

O.C.G.A. § 42-5-13 CONTACT FORM

DATE REQUEST RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

INMATE NAME: \_\_\_\_\_

INMATE NUMBER: \_\_\_\_\_

PERSON(S) MAKING REQUEST:

NAME

ADDRESS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

METHOD OF CONTACT (circle one):

Telephone Letter In - Person Facsimile E-Mail

DESCRIPTION of Transfer Request Or Status and Assignment Change:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERRED TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACTION TAKEN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE POSTED: \_\_\_\_\_ BY: \_\_\_\_\_

RETENTION SCHEDULE: Upon completion this form is to be forwarded to a designated agent for posting on the public website. Once posted the form is to be placed in the inmate's institutional or central office administrative file (as appropriate) for retention in accordance with the schedule governing that file.