

INCARCERATED RELATIVE/ASSOCIATE NOTIFICATION

In accordance with California Code of Regulations, Title 15 § 3406, this form must be completed each time an employee becomes aware of a relative, or a person with whom the employee has or has had a personal or business relationship, that has been committed to or transferred to the jurisdiction of the California Department of Corrections and Rehabilitation (CDCR).

EMPLOYEE INFORMATION		
EMPLOYEE NAME	CLASSIFICATION	INSTITUTION/PROGRAM AREA
WORK PHONE NUMBER	WORK ADDRESS	

INMATE INFORMATION		
INMATE NAME	DATE OF BIRTH	IDENTIFICATION NUMBER <small>(can be retrieved at http://www.cdcr.ca.gov/Visitors/Inmate_Locator.html)</small>
FACILITY/REGION	RELATIONSHIP TO EMPLOYEE	

Please submit this completed form to your institution head, Superintendent, or Deputy/Assistant Director.

Distribution:

- One copy to Institutional Personnel Officer to insert in employees Official Personnel File (to be maintained confidentially in a sealed envelope in the back of the file).
- One copy to Case Records Manager to insert in inmate's Central File.