

Inter-Institutional Transfer Request

Facility Name: _____ Date: _____

Offender's Name: _____ GDC I.D.: _____

Present Security Rating: _____ TPM/MRD: _____

Verified Skills: _____ County of Conviction: _____

Current Detail/Program Assignment: _____

Request *Category*: _____ Request Reason: _____

Reasons and/or Justification for the Transfer Request: _____

Requesting Counselor: _____

Request *Category*/ Reasons:

Administrative:

Adjustment W/ DR
Adjustment W/O DR
Closer to home
County Camp
Escapee
Inmate/Inmate conflict
Pop. Redistribution
Security Increase
SMU
Inmate/Staff Conflict
STG
Utilize Skills

Boot Camp:

Boot Camp Removal (Facility)
Boot Camp Removal (Parole)
Boot Camp
Boot Camp Plus

Diagnostics:

Permanent Assignment
Resume Diagnostics
Completed Diagnostics

Inmate Construction:

Ga. Correctional Ind. (GCI)
Ga. Correctional Ind. (GCI) (Removal)
Inmate Construction
Inmate Construction (Removal)

Programs:

Comm. Drivers License (CDL)
Education
On-the-job training (OJT)
Parole Referral Program
Sex Offender program
Vocational
RSAT (Facility)
RSAT (Parole)
RSAT (Probation)

Protective Custody:

Involuntary
Law Enforcement
Voluntary

Transitional Center:

Permanent Maintenance
Work Release (Facility)
Work Release (Parole)
Work Release (Removal)

Medical:

General Medical
Infirmary

Mental Health:

Mental Health