

RED ENVELOPE REQUEST FORM - DRAFT

URGENT - Fax to the attention of HEALTH CARE UNIT at: () _____
 (Submit request form 24 hours prior to court date)

DATE OF REQUEST:	
<p style="text-align: center;">Internal Request</p> <p><input type="checkbox"/> Social Work</p> <p><input type="checkbox"/> Psychology</p> <p><input type="checkbox"/> Nursing</p> <p><input type="checkbox"/> Mental Health RN</p> <p><input type="checkbox"/> _____</p>	<p style="text-align: center;">External Request</p> <p>Name and Title: _____</p> <p>Agency: _____</p> <p>Agency Address: _____</p> <p>Telephone number: _____</p> <p>Fax number: _____</p>
<p>INMATE'S NAME: _____</p> <p>Date of birth : _____ OTIS#: _____</p>	
<p>For transfer of red envelope property pending inmate discharge:</p>	
Date of Court appearance:	Location of Court appearance:
<p>The red envelope should contain:</p>	
Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No	Prescription: <input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Identification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cash: <input type="checkbox"/> Yes <input type="checkbox"/> No
Keys: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____

Reserved for Institutional Staff only

Please fax back to acknowledge reception at : () _____

Institution will forward property in red envelope as requested:

Tracking number assigned: _____

Institution will not forward property in red envelope as requested:

Name of Institution contact: _____

Telephone extension: _____