I. PURPOSE

To transfer inmates to and from facilities outside Montana as allowed by the Interstate Corrections Compact (ICC).

II. DEFINITIONS

Receiving Facility - the facility that is being requested to assume custody of an inmate transfer.

Sending Facility - the facility that is requesting the transfer of an inmate.

TCSBC- acronym for Technical Correctional Services Bureau Chief

III. PROCEDURES

A. Outgoing Transfers

1. When the application of the facility’s inmate management processes has failed to get an inmate to return to an acceptable period of self control, housing unit staff will conduct a file review of the inmate to document their recommendation concerning transferring the inmate to an out-of-state facility. They will complete section A of a DOC Interstate Corrections Compact Transfer Request form (Attachment A), and forward to the facility Technical Correctional Service Bureau Chief. (TCSBC)

2. When the application is at the request of the inmate; the housing unit staff will assist the inmate is completing section A of the DOC Interstate Corrections Compact Transfer Request form (Attachment A) ensuring the inmate signs the request.

3. If the facility administrator determines that transferring an inmate out of state would be beneficial to the safety and security of the facility the Technical Correctional Services Bureau Chief will initiate the interstate compact transfer process. The TCSBC will review the records file on the inmate for victim notification(s) and notify any victim(s) of the pending transfer decision. If a victim objects to the transfer the TCSBC will review their concerns with the Warden before a final decision is made to pursue the transfer. The TCSBC will notify the victim(s) of the Warden’s decision.

4. The receiving facility must approve a transfer; therefore, the MSP TCSB will send a packet of file material on the inmate that includes legal information, pre-sentence investigation (or similar material), completed medical history form (Attachment B),
disciplinary record, classification/custody history and ICC Referral Summary Sheet (Attachment C) to out of state facilities that might be interested in accepting the inmate.

5. If and when an out of state facility agrees to accept the inmate the MSP TCSBC will obtain delivery instructions from the receiving state. Before the transfer the MSP TCSBC will send the receiving state the names of the transport officers and the estimated date and time of delivery.

6. The TCSBC will provide the transport officers copies of the traveling legal paperwork and the acceptance letter from the receiving state.

7. Documentation of official movement will be completed when the inmate leaves on transport to the receiving state.

B. Incoming Transfers

1. When the TCSBC receives a transfer request packet for a transfer to Montana from another state, he/she will complete memo summarizing the requested transfer and present it and the transfer request packet to the Warden or Deputy Warden and facility administrators.

2. The Warden or Deputy Warden and administrators will approve/deny the request and return the completed paperwork to the TCSBC. The sending state will be notified via mail of the decision. If denied, the transfer request packet will be returned to the sending state.

3. If the transfer is approved the TCSBC will work out delivery arrangements with the sending state and send written notification to all affected staff, well before the arrival of the out-of-state transfer, so they are aware of the acceptance and arrival information.

C. Property

1. Incoming Transfers
   a. If the inmate is accepted for transfer to Montana, the sending state will complete and return the Montana ICC Allowable Property Form (attachment D) before the inmate travels to Montana. This is done as fair notice to the inmate, so that they may arrange to dispose of any unallowable items they have before they are transported or face losing them upon arrival at the Montana facility.
   b. All property that is received will be reviewed for comparability to items allowed at Montana State Prison; if determined acceptable by the Associate Warden of Security and TCSBC the item will be allowed.
   c. If the sending facility sends items that are not allowed for the inmate’s retention at the Montana facility, the unallowable items will be reviewed on a case by case basis upon arrival. If the item is similar to what is offered at MSP it will be allowed. Items not allowed will need to either be mailed out or disposed of.

2. Outgoing Transfers
a. When the TCSBC receives notice of acceptance of an ICC Involuntary Transfer, the TCSBC will provide the facility Property Officer or designee with an address and the list of personal property items on the Montana ICC Allowable Property Form (attachment D) that the inmate is allowed to send to the receiving facility. The inmate will not be allowed to ship or take any item that isn’t on this list to the receiving facility.

b. On the day of the transfer, immediately after informing the inmate he/she is going out on a transport, housing unit staff will have the inmate complete a special mailing request form for the unallowable items that that the inmate requests to be sent out. Mailing/shipping costs will be paid by the facility.

   If the inmate refuses to pack the property items or fill out a special mailing request to have them mailed out, the property items will be considered abandoned and will be disposed of.

c. On the day of transfer the inmate will only be transported with the following items: prescription eyewear and medication, and his/her current legal paperwork. All must fit in a 10” x 15” manila envelope. The disposition of all other property must be handled prior to transfer.

IV. CLOSING

Questions concerning this procedure will be directed to the MSP Technical Correctional Services Bureau Chief

V. ATTACHMENTS

DOC Interstate Corrections Compact Transfer Request form attachment A

Medical history form attachment B

Interstate Compact Referral Summary attachment C

Montana ICC Allowable Property Form attachment D
DOC INTERSTATE CORRECTIONS COMPACT TRANSFER REQUEST FORM

Date Received: ____________

DOC Facility: ___________ Inmate Name: ______________________________ AO/ID#: __________

SECTION A:
Instructions: Unit staff shall complete this section and forward it the facilities interstate compact coordinator.

Inmate __________________________________ has been referred by ____________________________
(print name and AO/ID number) (referral authority)

for interstate compact transfer for the following:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Staff Signature: ___________________________________________ Date: ____________

Inmate Signature: ___________________________________________ Date: ____________

Administration has carefully reviewed your interstate compact request, at this time administration has determined to:

Approve:

Disapprove:

Reason for determination:

Staff Signature: ___________________________________________ Date: ____________
MONTANA DEPARTMENT OF CORRECTIONS  
INTERSTATE TRANSFER HEALTH CARE SUMMARY

<table>
<thead>
<tr>
<th>Offender Name:</th>
<th>AO/ID Number:</th>
</tr>
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<tbody>
<tr>
<td>Date of Birth:</td>
<td>Supervised Release Date:</td>
</tr>
<tr>
<td></td>
<td>Expiration Date:</td>
</tr>
<tr>
<td>Mantoux Date:</td>
<td>Results:</td>
</tr>
<tr>
<td></td>
<td>Chest x-ray:</td>
</tr>
<tr>
<td>If Mantoux was positive, was INH administered?</td>
<td>Date INH Completed:</td>
</tr>
<tr>
<td>If no INH administered/completed, was offender treated with any other medication?</td>
<td></td>
</tr>
</tbody>
</table>

Please send copies of any dental, medical, psychiatric, nursing, and mental health progress notes and lab and x-ray reports for the previous six months.

Current Dental Problem/Diagnosis:  

Follow-up Appointments:  

Current Medical Problem/Diagnosis:*  

HIV Status:  

Physical Health Background Information

Medications (medication administration record attached):  

Adaptive Devices:  

Special Needs/Impairments:  

Allergies:  

Restrictions/Limitations:  

Follow-up Appointments:  

*If hepatitis C positive, please provide liver function test results and biopsy results (if available).

Name and Title (Health Services Designee):  

Date:  

Current Mental Health Problem(s)/Diagnosis:  

Mental Health Background Information:

History of Suicide Attempt(s):  

Psychotropic Medications:  

Follow-up Appointments:  

Name and Title (Mental Health Services Designee):  

Date:  

MSP 4.7.100, Interstate Compact Transfers  
Attachment B  
Effective: July 13, 2009
<table>
<thead>
<tr>
<th>INMATE NAME</th>
<th>STATE ID</th>
<th>STATE</th>
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<tbody>
<tr>
<td></td>
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<td>Montana</td>
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<table>
<thead>
<tr>
<th>DATE OF REQUEST</th>
<th>Click here to enter a date.</th>
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<table>
<thead>
<tr>
<th>TYPE OF TRANSFER</th>
<th>VOLUNTARY ☐</th>
<th>INVOLUNTARY ☐</th>
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<table>
<thead>
<tr>
<th>ESCAPE HISTORY</th>
<th>NONE ☐</th>
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<table>
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<tr>
<th>PAROLE ELIGIBILITY DATE:</th>
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<tr>
<th>DISCHARGE DATE:</th>
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<th>REASON FOR TRANSFER</th>
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</table>

<table>
<thead>
<tr>
<th>REFFERAL PACKET CHECKLIST:</th>
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<tbody>
<tr>
<td>DEMOGRAPHICS ☐</td>
</tr>
<tr>
<td>CUSTODY LEVEL HISTORY ☐</td>
</tr>
<tr>
<td>DISCIPLINARY HISTORY ☐</td>
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<tr>
<td>WORK HISTORY ☐</td>
</tr>
<tr>
<td>STG/GANG INFORMATION ☐</td>
</tr>
<tr>
<td>CRIME/SENTENCE ☐</td>
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<td>PRE-SENTENCE INVESTIGATION ☐</td>
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<td>JUDGEMENTS ☐</td>
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<tr>
<td>MEDICAL/MENTAL HEALTH ☐</td>
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<tr>
<td>TREATMENT PROGRAMMING RECORD ☐</td>
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</table>

MSP 4.7.100, Interstate Compact Transfers Attachment C Effective: July 13, 2009
MONTANA ICC ALLOWABLE PROPERTY FORM

This form must be completed and returned to the MSP BC prior to delivery of the inmate. Please fax it to the attention of Interstate Compact at (406) 846-7743 in advance of delivery. It must be signed by the inmate and witnessed by staff. Thank you for your cooperation.

The ONLY personal property items allowed for retention upon arrival at MSP are the following:
- Money (will be placed into the inmate’s facility account. A receipt will be provided.)
- Legal papers (must fit in a 10” x 15” manila envelope & will be shipped with the inmate)
- Prescription eyeglasses (no sunglasses) – 1 pair (will be shipped with the inmate)
- Address book – small (will be shipped with inmate)
- Wedding ring – only if declared marital status is “married” and value is declared as less than $75.00
- Big Book (AA or NA)
- Family photos - limit 24 (without frames or backing) will be shipped with inmate

ANY PERSONAL PROPERTY ITEMS BROUGHT WITH THE INMATE OR SENT TO MSP AT A LATER DATE THAT ARE NOT LISTED ABOVE WILL BE REVIEWED ON A CASE BY CASE BASIS. IF THE ITEM IS SIMILAR TO WHAT IS OFFERED AT MSP IT WILL BE ALLOWED. ITEMS DEEMED NOT ALLOWED WILL NEED TO BE EITHER MAIL OUT OR DISPOSED.

The ONLY personal property items allowed for retention upon arrival at MWP are the following:
- Money
- Legal Papers
- Prescription Glasses
- Address Book
- Wristwatch
- Bible
- Wedding Ring (band only)
- Family Photo's (without frames or backing)
- Big Book (A.A. or N. A.)

ANY PERSONAL PROPERTY ITEMS BROUGHT WITH THE INMATE OR SENT TO MWP AT A LATER DATE THAT ARE NOT LISTED ABOVE WILL BE REVIEWED ON A CASE BY CASE BASIS. IF THE ITEM IS SIMILAR TO WHAT IS OFFERED AT MWP IT WILL BE ALLOWED. ITEMS DEEMED NOT ALLOWED WILL NEED TO BE EITHER MAIL OUT OR DISPOSED.

_____________________________________________________  ___/_____/____
Inmate Signature      Date

_____________________________________________________  ___/_____/____
Witness Signature      Date

MSP 4.7.100, Interstate Compact Transfers  Attachment D  Effective: July 13, 2009