NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CORRECTIONAL FACILITY

VOLUNTARY PROTECTIVE CUSTODY STATUS CONSIDERATION FORM

NAME______________________________________________________ DIN____________________ REQUEST DATE ________________

EMPLOYEE RECEIVING REQUEST

NAME______________________________________________________ TITLE____________________

SECTION A

SUMMARY OF REASONS FOR VOLUNTARY PROTECTIVE CUSTODY REQUEST
(TO BE COMPLETED BY EMPLOYEE RECEIVING REQUEST)

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

INCARCERATED INDIVIDUAL'S SIGNATURE____________________________________________ DATE ________________

AFTER COMPLETION OF SECTION A, FORWARD FORM AND RELATED DOCUMENTS TO APPROPRIATE OFFICE FOR FURTHER ACTION.

SECTION B

INTERVIEW

Upon receipt of a Protective Custody request, the incarcerated individual shall be interviewed by an Offender Rehabilitation Coordinator or supervisory level employee. Available records shall also be reviewed.

INTERVIEWER'S COMMENTS AND RECOMMENDATION REGARDING PROTECTIVE CUSTODY REQUEST.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

INTERVIEWED BY____________________________________________ TITLE____________________ DATE ________________

AFTER COMPLETION OF SECTION B, FORWARD FORM AND RELATED DOCUMENTS TO SUPERINTENDENT'S OFFICE FOR FINAL DETERMINATION

SECTION C

SUPERINTENDENT'S DETERMINATION

________________________________________________________________________________________
ASSIGN TO PROTECTIVE CUSTODY STATUS

________________________________________________________________________________________
DO NOT ASSIGN TO PROTECTIVE CUSTODY STATUS

SUPERINTENDENT'S SIGNATURE________________________________ DATE ________________

NOTICE TO INCARCERATED INDIVIDUAL:

If assigned to Protective Custody status, you may at any time make a written request to the Superintendent for a reassignment to general population. Such request shall be evaluated and within 14 days you shall either be reassigned or be subject to a hearing conducted in accordance with the provisions of Directive #4932 to determine the need for assignment to involuntary Protective Custody status.

White - Superintendent
Yellow - Incarcerated Individual
Pink - Central Office, Special Housing
Gold - Guidance Unit

FORM 2183 (REV. 04/22)