

# MISSISSIPPI DEPARTMENT OF CORRECTIONS

## TRANSFER OR RELEASE OF OFFENDER

Date \_\_\_\_\_

Offender No. \_\_\_\_\_ Offender Name \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Special Escort Required \_\_\_\_\_

High Risk \_\_\_\_\_ Surveillance \_\_\_\_\_ Mgt. Level \_\_\_\_\_

Facility Transferring From \_\_\_\_\_

Unit \_\_\_\_\_ Bldg. \_\_\_\_\_ Zone \_\_\_\_\_ Bed \_\_\_\_\_

Facility Transferring To \_\_\_\_\_

Unit \_\_\_\_\_ Bldg. \_\_\_\_\_ Zone \_\_\_\_\_ Bed \_\_\_\_\_

Purpose of Transfer or Release \_\_\_\_\_

### Custody Status (check one)

Minimum	Minimum Custody	Restraints Required (check one)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO Refer to applicable MDOC policy
Medium	Medium Custody	Requires STAFF SUPERVISION and FULL RESTRAINTS when being transferred/transported off facility property				
Close	Requires CLOSE SUPERVISION where the offender MUST be under positive security control at ALL TIMES and in FULL RESTRAINTS when being transferred/transported.					
Death Row Adm. Seg.	Requires CLOSE SUPERVISION where the offender MUST be under positive security control at ALL TIMES and in FULL RESTRAINTS when being transferred/transported.					

Full Restraints - Waist chain with handcuffs and leg irons (supplemental restraints such as a black box or restraint gear tubes attached to the full restraint may be used as additional restraint protection). Used when the offender is transferred or transported.

Above Action Approved By \_\_\_\_\_ Transporting Staff \_\_\_\_\_

Estimated Time of Departure \_\_\_\_\_ Estimated Time of Arrival \_\_\_\_\_

Property \_\_\_\_\_ Medication \_\_\_\_\_

Authorized By \_\_\_\_\_

Signature

Print Name and Title

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## RECEIPT OF OFFENDER (BODY RECEIPT)

Processed at Identification Office Yes ☐ No ☐ By \_\_\_\_\_

Agency Released To \_\_\_\_\_

Agency Representative \_\_\_\_\_

Signature

Print Name and Title

Agency Received From \_\_\_\_\_

Agency Representative \_\_\_\_\_

Signature

Print Name and Title

I, THE UNDERSIGNED ACKNOWLEDGE RECEIPT OF OFFENDER

Offender Name

MDOC #

Receiving Officer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Distribution: Records Office -- Receiving/Releasing Officer -- Central Security -- Institutional Gate -- ID Office

16-06-02-F1

ATTACHMENT C

Revised: 01/01/09