



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

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| Procedure No.: MSP 4.7.100 | Subject: INTERSTATE COMPACT TRANSFERS |
| Reference: DOC Policy No. 4.7.6 | Page 1 of 2, plus 4 attachments |
| Effective Date: November 24, 2003 | Revision: (new effective date) July 13, 2009 |
| Signature / Title: /s/ Mike Mahoney / Warden | |

I. PURPOSE

To transfer inmates to and from facilities outside Montana as allowed by the Interstate Corrections Compact (ICC).

II. DEFINITIONS

Receiving Facility - the facility that is being requested to assume custody of an inmate transfer.

Sending Facility - the facility that is requesting the transfer of an inmate.

III. PROCEDURES

A. Outgoing Transfers

1. When the application of the facility's inmate management processes have failed to get an inmate to return to an acceptable period of self control, housing unit staff will conduct a classification review of the inmate to document their recommendation concerning transferring the inmate to an out-of-state facility. They will complete *section A* of a *DOC Interstate Corrections Compact Transfer Request form (Attachment A)*, attach it to the classification review form, and forward the completed paperwork to the facility Administrative Review Committee with the Warden or Deputy Warden in attendance.
2. If the facility Administrative Review Committee determines that transferring an inmate out of state would be beneficial to the safety and security of the facility the MSP Public Information/Victims Information Officer (PIO/VIO) will initiate the interstate compact transfer process. The PIO/VIO will review the records file on the inmate for victim notification(s), and notify any victim(s) of the pending transfer decision. If a victim objects to the transfer the PIO/VIO will review their concerns with the Warden before a final decision is made to pursue the transfer. The PIO/VIO will notify the victim(s) of the Warden's decision.
3. The receiving facility must approve a transfer; therefore, the MSP PIO/VIO will send a packet of file material on the inmate that includes legal information, pre-sentence investigation (or similar material), completed *medical history form (Attachment B)*, disciplinary record, classification history, and *ICC Summary Sheet (Attachment C)* to out of state facilities that might be interested in accepting the inmate.
4. If and when an out of state facility agrees to accept the inmate the MSP PIO/VIO will obtain delivery instructions from the receiving state. At least two weeks prior to the transfer the MSP PIO/VIO will send the receiving state the names of the transport officers and the estimated date and time of delivery.
5. The PIO/VIO will provide the transport officers copies of the traveling legal paperwork and the acceptance letter from the receiving state.
6. Documentation of official movement will be completed when the inmate leaves on transport to the receiving state.

B. Incoming Transfers

1. When the PIO/VIO receives a transfer request packet for a transfer to Montana from another state, he/she will complete an *ICC Summary Sheet (attachment C)* and present it and the transfer request packet to the Warden or Deputy Warden and facility ARC with a memo summarizing the requested transfer.
2. The Warden or Deputy Warden and ARC will approve/deny the request and return the completed paperwork to the PIO/VIO. The sending state will be notified via mail of the decision. If denied, the transfer request packet will be returned to the sending state.
3. If the transfer is approved the PIO/VIO will work out delivery arrangements with the sending state and send written notification to all affected staff, well before the arrival of the out-of-state transfer, so they are aware of the acceptance and arrival information.

C. Property

1. Incoming Transfers

- a. If the inmate is accepted for transfer to Montana the sending state will complete and return the *Montana ICC Allowable Property Form (attachment D)* before the inmate arrives in Montana. This is done as fair notice to the inmate, so that they may arrange to dispose of any unallowable items they have before they are transported or face losing them upon arrival at the Montana facility.
- b. If the sending facility sends items that are not allowed for the inmate's retention at the Montana facility, the unallowable items will be properly disposed of.

2. Outgoing Transfers

- a. When the PIO/VIO receives notice of acceptance of an ICC Involuntary Transfer, the PIO/VIO will provide the facility Property Officer or designee with an address and the list of personal property items on the *Montana ICC Allowable Property Form (attachment D)* that the inmate is allowed to send to the receiving facility. The inmate will not be allowed to ship or take any item that isn't on this list to the receiving facility.
- b. On the day of the transfer, immediately after informing the inmate he/she is going out on a transport, housing unit staff will have the inmate complete a special mailing request form for the unallowable items that the inmate requests to be sent out. Mailing/shipping costs will be paid by the facility. If the inmate refuses to pack the property items or fill out a special mailing request to have them mailed out, the property items will be considered abandoned and will be disposed of.
- c. On the day of transfer the inmate will only be transported with the following items: prescription eyewear and medication, and his/her current legal paperwork. All must fit in a 10" x 15" manila envelope. The disposition of all other property must be handled prior to transfer.

IV. CLOSING

Questions concerning this procedure will be directed to the MSP Public Information/Victims Information Officer.

V. ATTACHMENTS

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|--|--------------|
| DOC Interstate Corrections Compact Transfer Request form | attachment A |
| Medical history form | attachment B |
| Interstate Corrections Compact Summary Sheet | attachment C |
| Montana ICC Allowable Property Form | attachment D |

DOC INTERSTATE CORRECTIONS COMPACT TRANSFER REQUEST FORM

Date Received: _____ / _____ / _____

DOC Facility: _____ **Inmate Name:** _____ **AO/ID#:** _____

SECTION A:

Instructions: Unit staff shall complete this section and forward it, along with a classification review form, to the Administrative Review Committee.

Inmate _____ has been referred by _____
(print name and AO/ID number) (referral authority)

for interstate compact transfer for the following:

Staff Signature: _____ **Date:** _____ / _____ / _____

SECTION B: ADVISEMENT OF INMATE'S RIGHTS, OBLIGATIONS, & PROCEDURES RELATING TO COMPACT TRANSFERS

Instructions: The PIO/VIO will ensure the inmate has read or had read to him and understands the rights, obligations, and procedures relating to interstate compact transfers. The inmate, the PIO/VIO, and/or a staff witness will sign this form.

Acknowledgment: I have read the above provisions and/or had them read to me, and I have had the opportunity to ask questions concerning my rights and obligations, and the procedures pertaining to interstate compact transfer.

Inmate: _____
(signature) (print name and ID/AO#) (date)

PIO/VIO: _____
(signature) (print name and title) (date)

Staff Witness: _____
(signature) (print name and title) (date)

**MONTANA DEPARTMENT OF CORRECTIONS
INTERSTATE TRANSFER HEALTH CARE SUMMARY**

| | | | |
|---|--|--|----------------------|
| Offender Name: | | | AO/ID Number: |
| Date of Birth: / / | Supervised Release Date: / / | Expiration Date: / / | Case Manager: |
| Mantoux Date: / / | Results: | Chest x-ray: | Results: |
| If Mantoux was positive, was INH administered? | Date INH Completed: / / | If no INH administered/completed, was offender treated with any other medication? | |

Please send copies of any dental, medical, psychiatric, nursing, and mental health progress notes and lab and x-ray reports for the previous six months.

Current Dental Problem/Diagnosis: _____

Follow-up Appointments: _____

Current Medical Problem/Diagnosis:* _____

HIV Status: _____

Physical Health Background Information

Medications (medication administration record attached): _____

Adaptive Devices: _____

Special Needs/Impairments: _____

Allergies: _____

Restrictions/Limitations: _____

Follow-up Appointments: _____

***If hepatitis C positive, please provide liver function test results and biopsy results (if available).**

Name and Title (Health Services Designee):

Date:
/ /

Current Mental Health Problem(s)/Diagnosis: _____

Mental Health Background Information:

History of Suicide Attempt(s): _____

Psychotropic Medications: _____

Follow-up Appointments: _____

Name and Title (Mental Health Services Designee):

Date:
/ /

Interstate Corrections Compact Summary Sheet

From: _____ To: _____ Request Type: Management Involuntary
Inmate Number: _____ Inmate Name: _____ Age: _____ DOB: _____
Current Offense: _____

Sentenced to: Years _____ Months _____ Days _____
Judge's Name: _____ Jail Credit: _____ Sentence Pronounced: _____
Offense Date: _____

Reason for ICC Transfer Request: _____

Maximum Release Date: _____ Minimum Release Date: _____ Parole Release Date: _____
Maximum Discharge Date: _____ Discharge Date with Good Time: _____
Current Custody/Security Level: Minimum Medium Maximum/Close

List Any Escapes: Date _____ Details _____
Date _____ Details _____

Detainers: Date _____ Jurisdiction _____
Date _____ Jurisdiction _____

Gang Affiliation: Yes No If yes, please explain: _____

Lawsuits Pending: Yes No
Substance Abuse Issues: Yes No If yes, please check any of the following that apply:
 Severe SA Problems Recreational SA Completed Programs Needs Treatment Refused
Court-Ordered Treatment (if any): _____

- Please attach:
1. Prior Criminal Offense History/Pre-Sentence Investigation Report
 2. Print-out of Institutional Disciplinary Reports with Dispositions
 3. Updated Psychological Report
 4. Updated Progress Report

Please attach to Interstate Corrections Compact Application

MONTANA ICC ALLOWABLE PROPERTY FORM

This form must be completed and returned to the MSP PIO/VIO prior to delivery of the inmate. Please fax it to the attention of Interstate Compact at (406) 846-2950 in advance of delivery. It must be signed by the inmate and witnessed by staff. Thank you for your cooperation.

The ONLY personal property items allowed for retention upon arrival at MSP are the following:

- Money (will be placed into the inmate's facility account. A receipt will be provided.)
- Legal papers (must fit in a 10" x 15" manila envelope & will be shipped with the inmate)
- Prescription eye glasses (no sunglasses) – 1 pair (will be shipped with the inmate)
- Address book
- Wedding ring (max. value \$75.00)
- Big Book (AA or NA)
- Family photos - limit 15 (without frames or backing)

ANY PERSONAL PROPERTY ITEMS BROUGHT WITH THE INMATE OR SENT TO MSP AT A LATER DATE THAT ARE NOT LISTED ABOVE WILL NOT BE ALLOWED FOR RETENTION AND WILL BE DISPOSED OF.

The ONLY personal property items allowed for retention upon arrival at MWP are the following:

- Money
- Legal Papers
- Prescription Glasses
- Address Book
- Wrist Watch
- Bible
- Wedding Ring (band only)
- Family Photo's (without frames or backing)
- Big Book (A.A. or N. A.)

ANY PERSONAL PROPERTY ITEMS BROUGHT WITH YOU OR SENT TO MWP AT A LATER DATE THAT ARE NOT LISTED ABOVE WILL NOT BE ALLOWED FOR RETENTION AND WILL BE DESTROYED.

Inmate Signature

____/____/_____
Date

Witness Signature

____/____/_____
Date

