FORM 3610 (7/14)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

CUSTODIAL TRANSFER INFORMATION

PURSUANT TO SECTION 601A CORRECTION LAW

Sending Facility _____ Date: _____

Name (Last, first) _____ DIN: _____

Alias (Last, first) _____ NYSID: _____

Date of Birth _____ (Mo. Day Yr.) In Custody Since _____ (Mo. Day Yr.)

Known Physical Problems? Yes ☐ No ☐

Known Mental Health Problems? Yes ☐ No ☐

Enter a "Y" or "N" for each item:

	Y	N		Y	N
Immediate medical attention required			Potential Victim		
Medication			Enemies (give names and locations, if known)		
Escape/Attempted escape/Hostage Taking			Good performance in work/prog. assignment		
Assaultive toward staff/inmates			Arson while in custody		
Drugs/Weapons/Other serious contraband			Restrictions on outside contacts		
Self-injury/Self-injury attempt			Other		
Central Monitoring Case					

Explain any item checked "Y" above to assist receiving staff to deal with inmate.

_____

_____

_____

_____

Adjustment in confinement: Good ☐ Fair ☐ Poor ☐

Prepared by:

Name: _____ Signature _____

Title: _____ Telephone No. _____

Security Review:

Name: _____ Signature _____

Title: _____

cc: Guidance Folder

INSTRUCTIONS FOR FILLING OUT CUSTODIAL TRANSFER FORM

1. Enter the inmate's name, alias, DIN, NYSID, and date of birth as given on Function 82 of the Reception/Classification System.

2. Relevant and up-to-date information concerning the inmate's behavior during custody should be included. If an item on the check list is checked "Y," specific substantiating information should be provided below.

3. "Known Physical Problems and Known Mental Health Problems" must be checked yes or no. Because medical information is in a sealed confidential envelope, it is crucial that any medical information relevant to custodial staff (such as physical limitations, epilepsy, medication) be included on the form. The information must be up to date.

4. Check "Central Monitoring Case" if the inmate is a State CMC case or if the inmate is being transferred to New York City and his or her original New York City Inmate Transfer Information Sheet indicated he or she was a City CMC case. Specify if the inmate is a State CMC case, was a City CMC case, or both.

5. If an inmate is an overt homosexual, check "Other" and specify.

6. The general evaluation of the inmate's adjustment should be based on the following definitions:

   Good: The inmate's cooperation with the requirements of the facility is exceptional.

   Poor: The inmate has failed to cooperate with the requirements of the facility in a significant way.

   Fair: The inmate has performed acceptably. Fair is a broad category covering a wide range of inmates.

7. Information on the inmate's behavior prior to custody that is relevant and verified should also be included.