Quarter:
Year:

NEW YORK STATE – DEPARTMENT OF CORRECTIONS
AND COMMUNITY SUPERVISION

Form #6910 C (3/14)

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