



STATE OF NEW YORK
**DEPARTMENT OF CORRECTIONS
 AND COMMUNITY SUPERVISION**
 THE HARRIMAN STATE CAMPUS – BUILDING 2
 1220 WASHINGTON AVENUE

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)