

**TRANSPORTATION ORDERS**

AUTHORIZED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

INMATE NAME	DOC#	MEDICAL DEVICE/ AIDS	FROM	TO	TIME OF ARRIVAL

PURPOSE: \_\_\_\_\_  
 CUSTODY: \_\_\_\_\_ NUMBER OF CO'S TRANSPORTING: \_\_\_\_\_  
 RESTRAINTS: YES  NO  TYPE: (CUFFS) (CHAINS) (LEG IRONS)  
 WEAPONS: YES  NO  TYPE: (HANDGUNS) (SHOTGUN) (MINI 14)  
 SPECIAL INSTRUCTIONS: \_\_\_\_\_

**COURT HEARING INFORMATION:**  
 Inmate has legal holds other than presiding case.  
 No legal holds other than presiding case.

Medical Special Instructions: (prioritization of medical need and protective equipment required, e.g., mask, gloves, etc.) – To be completed and signed by medical (for security reason, ensure and validate any prosthetic devices, e.g., cast, splint, cane, wheelchair, etc. assigned to the inmate).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Medical Personnel Date

Check if applicable:  
 Medical Escort to Accompany Security Staff     Transfer of Medical Information     Ambulance Transport

TIME DEPARTED: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. BY: \_\_\_\_\_  
 TIME RETURNED: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. BY: \_\_\_\_\_

TRANSPORTING OFFICERS: \_\_\_\_\_

REVIEW OFFICER: \_\_\_\_\_  
 SHIFT SUPERVISOR ON DUTY DATE

ORIGINAL: CHIEF OF SECURITY  
 CC: TRANSPORTATION OFFICER  
 CENTRAL CONTROL  
 SHIFT SUPERVISOR  
 MEDICAL – IF APPLICABLE