

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

Offender Information

Offender's Name: _____

IDOC #: _____

Facility: _____

Caution 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 caution on the above named offender:

- | | |
|---|---|
| <input type="checkbox"/> Administrative Segregation | <input type="checkbox"/> No SICI-CWC |
| <input type="checkbox"/> Boise Area Only | <input type="checkbox"/> No Work Camp |
| <input type="checkbox"/> Court Date Pending | <input type="checkbox"/> No Work Crew |
| <input type="checkbox"/> Escape History | <input type="checkbox"/> Only a Facility with an Infirmary |
| <input type="checkbox"/> Fire Crew | <input type="checkbox"/> Pocatello Area Only |
| <input type="checkbox"/> Juvenile (under 18 yrs of age) | <input type="checkbox"/> Protective Custody |
| <input type="checkbox"/> No EB-CWC | <input type="checkbox"/> Return to IDOC Facility |
| <input type="checkbox"/> No IF-CWC | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> No N-CWC | <input type="checkbox"/> Other (written justification is required for this selection) |

Caution Start Date: _____

Caution End Date: _____

Comments:

When completed, email this form to the appropriate facilitator per SOP 322.02.01.003.



Facilitator Use Only

Comments (if needed):

CIS data entry completed by: _____

(Print Name)

Date: _____