorized by _____
6.		
		Recommended by (Sgt.): _____ Authorized by _____