







**Request for Inclusion or Revision to an  
Administrative Directive**  
Connecticut Department of Correction

CN 1301  
REV 06/29/18

Administrative Directive Number: 10.15		Title: Inmate Personal Identification Procurement and Storage	
<input checked="" type="checkbox"/> I recommend the following inclusion or revision to the above referenced Administrative Directive <b><u>(provide detailed explanation regarding reason for change):</u></b> This proposed change will allow more time to obtain identification before an inmate's discharge. Some states take an extended period of time to process birth certificates which can delay the offender in applying for DMV IDs.			
<u>CURRENT: Procurement of a Birth Certificate.</u> If an inmate does not possess a birth certificate prior to discharge or release to community supervision, the FIP Coordinator may assist the inmate in obtaining a birth certificate through the appropriate procurement process <b>two years</b> prior to the date of the inmate's discharge or pending release to community supervision.			
<u>PROPOSED CHANGE: Procurement of a Birth Certificate.</u> If an inmate does not possess a birth certificate prior to discharge or release to community supervision, the FIP Coordinator may assist the inmate in obtaining a birth certificate through the appropriate procurement process <b>three years</b> prior to the date of the inmate's discharge or pending release to community supervision.			
<input type="checkbox"/> See attached documents			
<b>ORIGINATOR</b>			
Name: Erin Forrest		Title: CC	Date: 9/10/19
Signature: 		Facility/Unit: Programs and Treatment Unit	
<b>OFFICE OF STANDARDS AND POLICY REVIEW:</b>			
Reviewed by: <input checked="" type="checkbox"/>	Office of Standards and Policy Staff signature: 		Date: 9/13/19
<b>UNIT/DISTRICT/DIVISION RECOMMENDATIONS:</b>			
Approved <input checked="" type="checkbox"/>	Denied <input type="checkbox"/>	Unit Administrator's signature:	Date:
<input type="checkbox"/>	<input type="checkbox"/>	District Administrator's signature: (only needed if originating from facility)	Date:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Division Administrator's signature: 	Date: 9/11/19
<b>COMMISSIONER'S DECISION:</b>			
This request is:		Effective date of request:	
<input checked="" type="checkbox"/> <b>APPROVED</b>		<input type="checkbox"/> <b>DENIED</b>	
<input type="checkbox"/>	The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:		Date:
<input type="checkbox"/>	This inclusion/revision shall be added to the Administrative Directive prior to:		Date:
<input checked="" type="checkbox"/>	This inclusion/revision shall be added immediately to the Administrative Directive.		
Commissioner's signature: 			Date: 9/23/19

