

## **Inter-Institutional Transfer Request**

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Offender's Name: \_\_\_\_\_ GDC I.D.: \_\_\_\_\_

Present Security Rating: \_\_\_\_\_ TPM/MRD: \_\_\_\_\_

Verified Skills: \_\_\_\_\_ County of Conviction: \_\_\_\_\_

Current Detail/Program Assignment: \_\_\_\_\_

Request Category: \_\_\_\_\_ Request Reason: \_\_\_\_\_

Reasons and/or Justification for the Transfer Request: \_\_\_\_\_

\_\_\_\_\_

Requesting Counselor: \_\_\_\_\_

Request Category/ Reasons:

**Administrative:**

Adjustment W/ DR  
Adjustment W/O DR  
Closer to home  
County Camp  
Escapee  
Inmate/Inmate conflict  
Pop. Redistribution  
Security Increase  
SMU  
Inmate/Staff Conflict  
STG  
Utilize Skills

**Boot Camp:**

Boot Camp Removal (Facility)  
Boot Camp Removal (Parole)  
Boot Camp  
Boot Camp Plus

**Diagnostics:**

Permanent Assignment  
Resume Diagnostics  
Completed Diagnostics

**Inmate Construction:**

Ga. Correctional Ind. (GCI)  
Ga. Correctional Ind. (GCI) (Removal)  
Inmate Construction  
Inmate Construction (Removal)

**Programs:**

Comm. Drivers License (CDL)  
Education  
On-the-job training (OJT)  
Parole Referral Program  
Sex Offender program  
Vocational  
RSAT (Facility)  
RSAT (Parole)  
RSAT (Probation)

**Protective Custody:**

Involuntary  
Law Enforcement  
Voluntary

**Transitional Center:**

Permanent Maintenance  
Work Release (Facility)  
Work Release (Parole)  
Work Release (Removal)

**Medical:**

General Medical  
Infirmary

**Mental Health:**

Mental Health