

Non-Fed Request for Movement

NON-FED REQUEST FORM

Prisoner's Name: _____

Sex: Male/Female DOB: ___/___/___ Race: _____ Weight: _____

Eye Color _____ Hair Color _____

USM # _____ (To be completed by USMS only)

Location: _____

Destination: _____

Billing Address: _____

Deadline to be in USMS Custody: ___/___/___ Local Prisoner # _____

Felony Chargers: _____

Security or Medical Concerns*: _____

Customer Information

POC: _____

Email Address: _____

Telephone: _____

Mailing Address: _____

** Prisoner must be accompanied by medical paperwork that shows TB clearance completed within the past 12 months.*

**A seven (7) day supply of medication must accompany the prisoner.*

Location USMS District: _____

POC: _____

Phone: _____