

Special Management Offender Notice

Name: _____ DOC #: _____

Location: _____

Justification: _____

Requestor: _____ Date: _____

Approving Authority: _____ Date: _____

This offender is identified as a special management offender. Transfer will require approval of the administrator of Classification and Population after consultation with the appropriate division manager.

In the event an emergency medical or mental health transfer is required, the facility head will notify the appropriate division manager.