Montana Department of Corrections

Notification of Facility at Emergency Capacity

The administrator, or designee, will complete this section after exceeding emergency capacity for seven (7) consecutive days.

Facility: ___________________________________ Date: ______________________

Normal operational capacity: _________ Emergency capacity: _______________________

Emergency capacity maintained for the last seven consecutive days:

______________________________________________________________________________

Administrator signature: ______________________________________________________

The administrator, or designee, will complete this section after exceeding emergency capacity for 30 consecutive days.

Review the following items and document the impact on the facility emergency capacity:

___ What is the current bed availability in facility. Comments: ________________________

___ Are community corrections options available? Comments: ________________________

___ Are there offenders eligible for release according to the Board of Pardons and Parole? Comments: ________________________

___ Are there county jail or youth detention options? Comments: ________________________

___ Options reviewed for housing offenders within the facility. Comments: _____________

___ Other items reviewed. Comments: _____________________________________________

Based on exceeding facility emergency capacity for the last 30 consecutive days, a review of the above items, and supporting documentation, I am requesting implementation of the MCA 53-30-106 provisions.

Administrator signature: ________________________ Date: ______________________

Director Review and Signature: ________________________ Date: ______________________

Please attach additional comments and/or a plan of action.

DOC 2.2.1 (Emergency Capacity Form) Facility Design/Capacity – Revised 08-15-11