

STATE OF NORTH CAROLINA

File No. (Clerks' Use Only)

_____ County

In The General Court Of Justice
 District Superior Court Division

STATE VERSUS

MISDEMEANANT CONFINEMENT PROGRAM REQUEST FOR TRANSFER

Name Of Defendant (type or print)

Race

Sex

Date Of Birth

G.S. 148-32.1(b3)

The defendant presently is confined pursuant to the sentence imposed in the following case and in the local confinement facility named below:

File No. (in county of conviction) County Of Conviction Date Of Judgment Local Confinement Facility

NOTE: If this form is filed in the county of conviction, place it in the criminal file. If it is filed in a county other than the county of conviction, assign it a Registration R number, index it in VCAP under the defendant's name and provide certified copies to the sheriff.

REQUEST FOR TRANSFER

The undersigned custodian of the local confinement facility named above hereby requests the Court order the transfer of the defendant, currently housed pursuant to the Statewide Misdemeanant Confinement Program, to a facility operated by the Department of Adult Correction, and in support of said request shows to the Court:

1. The defendant poses a security risk, because (check all that apply and explain where indicated)
- a. the defendant poses a serious escape risk, because (explain) _____
 - b. the defendant exhibits violently aggressive behavior that cannot be contained and warrants a higher level of supervision.
 - c. the defendant needs to be protected from other inmates, and the county jail facility cannot provide such protection.
 - d. the defendant is (check all that apply) a female 18 years of age or younger, and the county jail facility does not have adequate housing for such prisoners.
 - e. is in custody at a time when a fire or other catastrophic event has caused the county jail facility to cease or curtail operations, in that (explain) _____
 - f. the defendant otherwise poses an imminent danger to the staff of the county jail facility or to other prisoners in the facility, in that (explain) _____
2. The defendant requires medical or mental health treatment that the county has decided can best be provided by the Department of Adult Correction.
3. The local confinement facility named above (check all that apply)
- a. cannot reasonably accommodate any more prisoners due to segregation requirements for particular prisoners,
 - b. does not meet the minimum standards published pursuant to G.S. 153A-221, and no other local confinement facility is available.

Date Name (type or print) Signature Sheriff Jailer

NOTE TO CUSTODIAN: Complete all information above and sign the Request prior to submission to the Court. Upon entry of the Court's Order below, file the completed Order with the clerk of superior court in the county in which the local confinement facility is located. If transfer is authorized, obtain certified copies from the clerk in order to effect the transfer.

ORDER

Upon review of the above Request, the undersigned judge hereby finds that (check only one)

1. the Request meets the criteria for transfer as set forth above, and it is therefore Ordered that the defendant named above be transferred to a facility designated by the Secretary of the Department of Adult Correction or the Secretary's authorized representative. It is further Ordered that the Department of Adult Correction shall be reimbursed from the Statewide Misdemeanant Confinement Fund for the costs of the defendant's housing, care, supervision and transportation.
2. the Request fails to meet the criteria for transfer and is therefore denied.

Date Name Of Presiding Judge (type or print) Signature Of Presiding Judge District Court Judge Superior Court Judge

CERTIFICATION BY CLERK

I hereby certify that this Request and Order is a true and complete copy of the original which is on file in this case.

Date Date Certified Copies Delivered To Sheriff Signature Of Clerk Deputy CSC CSC Assistant CSC **SEAL**