

**OKLAHOMA DEPARTMENT OF CORRECTIONS
INMATE TRANSFER/RECEIPT FORM**

Sending Facility _____ Holdover Facility _____ Receiving Facility _____

Date of Transfer _____

	INMATE NUMBER	INMATE NAME	FIELD FILE	MEDICAL FILE	DUFFEL BAG	NUMBER OF BOXES	MEDICATION YES/NO	COMMENTS/DISCREPANCIES
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

PRINT AND SIGN

Transporting Officer _____ Date _____ Time _____ Facility/Route _____

Holdover Officer _____ Date _____ Time _____ Facility/Route _____

Holdover Officer _____ Date _____ Time _____ Facility/Route _____

Receiving Officer _____ Date _____ Time _____ Facility/Route _____

Distribution:

- Original - Sending facility's records office (after being signed by receiving officer)
- Copy - Holdover facility's records office/CTU Site Supervisor
- Copy - Holdover facility's records office/CTU Site Supervisor
- Copy - Receiving facility's records office (upon delivery of inmate)
- Copy - Attached to records during transport, then maintained in file

This form will be maintained as a written record of the custody, the records and the property of inmates being transferred.

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