General Division Policies

SECTION 5

Community Transition Program



ISSUING AUTHORITY: INDIANA DEPARTMENT OF CORRECTION

EFFECTIVE DATE: 5/3/2021

# 5.1 Request for Warrant Form Instructions

**APPLICABLE TO:**

**Community Corrections and Probation Agencies who supervise Indiana Department of Correction (IDOC) Community Transition Program (CTP) offenders**

# Purpose

To provide instructions for completion of State Form 30496, “IDACS/NCIC Absconder/Escapee Report-Request for Warrant for the Retaking of Offender,” and State Form 39590 “Report of Conduct”. If additional information is needed regarding CTP Warrants, please refer to IDOC Policy 01-04-107.

# Warrant Request Procedures

Per IDOC Policy 01-04-107, if an offender escapes from or fails to return to the CTP program, the following procedure is observed:

* + 1. The county supervising agency shall request an IDOC warrant for the retaking of the offender by completing State Form 30496, “IDACS/NCIC Absconder/Escapee Report-Request for Warrant for the Retaking of Offender,” and submit it, via email, to the Central Office CTP Coordinators.
		2. The county supervising agency shall complete agency escape procedures and forward all pertinent information to the Central Office CTP Coordinators within two (2) hours from the time the agency becomes aware of the offender’s escape.
			- 1. State Form 39590 “Report of Conduct” shall be completed for any offender who goes into escape status from CTP. This form shall be filled out under offense code A 108 (Escape) and a copy of the signed report shall be forward to the Central Office CTP Coordinators along with State Form 30496 “IDACS/NCIC Absconder/Escapee Report-Request for Warrant for the Retaking of Offender.”

# Instructions to Complete State Forms

**IDACS-NCIC ABSCONDER/ ESCAPEE REPORT**

**REQUEST FOR WARRANT FOR THE RETAKING OF OFFENDER**

**State Form 30496 (R2/4-12)**

1. In the box listed “Type of offender” please check “escapee”.
2. In the box listed “Name of Individual completing the Request for Warrant” list the name of the staff member from your agency sending the request to the Indiana Department of Correction (IDOC).
3. List the title of the individual from your agency requesting the warrant in the next box. (Ex. Community Corrections Director, CTP Coordinator, Case Manager, etc.)
4. List the facility from which the participant escaped from. This should ALWAYS be XAD and the name of your agency in parentheses.
5. List the date and time the escape took place. (This is two (2) hours after an individual’s whereabouts are unknown. For Work Release/Residential participants, two hours after they are required to return to your facility. For Day Reporting, two hours after they do not show up for an appointment with you agency. For Electronic Monitoring, two hours after their unit turns off due to low battery level, or they cut their unit off.)
6. List the commitment name of the IDOC offender and any known alias(es) he/she has.
7. List the IDOCnumber. (Please ensure to list the IDOC number assigned to the individual and not a local number your agency has assigned.)
8. In the designated box, list the offender’s date of birth.
9. Provide the appropriate identifications: race, sex, height, weight, eyes, and hair.
10. As detailed as possible, list any known scars, marks, tattoos, or any other features to identify this individual.
11. In the box listed “Date Request for Warrant completed for Submission,” please list the date you are submitting the request to IDOC as well as the time requested. (This should be the same date as the escape was discovered or the date after, depending on your two-hour notification window.)
12. List **Elizabeth Darlage** as the “Name of individual authorizing the Request for Warrant to IDACS” and **Assistant Director** as the “Title of individual authorizing the Request for Warrant to IDACS”. Please also include the date.

**REPORT OF CONDUCT**

**State Form 39590 (R4/11-13)**

1. List the name of the IDOC offender and IDOC number.
2. Facility (XAD**)**
3. If you have a Work Release facility to which this individual is assigned, you may fill in the appropriate box. If not, please leave blank.
4. List the date of Incident (date of escape) and the time.
5. In the box, “Date Report Written,” list the date the report of conduct will be submitted to IDOC.
6. Offense: FAILURE TO RETURN/ESCAPE**,** CODE NUMBER: A-108**.**
7. Please list a detailed description of the incident. (Remember, this report will be used in the Disciplinary Hearing Board process if/when offender is apprehended. The more detail, the better.)
8. Sign and print in the appropriate boxes the name of the individual submitting to IDOC.

# Form Submission

Email the completed Request for Warrant for the Retaking of Offender and Report of Conduct forms to:

* Brie Newton BNewton1@idoc.in.gov
* Bonnie Russell BRussell2@idoc.in.gov
* CTP General Email CTPCoordinatorsNotifications@idoc.in.gov