

Notice of Development of Rulemaking

DEPARTMENT OF CORRECTIONS

RULE NO.: RULE TITLE:

33-601.215 Classification - Transfer of Inmates

PURPOSE AND EFFECT: Rulemaking is necessary to amend Form DC6-187 to create a 36-month lookback period criterion for inmates who have not refused to participate in or been removed from any academic, vocational, or mandatory substance abuse treatment program due to unsatisfactory participation.

SUBJECT AREA TO BE ADDRESSED: Inmate requests for good adjustment transfers

RULEMAKING AUTHORITY: 944.09 F.S.

LAW IMPLEMENTED: 944.09, 944.17, 945.12 F.S.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Lauren Sanchez, 501 South Calhoun Street, Tallahassee, Florida 32399. lauren.sanchez@fdc.myflorida.com If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Jason Holman, 501 South Calhoun Street, Tallahassee, Florida 32399. jason.holman@fdc.myflorida.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

33-601.215 Classification – Transfer of Inmates.

(1) through (2) No change.

(3) An inmate who meets specified criteria may request a good adjustment transfer from his or her current institution or facility to certain other institutions or facilities in another part of the state. An inmate may request a transfer by completing Form DC6-187, Inmate Request for Good Adjustment Transfer, which is hereby incorporated by reference. Copies of this form are available from the Forms Control Administrator, 501 South Calhoun Street, Tallahassee, Florida 32399-2500, <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXXX> ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-11894>~~. The effective date of this form is ~~XX/XX~~ 04/20. The criteria for a good adjustment transfer are set forth in Form DC6-187. The criteria set forth in Form DC6-187 must be met by an inmate at the time he or she requests a transfer and must continue to be met until the transfer occurs. The Department does not guarantee that an inmate will be transferred to one of his or her preferred locations as requested on Form DC6-187. In the event the Department does not transfer the inmate to one of his or her preferred locations, the inmate will be transferred to another institution or facility in the geographical location near one of the preferred locations based on the Department's interest in population management, security, and safety, and the inmate's needs.

Rulemaking Authority 944.09 FS. Law Implemented 944.09, 944.17, 945.12 FS. History—New 10-8-76, Formerly 33-6.03, Amended 7-21-91, 10-11-95, Formerly 33-6.003, Amended 9-19-00, 12-13-15, 4-23-20,_____.