

Texas Department of Criminal Justice
Community Justice Assistance Division

State Contracted
Intermediate Sanction Facility

Policy and Procedures for
Community Supervision
Admissions

Effective November 1, 2016

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STATE CONTRACTED INTERMEDIATE SANCTION FACILITY (SC-ISF) OVERVIEW

Important Treatment Principles

It is important that judges and Community Supervision and Corrections Departments (CSCDs) develop assessment-driven progressive sanctions models that incorporate local treatment resources and state operated and contracted resources. Assessment of an individual's risk to reoffend and his/her criminogenic needs is the most important tool available in determining the most effective course of treatment. The SC-ISF provides an intermediate sanction to revocation that removes the offender from the community. This intermediate sanction is designed to address community supervision violations as well as sanction criminal conduct that can best be addressed by custody that offers cognitive or substance abuse treatment. Evidence-based practices indicate that interventions should be driven by individual assessment, and that the least restrictive intervention be imposed that is probable to achieve the intervention goals.

State-Contracted ISF (SC-ISF)

The SC-ISF is a secure lockdown facility that completely removes the offender from the community and provides either substance abuse treatment or cognitive treatment. These programs are targeted toward medium- and high-risk felons.

State-Contracted ISF Treatment Tracks

Target Population

- An alternative to incarceration for medium- and high-risk felony probationers in violation of the conditions of supervision or sanctioned at sentencing based on the nature of the offense or criminal history.
- Offenders best served, by assessment or offense, in a secure environment due to a history of absconding or treatment nonparticipation.

Substance Abuse Treatment Track (Cognitive-based 90 day program)

- For offenders who have utilized appropriate local treatment options as determined by the CSCD's progressive interventions and sanctions model.

Substance Abuse Relapse Track (Cognitive-based 45 day program)

- For offenders who successfully completed a treatment oriented CCF, SAFPF, ISF or other inpatient treatment program and have relapsed and utilized appropriate local treatment options as determined by the CSCD's progressive interventions and sanctions model.

Cognitive Intervention Track (Thinking for a Change 90 day program)

- For offenders who need both cognitive restructuring and social skills interventions.

This facility can be used to provide relapse or progressive interventions to medium- or high-risk felony offenders only. The SC-ISF is targeted for those who have utilized appropriate local treatment options as determined by the CSCD's progressive interventions and sanctions model.

ADMISSION/PLACEMENT POLICY AND PROCEDURES

Admission Guidelines

I. Basic Eligibility: In order to be admitted to the SC-ISFs, offender must meet the following requirements:

A. The offender must be on community supervision for a felony offense. Misdemeanor offenders are not eligible for this program.

B. The offender must be eighteen (18) years of age.

C. The offender must have a State Identification (SID) number.

D. The offender's criminogenic risk must be assessed as medium or high-risk with a validated assessment instrument.

E. The offender must be court-ordered by a court of felony jurisdiction to an SC-ISF facility. An offender ordered by the judge to an SC-ISF should be ordered to the appropriate treatment track for no less than 45 days and no more than 120 days (120 days allows for completion of the 90 or 45-day program plus a 30-day extension under specific circumstances).

F. A judge may exercise judicial override to protect the safety of the offender and/or community.

G. Application sheet should indicate only one (1) of four (4) treatment tracks:

1. Substance Abuse Treatment Track;
2. Cognitive Intervention Treatment Track;
3. Substance Abuse and Cognitive Intervention Treatment Track; or
4. Substance Abuse Relapse Treatment Track.

H. For admission into the 90-day Substance Abuse Treatment Track or the 180-day Substance Abuse and Cognitive Intervention Treatment Track, one (1) of the following shall be completed with the offender:

1. a clinical assessment by a qualified credentialed counselor [as defined by Texas Department of Criminal Justice-Community Justice Assistance Division (TDCJ-CJAD) Standards for CSCDs, Section 163.40(a)(26)]; or
2. an evaluation [as defined by TDCJ-CJAD Standards, Section 163.40(a)(18)]; or
3. an assessment by the CSCD's or other entity's qualified credentialed counselor, that was completed within the past 18 months.

I. For admission into the Substance Abuse Relapse Treatment Track, the offender must meet the requirements for admittance into the substance abuse treatment track (above) and must have successfully completed treatment in a Substance Abuse Felony Punishment Facility (SAFPF), SAFPf Relapse Track, or other Therapeutic Community (TC) treatment model, or have previous history of residential treatment; and must have utilized appropriate local treatment options as determined by the CSCD's progressive interventions and sanctions model.

J. For admission into the 90-day Cognitive Intervention Treatment Track, one (1) of the following should be completed and submitted: Texas Risk Assessment System (TRAS); a clinical interview; or a brief case summary by the Community Supervision Officer (CSO) indicating the need for this program.

K. There are no offense exclusions for any of the tracks.

II. Physical and Mental Status: Offenders shall be physically and mentally capable of uninterrupted treatment participation. Medical Exclusions: Any offender who has a medical condition that would prevent him/her from participating in and benefiting from treatment is not eligible for placement in a SC-ISF. This includes, but is not limited to, the following conditions:

A. Any medical condition requiring permanent infirmary care (i.e., oxygen-dependence).

B. Any medical condition undergoing acute or chronic treatment in which interruption of continuity may jeopardize the patient's final outcome (i.e., acute fracture care; evaluation of chest pain; staging of a disease process).

C. Dialysis.

D. Any medical illness, including mental health diagnoses, currently requiring inpatient care.

E. Exhibition of a need for alcohol and/or other drug detoxification, or reliance on methadone maintenance.

F. A DSM-IV (mental health) diagnosis not stabilized for at least 30 continuous days. Offenders with a DSM-IV (mental health) diagnosis, who have been stable for at least 30 days, including offenders who have been prescribed medication that has been administered for at least 30 continuous days, will be screened individually by the TDCJ-CJAD staff and contractor to determine medical appropriateness. If the psychiatric condition is determined to be of such severity that it would prevent the offender from participating in or benefiting from the SC-ISF treatment program, the offender will be returned to the referring county. The verification process will entail confirming with the supervising officer that the offender has been incarcerated (note jail entry date on checklist form) for at least 30 days, or the offender has been under supervised mental health care in the community for the last 30 days.

IMPORTANT: To expedite the processing of ISF applications, departments will no longer be notified by telephone of incomplete packets; however, they will be sent a rejection letter via email noting the reason for rejection. Incomplete/Rejected packets will need to be re-submitted for review.

G. Offenders who are pregnant: must be less than 12 weeks pregnant (based on medical record); must not have a history of abnormal hereditary problems (self-report or medical record); must not have any pregnancies that are/were deemed high-risk (self-report or medical record); must not have a need for alcohol or drug detoxification (screening at facility upon receiving offender); and may be medically released for any complication determined by facility.

H. An offender will be deemed inappropriate for SC-ISF treatment and interventions who has:

1. a severe, unstable acute or chronic illness;
2. Any medical condition requiring ongoing specialty medical services:
 - The SC-ISF facilities have very limited “special needs” capability and there may be more appropriate referral sources in the community for medically fragile or unstable individuals. Medications shall not be designated “keep on person (KOP)” meds, other than over-the-counter type available at the commissary and health clinic, or urgent care medications such as an inhaler or heart medication. Health clinic visits will be required for all others.

III. Legal issues

A. The offender’s probation discharge date must be greater than the SC-ISF track completion date.

B. Legal Exclusions: there are no offense restrictions, but the offender cannot have any pending legal actions that might interfere with treatment. This includes, but is not limited to:

1. a pending Motion to Revoke;
2. any pending criminal charge(s) or detainers;
3. immigration holds; or
4. child support detainers.

C. Pretrial detainees are not eligible for this program.

IV. Assessment Information

Assessment or screening must indicate the need for these interventions. Any offender ordered to the SC-ISF who does not meet the admission requirements will be returned to the referring jurisdiction. Offenders who are unable, for any reason, to complete the court-ordered program will be returned to the referring jurisdiction.

PROCESS FOR PLACING OFFENDERS IN THE SC-ISF

Each CSCD will designate one SC-ISF Coordinator to communicate with the TDCJ-CJAD SC-ISF Coordinator and the SC-ISF treatment staff concerning placement issues that may arise. That contact person may also be the designated SAFPF Coordinator for that jurisdiction. The designated person will be contacted from time to time on other issues, such as release plans. The contact person may be called upon to help coordinate transportation, including dates with the Sheriff's office. If TDCJ-CJAD and the provider do not have an ISF contact name, the default contact will be the SAFPF Coordinator.

If the offender meets the eligibility requirements, a completed ISF Admission Packet must be sent to the TDCJ-CJAD SC-ISF Coordinator. A completed Admission Packet includes:

- a completed SC-ISF Admission Form;
- either an assessment summary or copy of the assessment;
- a copy of the Court Order requiring (as a special condition of community supervision) the offender to participate in the SC-ISF program;
- a completed Consent for the Release of Confidential Information; and
- a completed Texas Uniform Health Status Update Form.

IMPORTANT NOTE: 2016 SATOM SC-ISF 01.04 Attachments A, B, C, E, & G constitute a complete packet. 2016 SATOM SC-ISF 01.04 Attachment D will be the court order to send with the SC-ISF Application if the offender refuses to grant consent for the Release of Confidential Information. 2016 SATOM SC-ISF 01.04 Attachment F is a sample court order showing the proper legal wording that should be included in the modification order signed by the judge.

Completed packets should be emailed to the TDCJ-CJAD SC-ISF shared inbox at SC-ISF@tdcj.texas.gov. Once the completed packet is received the offender will be scheduled for pickup and admission to the facility.

Once the judge has signed the court order requiring (as a special condition of community supervision) the offender to participate in the SC-ISF program, the offender shall be remanded to the local county jail for processing. The offender will be transported to the SC-ISF by the treatment vendor. Pick up times may vary; the goal is to process offenders into the treatment programs within 30 days of sentencing. The time that the offender spends in county jail awaiting transfer will not count toward the 45 or 90 day treatment program.

FACILITY PROCEDURES

Disciplinary, Furlough, Grievance, and Use of Force Procedures

The contractor is required to follow the TDCJ Disciplinary, Furlough, Grievance, and Use of Force Procedures. If you have questions about these policies please contact the SAFPF/ISF Placement Unit.

Serious or Unusual Incidents

TDCJ-CJAD will notify the referring CSCD SC-ISF Coordinator of any serious or unusual incidents involving their probationers.

DISCHARGE POLICIES AND PROCEDURES

Upon successful completion or unsuccessful discharge offenders participating in the SC-ISF treatment program will be returned to the referring jurisdiction. The return of the offender will be coordinated through the referring jurisdiction's SAFPF/SC-ISF Coordinator to ensure the offender is returned to supervision upon arrival in the jurisdiction. An order releasing the offender from the SC-ISF must be sent to the TDCJ-CJAD SC-ISF Coordinator and the SC-ISF Unit.

Method of Release

The method of release will be coordinated with the SC-ISF vendor. The following transportation options are available:

- a family member, with permission of the referring CSCD and court, can pick up the offender at the SC-ISF;
- a law enforcement officer or other official authorized by the court to take custody of the offender; or
- the SC-ISF vendor will return the offender to the CSCD;

Special Circumstances of Release

- If the offender requires medication:
 - the SC-ISF will provide the offender with ten (10) days worth of medication; and
 - prior to the offender's release from the ISF, the referring jurisdiction's SAFPF/SC-ISF Coordinator will make arrangements for a follow-up medical and/or psychiatric evaluation and continuation of prescription medication.
- If an offender is discharged from the facility because of a detainer, the referring jurisdiction must provide transportation for the offender.

If the offender is being discharged within the time frame specified in the court order (i.e., not less than 45 days or more than 120 days), a new court order is not required for release. Upon discharge, the SC-ISF will send to the CSCD's copies of the admittance packet, progress report(s), and a discharge summary.

AFTERCARE POLICIES AND PROCEDURES

Research evidence indicates that aftercare treatment is an essential part of any treatment program. To strengthen outcomes, it is recommended that CSCDs provide aftercare treatment for offenders participating in the SC-ISF programs. Aftercare treatment for this program should be included as a part of the CSCD's treatment continuum and should address the offender's criminogenic needs. If the releasee requires medication or medical appointment follow-up, this shall be accomplished prior to release as noted above.

A variety of local treatment and supervision options can be used to provide both aftercare treatment and supervision for offenders who have returned to the community. Some of these options may include (but are not limited to):

- participation in a drug or problem-solving court
- specialized caseloads
- outpatient treatment
- therapeutic half-way houses

APPENDIX A: ISF ADMISSION PACKET

Attachment A: Admission Checklist

Attachment B: Admission Form

Attachment C: Release of Confidential Information

Attachment D: Court Orders Granting the Release of Confidential
Information (If Applicable)

Attachment E: Texas Uniform Health Status Update Form

Attachment F: Sample Court Order

Attachment G: Availability for Pick-up Form



State Contracted ISF Admission Checklist

1. Date: _____ / _____ / _____ **SID#:** _____
2. Client name: _____ DOB _____ / _____ / _____
3. County & CSCD: _____
4. Jail name/ pickup city: _____
5. Jail POC & phone #: _____
6. ISF Programs: Please select from one of the choices listed below:
 - Substance Abuse Treatment Track (90 Day)**
 - Cognitive Intervention Treatment Track (90 Day)**
 - Substance Abuse Treatment & Cognitive Intervention Treatment Track (180 Day)**
 - Substance Abuse Relapse Treatment Track (45 Day)**

Required Documents for a Completed Packet

1. Admissions form
2. Release of Confidential Information
3. Uniform Health Status Update Form (**TB Test less than 365 days old**)
4. Signed Modification Court Order
5. Signed original judgment
6. Texas Risk Assessment System (TRAS) Drug and/or alcohol trailer or other substance abuse assessment
7. CSO verification of 30 days stability
(Bipolar or Psychotic offenders only; please include date of incarceration : _____)
8. State Contracted ISF Availability for Pick-Up Form

Email the SC-ISF Admission packets: SC-ISF@tdcj.texas.gov

Please call 512-305-9328 or 512-463-7651 for assistance with technical difficulties.

CJAD CONFIDENTIAL

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Release of Confidential Information

State Contracted Intermediate Sanction Facility Authorization for Release of Confidential Information

I hereby authorize the Community Supervision and Corrections Department of _____ County to disclose any confidential information pertaining to me for inspection by _____ State Contracted Intermediate Sanction Facility. The duration of this release is effective from _____ to _____.

I, on behalf of myself or another person who may have an interest in the matter, hereby release the Community Supervision and Corrections Department of _____ County and its employees from all legal responsibility and liability that may arise from the act I have hereby authorized.

It is understood the above information to be released by the Community Supervision and Corrections Department of _____ County is fully protected by the law establishing the personnel in the performance of official duties.

Signature of Probationer

Signature of Witness

I hereby authorize the _____ State Contracted Intermediate Sanction Facility to disclose any confidential information pertaining to me for inspection by the Community Supervision and Corrections Department of _____ County. The duration of this release is effective from _____ to _____.

I, on behalf of myself or another person who may have an interest in the matter, hereby release the _____ State Contracted Intermediate Sanction Facility and its employees from all legal responsibility and liability that may arise from the act I have hereby authorized.

It is understood the above information to be released by the _____ State Contracted Intermediate Sanction Facility is fully protected by the law establishing the personnel in the performance of official duties.

Signature of Probationer

Signature of Witness

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Court Orders Granting the Release of Confidential Information (If Applicable)

Sample Court Order **If the Offender Refuses** to Grant Consent for the Release of Confidential Information

THE STATE OF TEXAS VS	NO. IN THE DISTRICT COURT OF _____ COUNTY _____ JUDICIAL DISTRICT _____
MOTION TO RELEASE OF CONFIDENTIAL INFORMATION	
<p>The State of Texas moves this court of authority to release information for the following reasons:</p> <p>_____ is currently under supervision by the Community Supervision and Corrections Department of this Judicial District and is being considered/ has been ordered by the Court for possible placement in the Intermediate Sanctions Facility / _____ Facility. Prior to such placement, the Community Supervision and Corrections Department is required to supply said facility with relevant information which is contained in the community supervision file on said probationer. _____ has refused to cooperate with the department and will not sign for release information.</p> <p>Wherefore, the State of Texas prays this Honorable Court for ORDER permitting the Community Supervision and Corrections Department to release required and relevant information to any authority necessary in order to fulfill the duly entered Orders of this court.</p> <p style="text-align: right;">Respectfully submitted,</p> <p style="text-align: center;">_____ District Attorney</p> <p style="text-align: center;"><u>ORDER FOR RELEASE OF INFORMATION</u></p> <p>On this day, the Court considered the State's Motion for Release of information. The Court is of the opinion that said motion should be GRANTED.</p> <p>IT IS THEREFORE ORDERED that the Community Supervision and Corrections Department is hereby authorized and ORDERES to release any information contained in the official community supervision file in this cause to the authorities of the Intermediate Sanctions Facility / _____ Facility or authorities of the Texas Department of Criminal Justice, as necessary to accomplish possible placement of _____ in said facility or as necessary to carry out any other duly entered Order of this Court in the cause.</p> <p>Signed this _____ day of _____, 20_____.</p> <p style="text-align: right;">_____ Judge Presiding</p>	

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TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: _____ DOB: ___/___/___ AGE: _____
Last First MI
 STATE ID# _____ RACE: _____ SEX: Male ___ Female ___
 COUNTY/TDCJ# _____ WT: _____ HT: _____

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- 1. None
- 2. Asthma
- 3. Pregnancy
- 4. Dental Priority
- 5. Diabetes
- 6. Drug Abuse
- 7. Alcoholism
- 8. Orthopedic Problems
- 9. Cardiovascular/Heart Trouble
- 10. Suicidal
- 11. Mental Retardation
- 12. Mental Illness (Specify diagnosis) _____
- 13. Recent Surgery
- 14. Seizures
- 15. Dialysis
- 16. Hypertension
- 17. CARE System Y/N

III. SPECIAL NEEDS (Check all that apply)

A. Housing Restrictions

- 1. None
- 2. Skilled Nursing Facility
- 3. Extended Care Facility
- 4. Psychiatric Inpatient Facility
- 5. Respiratory Isolation
- 6. Other: _____

B. Transportation

- 1. Routine
- 2. Crutches/Cane
- 3. Ambulance
- 4. Wheelchair/Wheelchair Van
- 5. Prosthesis: _____

C. Pending Specialty Clinic Appointment

None _____ Type _____

D. ALLERGIES _____

 NKA _____

**NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.*

B. Preventive Medicine

- 1. Tuberculosis Status
 Skin Test: Date Given: ___/___/___ Date Read: ___/___/___ Results _____ mm*
 X-Ray: Date: ___/___/___ Normal ___ Abnormal ___* Anti-TB Treatment? No ___ Yes ___
- 2. Hepatitis: A ___ B ___ C ___ Other: _____
- 3. HIV Antibody: Test Date: ___/___/___ Results: Neg ___ Pos ___ CD4: ___ Date ___/___/___
- 4. Syphilis: Date: ___/___/___ Type: ___ Treatment Completed: ___ Yes ___ No

**NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.*

C. Other Health Care Problems: _____

IV. CURRENT PRESCRIBED MEDICATIONS None _____

Medication	Dosage	Frequency

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: _____ DATE: ___/___/___

Signature/Title

PHONE NUMBER: _____ FACILITY: _____

INSTRUCTIONS

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

- I. Print the inmate patient's name, date of birth, age, state identification number, race, weight (WT) and height (HT). Place a check mark in the appropriate space for sex and record your respective facility identification number on the County/TDCJ#. (Note: this number should be the internal number used by the different counties) Last: Has inmate's name been cross-referenced with the MH/MR database (CARE) for prior or current service status?
- II. A. **Health Problems** - Indicate the inmate's response (YES, NO) to having been treated by placing a check mark in the applicable space.
1. **NONE** - The inmate patient states he/she has no known medical problems and none were detected during the physical examination.
 2. **ASTHMA** - A sudden attack of shortness of breath accompanied by wheezing, caused by a spasm of the airway or swelling in the airway.
 3. **PREGNANCY** - Does the inmate suspect she may be pregnant?
 4. **DENTAL PRIORITY** - Any dental problems the inmate claims need attention.
 5. **DIABETES** - Taking insulin or other medication to control the sugar level in the blood.
 - 6/7. **DRUG ABUSE/ALCOHOLISM** - Dependence on drugs and/or alcohol.
 8. **ORTHOPEDIC PROBLEMS** - Chronic joint complaints or recent fracture.
 9. **CARDIOVASCULAR/HEART TROUBLE** - Coronary artery disease, heart attack, angina pectoris, and congestive heart failure are all examples.
 10. **SUICIDAL** - Has expressed suicidal thoughts, or attempted suicide.
 11. **MENTAL RETARDATION** - Has inmate been diagnosed as mentally retarded?
 12. **MENTAL ILLNESS** - Has the inmate been treated by a psychologist or psychiatrist or has a doctor ever treated him for a mental health problem?
 13. **RECENT SURGERY** - Any surgery within the past 30 days, explain in II-C.
 14. **SEIZURES** - Sudden uncontrollable muscle spasm or unconsciousness.
 15. **DIALYSIS** - Does the inmate patient have renal failure and in need of dialysis treatment?
 16. **HYPERTENSION (HIGH BLOOD PRESSURE)** - Treated with drugs or diet.
 17. **CARE SYSTEM** - Inmate's name has been submitted to local MHMR and has a prior or current service status. (yes/no)
- NOTE: When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.**
- B. **Preventive Medicine**
1. Please indicate date of last TB skin test, including date read and results in mm of reaction, if any. If no reaction, indicate 0.
 2. Please indicate whether patient has infection with hepatitis A,B, or C by checking the appropriate box.
 3. Please indicate date of last HIV antibody test and results. If positive, indicate last CD4 count.
 4. Please indicate last syphilis test, if positive. Indicate whether treatment was complete or not.
- C. Does the inmate have any condition that might indicate the need for medical care? Body deformities, swelling, open wounds, skin discoloration, rashes, needle marks, severe dental problems, or bruises are all examples of things to note that were not listed in sections IIA or IIB.
- III. A. **Housing Restrictions**
1. **NONE**
 2. **SKILLED NURSING FACILITY** - Does the inmate have a temporary medical problem requiring inpatient nursing care?
 3. **EXTENDED CARE FACILITY** - Does the inmate have a permanent medical problem requiring long-term inpatient nursing care?
 4. **PSYCHIATRIC INPATIENT FACILITY** - Is the inmate in need of crisis management or is he/she currently admitted to a psychiatric inpatient facility?
 5. **RESPIRATORY ISOLATION** - Does the inmate have a current diagnosis of ACTIVE TB or other active disease such as chicken pox or measles?
 6. **OTHER**
- B. **Transportation** - Does the inmate require any of the following to walk distances greater than 25 yards? If not please check the routine space.
1. ROUTINE
 2. CRUTCHES/CANE
 3. AMBULANCE
 4. WHEELCHAIR/WHEELCHAIR VAN
 5. PROSTHESIS
- C. List any pending specialty clinic appointments the inmate patient had upon transfer from your facility. Please list any scheduled specialist appointments the inmate may have.
- IV. List known medications. Please list all currently ordered life sustaining medications. You may omit over the counter medications.
- V. List any known allergies.

Sample Court Order

The court order should list the time frame for treatment at the ISF as a minimum of 45 days up to a maximum of 120 days.

Special Condition of Community Supervision

The defendant shall serve a term of confinement and treatment in a State of Texas Contracted Intermediate Sanction Facility for a period of not less than 45 days and no more than 120 days and the defendant shall cooperate with and complete all sanction facility program requirements and abide with all rules and regulations of said facility. It is the Court's Order that said defendant may be released in manner an on a date determined jointly by the intermediate sanction facility director and the Director of the Community Supervision and Corrections Department or their designees. Upon release the defendant is required to

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State Contracted ISF Availability for Pick-Up

I, _____, Community Supervision
Officer/Admin Services for _____ county CSCD, state and affirm that
there are no holds, detainers or any other matter(s) pending against
_____ (Offender) SID #
_____, preventing the offender from being picked up and transported to the
ISF unit as of this _____ day of _____, 20_____.

Name

Date

Signature

Phone

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