



OFFENDER TRANSPORT ORDER

State Form 23605 (R3 / 2-13)

INDIANA DEPARTMENT OF CORRECTION

Department of Correction contact number ()

DO NOT RELEASE OFFENDER BEFORE CONTACTING THE INDIANA DEPARTMENT OF CORRECTION.

AUTHORIZATION TO TRANSPORT

Pursuant to Indiana state statutes and Department of Correction policies and procedures, the following offender(s) have been approved for transfer to another facility or agency, and will be transported:

Name of facility or agency transferred from	Date of transfer (month, day, year)	Insert quantity of each item in appropriate boxes below																											
Name of facility or agency transferred to		<table border="1"> <tr> <td>TRANSFER AUTHORITY</td> <td>FACILITY PACKET</td> <td>MEDICAL - DENTAL PACKET</td> <td>CASH, CHECK, OR MONEY ORDER</td> <td>PROPERTY ENVELOPE</td> <td>PROPERTY BAG</td> <td>IDENTIFICATION PACKET</td> <td>PROPERTY BOX</td> <td>OTHER DOCUMENT OR PROPERTY NOT LISTED AT LEFT</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										TRANSFER AUTHORITY	FACILITY PACKET	MEDICAL - DENTAL PACKET	CASH, CHECK, OR MONEY ORDER	PROPERTY ENVELOPE	PROPERTY BAG	IDENTIFICATION PACKET	PROPERTY BOX	OTHER DOCUMENT OR PROPERTY NOT LISTED AT LEFT									
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NAME OF OFFENDER (last, first, middle initial)	DOC IDENTIFICATION NUMBER	DESCRIPTION																											
1.																													
2.																													
3.																													
4.																													
5.																													
6.																													
7.																													
8.																													
9.																													
10.																													
11.																													
12.																													

*This order must be signed by an official with authority to approve transfers.

Signature of approving official*	Date of signature (month, day, year)
Title of approving official*	Name of facility or agency

AUTHORIZATION TO RELEASE GATE TO OFFENDER(S)

CONTROL ROOM AND DUTY SUPERVISOR: This is your authority to release the gate to the above named offender(s) for transport in the custody of the identified transporting staff.

Date of offender gate release (month, day, year)	Signature	Title
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RECEIPT BY TRANSPORTING OFFICER-IN-CHARGE

The offender(s), accompanying document(s), and property shown above, have been received into my custody for transport as authorized.

Time of departure <input type="checkbox"/> AM <input type="checkbox"/> PM	Estimated time of arrival at destination <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of facility or agency
Signature of transporting officer-in-charge	Title of transporting officer-in-charge	

RECEIPT BY RECEIVING FACILITY OR AGENCY STAFF

I have accepted custody of the above named offender(s), accompanying document(s), and property as listed.

Time received <input type="checkbox"/> AM <input type="checkbox"/> PM	Date received (month, day, year)	Name of facility or agency
Signature of receiving staff	Title of receiving staff	