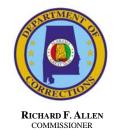


State of Alabama Department of Corrections

Alabama Criminal Justice Center 301 South Ripley Street P. O. Box 301501 Montgomery, AL 36130-1501 (334) 353-3883



April 15, 2009

TO: WARDENS CHANGE #1

HEADS OF STATE AGENCIES ADMINISTRATIVE REGULATION 022

DIVISION DIRECTORS

ADMINISTRATIVE REGULATION MONITORS

INTERSTATE CORRECTIONS COMPACT (ICC)

PURPOSE: To update the AR to correspond to the implementation of the revised

Classification System and Classification Manual in July 2009.

CHANGES TO BE MADE:

Reference: Action Required:

AR 022, Interstate Corrections Compact (ICC), dated May 5, 2004.

Section V. C. 9. Delete the word "Supervised Intensive Restitution" and replace

with "Supervised Re-Entry."

ADOC Form 022-B Delete ADOC Form 022-B, dated May 5, 2004 and replace with

ADOC Form 022-B, dated March 31, 2009.

File this numbered change at the back of the regulation after annotating both the index and the regulation to indicate changes have been completed. Advise all personnel in your organization of the change to this regulation.

Richard F. Allen, Commissioner

Interstate Corrections Compact Transfer Request Form (This form is not intended as a replacement for your packet. Please include the usual packet material.)

From:	To:	Request Type: ()Voluntary	y ()Invol. ()Protection () Mngmnt. ()Family	
Inmate Number	er:	Inmate Name:			
Age:	DOB:	Race:	Se	Sex:	
Current Offen	ca.				
Sentencing Da	ate:	Sentence to: Ye	ars Months	Days	
Reason for IC	CC transfer req	uest:			
	•	eral Population () Isolation ()			
	from incarcerati	on: Max. release date:	or Parole release	date:(if applicable)	
	•	ım () Medium () Close	<u> </u>		
List any: Esca	apes: Date	Details			
	Date	Details			
Det	tainers: Date	Jurisdiction_			
Number of La	wsuits filed agai	inst the ADOC in the last 3 ye	earsReason		
Please provide	e geographical a) If yes, please provide name rea of operation (i.e. local or rany other pertinent information)	national affiliation and su	bject's role in gang if	
Substance Ab	ouse Issues: Ye	es() No() If yes, please	check all of the followin	g that apply:	
.,	() Comple	() Recreational SA ete Treatment () Ref	Fused Treatment	atment	
Please attach	2. Printout of	de Prior Criminal Offense His Institutional Disciplinary Rep chological Report gress Report			

<u>Please attach this form to the top of the Interstate Corrections Compact Application and Packet</u>

ADOC Form 022-B for AR 022 - April 15, 2009