

**IDAHO DEPARTMENT OF CORRECTION  
Transportation Hold Request Form**

**Offender Information**

Offender's Name: \_\_\_\_\_

IDOC #: \_\_\_\_\_

Facility: \_\_\_\_\_

**Hold Information**

Initiator's Name: \_\_\_\_\_

In accordance with standard operating procedure 322.02.01.003, *Holds, Cautions, Concerns, and Considerations: Offender*, I am requesting the following transportation hold on the above named offender:

- |   |   |
|---|---|
| <input type="checkbox"/> Civil Commitment                 | <input type="checkbox"/> Parole Hearing Schedule                                      |
| <input type="checkbox"/> Facility Hold                    | <input type="checkbox"/> Sex Offender Treatment Program Participant                   |
| <input type="checkbox"/> Medical Hold                     | <input type="checkbox"/> Therapeutic Community Program Participant                    |
| <input type="checkbox"/> Mental Health Hold               | <input type="checkbox"/> Vocational Program Participant                               |
| <input type="checkbox"/> Parole Hearing Officer Interview | <input type="checkbox"/> Other (written justification is required for this selection) |

Hold Start Date: \_\_\_\_\_

Hold End Date: \_\_\_\_\_

Comments:

When completed, submit this form to the Offender Placement Group (as identified in the Novell GroupWise address book)



**Offender Placement Group Use Only**

Comments (if needed):

CIS data entry completed by: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_