

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