



Montana Department of Corrections

Notification of Facility at Emergency Capacity

The administrator, or designee, will complete this section after exceeding emergency capacity for seven (7) consecutive days.

Facility: _____ Date: _____

Normal operational capacity: _____ Emergency capacity: _____

Emergency capacity maintained for the last seven consecutive days:

Administrator signature: _____

The administrator, or designee, will complete this section after exceeding emergency capacity for 30 consecutive days.

Review the following items and document the impact on the facility emergency capacity:

____ What is the current bed availability in facility. Comments: _____

____ Are community corrections options available? Comments: _____

____ Are there offenders eligible for release according to the Board of Pardons and Parole?
Comments: _____

____ Are there county jail or youth detention options? Comments: _____

____ Options reviewed for housing offenders within the facility. Comments: _____

____ Other items reviewed. Comments: _____

Based on exceeding facility emergency capacity for the last 30 consecutive days, a review of the above items, and supporting documentation, I am requesting implementation of the MCA 53-30-106 provisions.

Administrator signature: _____ Date: _____

Director Review and Signature: _____ Date: _____

Please attach additional comments and/or a plan of action.