FORM 2186 RENEWAL (7/11) STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
REF: 7 NYCRR 305.4

_____ Correctional Facility

RESTRAINT ORDER RENEWAL

RECOMMENDATION

I recommend that inmate _____, DIN _____

be continued under a restraint order from _____ to _____ because of the following reasons:

_____

_____

_____

_____

The restraint order was originally authorized from _____ to _____ .

I recommend ☐ do not recommend ☐ that this inmate be required to remain in restraints in the exercise area in accordance with 7 NYCRR 305.4(e)(5). (If recommended, state reasons.)

_____

_____

_____

_____, Sergeant Date _____

RENEWAL AUTHORIZATION

Restraint Order Renewal Approved ☐ Restraints in exercise area Approved ☐ *
Disapproved ☐ Disapproved ☐

Reason for approval/disapproval:

_____

_____

_____

Type(s) of restraints to be used/ manner of application:

_____

_____

_____

_____, Deputy Superintendent for Security Services Date _____

*NOTE: A determination that you are required to remain in restraints in the exercise area will expire three days after the date of this authorization unless approved below by the Superintendent or Acting Superintendent.

NOTICE TO INMATE: You may write to the Deputy Superintendent for Security or his/her designee to make a statement as to the need for continuing this restraint order.

SUPERINTENDENT REVIEW

Pursuant to 7 NYCRR 305.4(e)(5), I have reviewed the relevant facts pertaining to the order that you will remain in restraints in the exercise area. I have approved ☐ disapproved ☐ the determination that you remain in restraints in the exercise area for the duration of this restraint order renewal for the following reason(s):

_____

_____

_____

_____, Superintendent Date _____

Distribution: White - Supt., Canary - DSS, Pink - SHU Sergeant/Housing Unit, Goldenrod - Inmate