I. PURPOSE

To maintain direct control and accountability over the Inmate Identification (ID) Cards made to identify inmates, which are utilized by staff to account for and control individual inmate movement.

II. DEFINITIONS

**DOC ID Number** – Means the Department of Corrections identification number assigned to each offender, previously referenced as the AO number.

**Inmate** – Any person under the supervision of Montana State Prison

III. PROCEDURES

A. Process for Producing and Replacing Inmate Identification (ID) Card

1. Admissions staff will produce an Identification Card (ID card) to identify each inmate at the time of the inmate’s admission to MSP.

2. Each inmate identification card will include the inmate’s:
   a. full name.
   b. DOC ID Number
   c. current photograph.
   d. date of birth.
   e. height.
   f. weight.
   g. hair color.
   h. eye color.
   i. Warden’s authorization
   j. barcode
   k. the word “Inmate “in red letters

3. Inmate ID Cards will be replaced every 5 years.

4. Admissions staff will deliver the ID cards to housing unit staff who will utilize them as outlined in *MSP 3.1.11, Inmate Movement Control* and *MSP 3.1.21, Inmate Counts*.

5. Unit staff will monitor the condition of the ID cards, ensuring they are kept in proper, usable condition and accurately identify the inmate. Unit staff will provide the Unit
Manager or equivalent with a list of any ID’s deemed in need of replacement and the reason the replacement is needed.

6. If an ID card needs replacement because of damage, defacement, loss, or updating inaccurate identification data (due to change in appearance, weight change, etc.) unit staff will contact Admissions Staff as provided in 7 below to obtain a replacement. Inmates will not be charged for replacement of their ID cards unless the inmate loses the card, alters, destroys, or damages the card or intentionally changes their appearance significantly by getting new tattoo’s or changing their hair or facial hair that does not accurately reflect their current photo in OMIS. Replacement costs for inmate ID cards are as follows:
   a. $2.50 for the first replacement
   b. $5.00 for the second replacement and each one thereafter

7. Unit Managers, or designee will complete and send to Admissions staff, the ID Request Form (Attachment A) for replacement of an inmate’s ID which includes the reason for the request, (i.e., damaged, lost, inaccurate)
   a. the ID Request form will be emailed to cormspadmissions@mt.gov.
   b. upon receipt of the new ID card, unit staff will forward the old ID card (if not lost) to admissions for proper disposal.
   c. admissions staff will prioritize the production of replacements for cards that are lost or that need new photographs.

B. Inmate Exit Identification Card

1. Admissions staff will produce an exit ID card for each inmate at the time of the inmate’s admission to MSP that may be used for identification purposes when the inmate leaves prison. Exit ID cards will be sent by Admissions staff to Records to be placed in the inmates file until the inmate is released.

2. If there are any changes to the identification data (i.e., new photo, weight change, etc.,) a new inmate exit ID card will be produced. Admissions staff will forward the new inmate exit ID card to Records to replace the outdated exit ID card in the inmate’s file.

3. Upon receipt of the new inmate exit ID, Records staff will forward the outdated exit ID card to admissions staff for proper disposal.

4. Each inmate’s exit identification card will include the inmate’s:
   a. full name
   b. Department of Corrections ID#
   c. current photograph
   d. issue date
   e. Montana State Prison address
   f. date of birth
   g. sex
   h. height
   i. weight
   j. hair color
   k. Director’s authorization
   l. bar code
5. Inmates may also request to apply for a State of Montana’s Driver’s License or a State of Montana Identification Card in accordance with MSP 3.1.101 Inmate Driving Permits, Driver’s License, & State ID.

IV. CLOSING:

Questions concerning this procedure will be directed to the AW of Security

V. ATTACHMENTS

ID Request Form

Attachment A
INMATE REPLACEMENT IDENTIFICATION CARD REQUEST FORM

Requesting Staff: __________________________ Housing Unit: Choose an item.
Date: Click to select

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________

Inmate Name ___________________________ AO ________ Reason for new ID Choose an item.
Additional Information _________________________________________________________________