April 15, 2009

TO: WARDENS
HEADS OF STATE AGENCIES
ADMINISTRATIVE REGULATION 022
DIVISION DIRECTORS
ADMINISTRATIVE REGULATION MONITORS

INTERSTATE CORRECTIONS COMPACT (ICC)

PURPOSE: To update the AR to correspond to the implementation of the revised Classification System and Classification Manual in July 2009.

CHANGES TO BE MADE:

Reference: Action Required:


Section V. C. 9. Delete the word “Supervised Intensive Restitution” and replace with “Supervised Re-Entry.”

ADOC Form 022-B Delete ADOC Form 022-B, dated May 5, 2004 and replace with ADOC Form 022-B, dated March 31, 2009.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed. Advise all personnel in your organization of the change to this regulation.

Richard F. Allen, Commissioner
Interstate Corrections Compact Transfer Request Form
(This form is not intended as a replacement for your packet. Please include the usual packet material.)

From:_________ To:_________ Request Type: ( )Voluntary ( )Invol. ( )Protection ( )Mngmnt. ( )Family

Inmate Number:_________________ Inmate Name:_____________________________________________
Age:_____________ DOB:_________________ Race:________________________ Sex:_______________

Current Offense:________________________________________________________
Sentencing Date:_____________________ Sentence to: Years_______ Months_______ Days________

Reason for ICC transfer request:

________________________________________________________________________________________
Inmate is currently in: ( ) General Population ( ) Isolation ( ) Segregation ( ) Other___________________
Due to:____________________________________________________________________________________

Release dates from incarceration:
Min. release date:_____________ Max. release date:_____________ or Parole release date:_____________
(if applicable)

Current Custody: ( ) Minimum     ( ) Medium     ( ) Close or Security Level_______________________
Other (please explain):_____________________________________________________________________

List any:  Escape: Date_________________ Details__________________________________________
                                Date_________________ Details__________________________________________
Detainers: Date________________ Jurisdiction________________________________________

Number of Lawsuits filed against the ADOC in the last 3 years_______ Reason_______________________

Gang Affiliation: Yes ( ) No ( ) If yes, please provide name of gang:___________________________
Please provide geographical area of operation (i.e. local or national affiliation and subject’s role in gang if
known, i.e. leader/member or any other pertinent information)____________________________________
_____________________________________________________________________________________

Substance Abuse Issues: Yes ( ) No ( ) If yes, please check all of the following that apply:

( ) Severe SA                       ( ) Recreational SA                      ( ) Needs Treatment
( ) Complete Treatment                ( ) Refused Treatment

Court Ordered Treatment (if any):_________________________________________________________

Please attach: 1. PSI to include Prior Criminal Offense History
                2. Printout of Institutional Disciplinary Reports with dispositions
                3. Update Psychological Report
                4. Update Progress Report

Please attach this form to the top of the Interstate Corrections Compact Application and Packet

ADOC Form 022-B for AR 022 – April 15, 2009