

Sunset Public Hearing Questions for  
**Interstate Corrections Compact**  
Created by Section 41-23-102, Tennessee Code Annotated  
(Sunset termination June 2017)

1. Provide a brief introduction to the compact, including information about its purpose, requirements, and the state officials involved.

a. ICC Purpose: The party states, desiring by common action to fully utilize and improve their institutional facilities and provide adequate programs for the confinement, treatment and rehabilitation of various types of offenders, declare that it is the policy of each of the party states to provide such facilities and programs on a basis of cooperation with one another, thereby serving the best interests of such offenders and of society and effecting economies in capital expenditures and operational costs. The purpose of this compact is to provide for the mutual development and execution of such programs of cooperation for the confinement, treatment and rehabilitation of offenders with the most economical use of human and material resources.

b. State Officials: Commissioner Derrick Schofield, General Counsel Debbie Inglis, Compact Administrator Douglas Stephens.

c. TDOC policy # 511.07; see attached.

2. Provide a list of the states with which Tennessee currently has an ICC contract with under the compact. Have any states withdrawn from the compact in the last five years? If so, why and what was the effect on Tennessee?

a. The list of states with which Tennessee currently has agreements with is listed in TDOC policy # 511.07; see attached.

3. In the past two years, how many inmates have been transferred into or out of Tennessee correctional institutions under this compact? How many inmates are currently placed pursuant to the compact?

a. 2014: 2 – transferred in

b. 2015: 1 – transferred out; 2 – transferred in

c. 2016: 1 – transferred in

4. What are the primary reasons for transferring inmates under this compact and how does the compact affect the operations of the Tennessee correctional system?

a. Tennessee currently accepts inmates only when the transfer is for the protection of the inmate or for security reasons; other jurisdictions may have less restrictive acceptance policies. Inmates transferred to Tennessee under the compact are treated the same as other inmates in the custody of the Department and are confined in the same institutions. Transferred inmates receive no special considerations and are subject to TDOC policies.

5. Describe the factors Tennessee officials consider when sending or receiving inmates. How do Tennessee officials keep track of inmates sent to other states and ensure that those inmates are treated appropriately?

a. Factors of consideration for transfer of inmates include: five years or more remaining before the inmate's earliest release date, including safety valve, an equitable balance between length of sentence and similar treatment and custody requirements. The treatment of transferred inmates is monitored through semi-annual program reviews submitted by the receiving state on each inmate.

6. What were Tennessee's costs related to the compact during fiscal years 2013 and 2014 and to date in fiscal year 2016? How are the compact's administrative costs allocated among participating states?

a. The only costs which the state has incurred under the compact in the past two fiscal years have been for transportation of inmates and administrative costs, which are minimal. Each state bears the costs of transporting its own inmates. Tennessee's administrative and transportation costs are borne by the Legal and Classification sections from their annual budgets.

7. Does the Commissioner of Correction submit an annual report to legislative officials as required by Section 41-23-103(b), Tennessee Code Annotated? Please attach a copy of the most recent report.

a. Yes, every year, in accordance with statute; see attached reports.

8. Please describe the process by which the Commissioner of Correction notifies the appropriate district attorney general of a proposed inmate transfer, as required by Section 41-23-104. Specifically, how is the notification made, how long does the district attorney general have to comment, and in what form are the comments made?

a. A letter is sent, via mail, to the District Attorney General's office informing them of the Department's desire to transfer an identified prisoner in accordance with the Interstate Corrections Compact (ICC) and requesting comments.

b. The District Attorney General has no specified time frame to respond and if a response is received, it is on that District Attorney General's letterhead.

9. Describe any items related to the compact that require legislative attention and your proposed legislative changes.

a. None.

10. Should Tennessee continue its participation in the compact? How would Tennessee's failure to participate in the compact affect the public health, safety, or welfare?

a. Tennessee should continue its participation in the compact. Failure to participate would not allow this Department to house a prisoner, where there exists a serious security issue, in a party state to meet this Department's mission to operate safe and secure prisons.

11. Have compact administrators developed and implemented quantitative performance measures for ensuring it is meeting its goals? (Please answer either yes or no). If measures have been developed, please answer questions 12 through 25. If the commission has not developed quantitative performance measures, proceed directly to question 26.

a. None.

12. What are your key performance measures for ensuring the compact is meeting its goals? Describe so that someone unfamiliar with the program can understand what you are trying to measure and why it is important to the operation of your program.

13. What aspect[s] of the program are you measuring?

14. Who collects relevant data and how is this data collected (e.g., what types information systems and/or software programs are used) and how often is the data collected? List the specific resources (e.g., report, other document, database, customer survey) of the raw data used for the performance measure.

15. How is the actual performance measure calculated? If a specific mathematical formula is used, provide it. If possible, provide the calculations and supporting documentation detailing your process for arriving at the actual performance measure.

16. Is the reported performance measure result a real number or an estimate? If an estimate, explain why it is necessary to use an estimate. If an estimate, is the performance measure result recalculated, revised, and formally reported once the data for an actual calculation is available?

17. Who reviews the performance measures and associated data/calculations? Describe any process to verify that the measure and calculations are appropriate and accurate.

18. Are there written procedures related to collecting the data or calculating and reviewing/verifying the performance measure? Provide copies of any procedures.

19. Describe any concerns about the compact's performance measures and any changes or improvements you think need to be made in the process.

20. Please list all compact programs or activities that receive federal financial assistance and, therefore are required to comply with Title VI of the Civil Rights Act of 1964. Include the amount of federal funding received by program/activity.

21. If the compact does receive federal assistance, please answer questions 27 through 34. If the compact does not receive federal assistance, proceed directly to question 33.

22. Does the compact prepare a Title VI plan? If yes, please provide a copy of the most recent plan.

23. Does the compact have a Title VI coordinator? If yes, please provide the Title VI coordinator's name and phone number and a brief description of his/her duties. If not, provide the name and phone number of the person responsible for dealing with Title VI issues.

24. To which state or federal agency (if any) does the compact report concerning Title VI? Please describe the information your compact submits to the state or federal government and/or provide a copy of the most recent report submitted.

25. Describe the compact's actions to ensure that association staff and clients/program participants understand the requirements of Title VI.

26. Describe the compact's actions to ensure it is meeting Title VI requirements. Specifically, describe any compact monitoring or tracking activities related to Title VI, and how frequently these activities occur.

a. None.

27. Please describe the compact's procedures for handling Title VI complaints. Has the compact received any Title VI-related complaints during the past two years? If yes, please describe each complaint, how each complaint was investigated, and how each complaint was resolved (or, if not yet resolved, the complaint's current status).

a. NA.

28. Please provide a breakdown of current compact staff by title, ethnicity, and gender.

a. NA.

29. Please list all compact contracts, detailing each contractor, the services provided, the amount of the contract, and the ethnicity of the contractor/business owner.

a. NA

## 2016 - Interstate Corrections Compact (ICC) - Tennessee ICC Prisoner List

### Tennessee Receiving State (currently participating in the ICC)

No.	Prisoner's Name	Sending State	Receiving State	Comments	Date Received	Release Date
1	Brown, James A.	SC 103178	TN 107640	Murder 1 (2 cts), Rape; Life + Life	06/03/1985	Life
2	Frye, Devon	VA 1044973	TN 540301	Aggr sexual battery; solicitation to commit felony; petty larceny; 19 yrs	08/07/2014	12/15/2020
3	Hymers, Thomas A.	FL L20960	TN 535880	Murder 1 (Life); Grand Larceny (10 yrs)	04/15/2014	Life
4	Studivant-Jones, Mark	VA 1284534	TN 550372	Arson, robbery, drug offenses; 9 yr sentence; expires 02/25/23; parole date 01/16/2020	04/28/2015	01/16/2020
5	Dowdy, Jeremy	FL 341980	TN 398326	Burglary, grand theft auto, credit card fraud; 25 yr sentence (multiple)	08/07/2015	09/09/2031
6	Pointer, Teu	VA 1614574	TN 560978	2nd deg murder (15 yrs)	01/27/2016	03/06/2028

### Tennessee Sending State (currently participating in the ICC)

No.	Prisoner's Name	Sending State	Receiving State	Comments	Date Received	Release Date
1	Phifer, Eddie J.	TN 089381	FL	Aggr Kidnapping/25 yrs (expired); Aggr Rape/25 yrs (Consecutive); EXP 01/30/2019	05/28/91	03/12/2018
2	Thompson, Charles	TN 281691	AR	Murder 1(2 cts) life w/o parole; esp aggr rob (25 yrs); esp aggr kidnap (25 yrs)	10/26/12	Life w/o parole
3	Wright, Deandra	TN 398959	OK	Murder 1(2 cts) ( 2 - life w/o parole sentences), aggr robbery (8 yrs)	11/15/13	Life w/o parole
4	Terry, Ronald	TN 345251	FL	Murder 2	04/10/15	12/20/2016

T.C.A. 41-23-102 Interstate Corrections Compact  
TDOC Policy #511.07

Douglas Stephens  
Interstate Corrections Compact Administrator, Tennessee  
Office of the General Counsel  
Tennessee Department of Correction

# 2015 - Interstate Corrections Compact (ICC) - Tennessee ICC Prisoner List

5/16/2016

## Tennessee Receiving State (currently participating in the ICC)

No.	Prisoner's Name	Sending State	Receiving State	Comments	Date Received	Expiration Date
1	Brown, James A.	SC 103178	TN 107640	Murder 1 (2 cts), Rape; Life + Life	06/03/1985	Life
2	Frye, Devon	VA 1044973	TN 540301	Aggr sexual battery; solicitation to commit felony; petty larceny; 19 yrs	08/07/2014	12/15/2020
3	Hymers, Thomas A.	FL L20960	TN 535880	Murder 1 (Life); Grand Larceny (10 yrs)	04/15/2014	Life
4	Studivant-Jones, Mark	VA 1284534	TN 550372	Arson, robbery, drug offenses; 9 yr sentence; expires 02/25/23; parole date 01/16/2020	04/28/2015	01/16/2020
5	Dowdy, Jeremy	FL 341980	TN 398326	Burglary, grand theft auto, credit card fraud; 25 yr sentence (multiple)	08/07/2015	09/07/2031

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1	Phifer, Eddie J.	TN 089381	FL	Aggr Kidnapping/25 yrs (expired); Aggr Rape/25 yrs (Consecutive); EXP 01/30/2019	05/28/91	03/12/2018
2	Thompson, Charles	TN 281691	AR	Murder 1(2 cts) life w/o parole; esp aggr rob (25 yrs); esp aggr kidnap (25 yrs)	10/26/12	Life w/o parole
3	Wright, Deandra	TN 398959	OK	Murder 1(2 cts) ( 2 - life w/o parole sentences), aggr robbery (8 yrs)	11/15/13	Life w/o parole
4	Terry, Ronald	TN 345251	FL	Murder 2	04/10/15	04/13/2017

T.C.A. 41-23-102 Interstate Corrections Compact  
TDOC Policy #511.07

Douglas Stephens  
Interstate Corrections Compact Administrator, Tennessee  
Office of the General Counsel  
Tennessee Department of Correction



ADMINISTRATIVE POLICIES  
AND PROCEDURES  
State of Tennessee  
Department of Correction

Index #: 511.07

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Effective Date: March 15, 2016

Distribution: B

Supersedes: 511.07 (12/1/12)  
PCN 13-19 (4/15/13)

Approved by: Derrick D. Schofield

Subject: INTERSTATE CORRECTIONS COMPACT

- I. AUTHORITY: TCA 4-3-603, TCA 4-3-606, TCA 41-23-101, TCA 41-23-102, TCA 41-23-103, and TCA 41-23-104.
- II. PURPOSE: To establish procedures for the transfer of inmates pursuant to the Interstate Corrections Compact (ICC).
- III. APPLICATION: To Interstate Corrections Compact Administrator, Deputy Commissioner of Operations, Director of Classification Programs, Director of Information Systems Services, Wardens, staff, and inmates.
- IV. DEFINITIONS:
  - A. Compact Administrator (Administrator): The individual responsible for administration of the compact as designated by the Commissioner.
  - B. ICC Inmate: An inmate transferred to another state's physical custody pursuant to the provisions of the ICC.
  - C. Interstate Corrections Compact (ICC): An agreement between compact member states which permits the transfer of physical custody of convicted felons from one such state to another for service of a sentence imposed by the sending state. Tennessee is a member of this compact.
  - D. Receiving State: A state party to the ICC to which an inmate is sent for confinement other than the state in which the conviction or court commitment originated.
  - E. Sending State: A state party to the ICC in which the conviction or court commitment originated.
- V. POLICY: The exchange and transfer of inmates pursuant to the provisions of the ICC shall occur in accordance with established guidelines.
- VI. PROCEDURES:
  - A. Criteria for ICC Consideration:
    - I. Applications for transfers shall be considered for only those states which are parties to this compact. The states (including the Federal System) are as follows:

Subject: INTERSTATE CORRECTIONS COMPACT

Arkansas	Kansas	Nebraska	Oregon
Connecticut	Maine	New Hampshire	Pennsylvania
Delaware	Maryland	New Mexico	South Carolina
Florida	Minnesota	North Carolina	Vermont
Iowa	Missouri	Oklahoma	Virginia

2. Applications for transfers shall be considered only for inmates with five years or more remaining before the inmate's earliest release date. For reasons of institutional security, the Commissioner or designee may make exceptions to this requirement.
  3. An equitable balance should be maintained between the lengths of sentence of inmates being transferred into and out of Tennessee Department of Correction (TDOC) custody.
  4. Applications shall be evaluated to ensure that inmates who are exchanged have similar treatment and custody requirements.
- B. Voluntary transfer of a TDOC inmate to a receiving state shall occur with the consent of the inmate.
1. When an inmate is recommended and subsequently approved for an ICC transfer as the result of a classification action at the institutional level, copies of the following shall be forwarded to the administrator:
    - a. Classification Custody Assessment, CR-0078, or TOMIS conversation LCLN and Initial Classification and Psychological Summary, CR-2546, (or INFOPAC report BI01MHN)
    - b. Reclassification Summary (CAFRPT and CLASSSUMM reports; The CAFRPT is available via the F13 key on LCLN, CAF Detail and CLASSSUMM is available via the F13 key on LCLN, Hearing Detail) providing specific reason(s) for an ICC transfer. (See Policy #401.05)
    - c. Health Classification Summary, CR-1886, reflecting current medical status. If the medical status is Class B or C, include copies of any pertinent physical and clinical records. The inmate must sign a medical release form.
    - d. All judicial and administrative rulings and orders pertaining to present confinement.
    - e. Fingerprint card and identification photograph. Include a copy of the Presentence Investigation Report (PSI) and the Federal Bureau of investigation (FBI) arrest record, if available.
    - f. Consent to Transfer and Waiver of Hearing, CR-1421, signed and dated.
    - g. Waiver of Extradition, CR-1056, signed, dated and witnessed.

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2. If the recommended transfer is in accordance with policy and ICC guidelines, and in the best interests of the TDOC, the administrator may submit an application to the prospective receiving state.
  3. The administrator shall notify by letter the prosecuting district attorney general when an inmate is being considered for transfer from the TDOC pursuant to the ICC.
  4. If the transfer is approved by both states and is to be effected, the administrator shall facilitate the transportation arrangements.
- C. An involuntary transfer of a TDOC inmate to a party state may occur for the protection of an inmate and/or to benefit the TDOC.
1. The institution must follow due process consistent with placement in involuntary administrative segregation status. (See Policy #404.10)
  2. An inmate may appeal a decision for an involuntary transfer to the Commissioner or his/her designee using the Uniform Administrative Procedures Act (UAPA).
- D. A log of inmates currently incarcerated in other states or in TDOC pursuant to the provisions of the ICC shall be maintained by the administrator.
- E. Transfer Procedures and Documentation
1. At the time of actual transfer, male ICC inmates transferring to TDOC shall be transferred to the total assigned count of Bledsoe County Correctional Complex (BCCX). A copy of the ICC request for transfer packet and a memorandum from the administrator shall be forwarded to the BCCX Warden's office and the Records Office, notifying them of the transfer. The Records Office at BCCX shall initiate a TDOC inmate institutional record (IIR) using the copy of the ICC request for transfer packet. The staff of the Tennessee Prison for Women (TPFW) shall be responsible for all such matters in connection with female inmates. The administrator will maintain a file of the original ICC request for transfer packet, and associated documents.
  2. Male ICC inmates from other states shall be received at BCCX, unless the TDOC Commissioner, or designee, designates otherwise for security reasons. Female ICC inmates from other states shall be received at TPFW.
  3. ICC inmates from other states may subsequently be transferred to the population of another TDOC institution as determined by the classification process. The IIR shall follow the inmate in accordance with TDOC policy.
  4. A TDOC inmate may be returned to the custody of the TDOC at the request of the receiving state. The administrator is responsible for any required notifications and transportation arrangements.
- F. Records and Reports

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1. The administrator is responsible for any records and reports as specified by contract agreements entered into by TDOC with other states.
  2. The administrator shall utilize the Semi-Annual Program Review, CR-2959, to request progress reports regarding TDOC inmates in other states.
- G. When a TDOC inmate is within twelve months of parole eligibility, the administrator shall notify the Tennessee Board of Paroles in writing. When the inmate is within four months of parole as identified by the Out of State/Interstate Corrections Compact Semi-Annual Program Review, CR-2959, the administrator will notify the Board by E-mail message, or memorandum. The CR-2959 is to be submitted by the institution housing the inmate.
- H. Escape Notification
1. TDOC inmate in another state:
    - a. No later than the next business day, the administrator in the receiving state shall notify the compact administrator of the escape of any TDOC inmate in another state who was transferred under ICC provisions. This notification shall include the time, circumstances, and other additional facts of the escape.
    - b. The compact administrator shall then be responsible for all escape notifications and reports as specified in Policy #506.12.
  2. ICC inmate from another state:
    - a. The compact administrator shall be responsible for all notifications and reports as specified in Policy #506.12.
    - b. No later than the next business day, the TDOC Warden shall notify the TDOC's ICC administrator of the escape.
    - c. The administrator shall immediately report the escape to the sending state's ICC administrator.
- I. Death of ICC Inmate
1. TDOC inmate in another state:
    - a. No later than the next business day, the administrator in the receiving state shall notify TDOC's administrator of the death of any TDOC inmate who was transferred to another state under ICC provisions. The administrator shall be responsible for the notifications and reports as specified in Policy #113.05.

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b. The administrator shall also be responsible for instructing the receiving state with regard to the disposition of the body.

2. ICC inmate from another state:

a. The TDOC Warden shall be responsible for all notifications and reports as specified in Policy #113.05. In addition, the TDOC Warden shall immediately notify the TDOC administrator of the inmate's death.

b. No later than the next business day, the TDOC administrator shall report the death of an ICC inmate to the sending state's ICC administrator. The TDOC Warden shall furnish information as requested and follow up on the instructions of the sending state with regard to the disposition of the body.

VII. ACA STANDARDS: 4-4102.

VIII. EXPIRATION DATE: March 15, 2019.



TENNESSEE DEPARTMENT OF CORRECTION  
 OUT-OF-STATE / INTERSTATE CORRECTIONS COMPACT  
 SEMI-ANNUAL PROGRAM REVIEW

\_\_\_\_\_  
 INSTITUTION

*\* Instructions for completion on reverse side \**

REPORT TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC # \_\_\_\_\_ YOUR # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_

CURRENT CUSTODY: \_\_\_\_\_ DATE CUSTODY ASSIGNED: \_\_\_\_\_

PREVIOUS CUSTODY: \_\_\_\_\_ DATE CUSTODY ASSIGEND: \_\_\_\_\_

DISCIPLINARY INFRACTIONS FOR THIS REPORT TIME: (USE ADDITIONAL SHEET OF NECCESARY)

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

JOB / ACADEMIC / VOCATIONAL PARTICIPATION: (USE ADDITIONAL SHEET OF NECCESARY)

<u>Dates of Participation</u>		<u>Full Time</u>	<u>Part Time</u>	<u>Job/Aca/Voc:</u>	<u>Title</u>	<i>POY</i>	<i>Average</i>	<i>Max Range</i>
<u>From</u>	<u>To</u>							
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**Institution:** The current location of inmate.

**Report Time:** Time parameters for this review.

**Name:** Inmate's last name first, then first name and middle or middle initial.

**TDOC#:** Insert the unique five (5) or six-(6) digit identification number issued the inmate through OBSCIS.

**Your #:** Insert the contracting state's identification number.

**Address:** The address of the institution where inmate is incarcerated.

**Offense:** Enter the inmate's current offense.

**Sentence:** Enter the length of sentence.

**Current Custody:** Insert the inmate's current custody level.

**Date Custody Assigned:** Enter the date the current custody was assigned.

**Previous Custody:** Insert the inmate's custody level(s) prior to current custody of this period. Use additional sheet if necessary.

**Date Custody Assigned:** Insert the date custody was assigned.

**Disciplinary Infractions for this Report Time:** Enter the date(s) the infractions occurred, and indicate any punitive action taken.

**Full Time / Part Time:** Check whether participation in this program is poor, average or above average.

**Job / Aca / Voc:** Indicate whether participation in a Job, Academic, or Vocational Program.

**Title:** Insert title of job, academic, or vocational program.

**Rating:** Check whether overall participation in this program is poor, average, or above average.

**Comments:** Record any significant comments regarding this review:

**Signature:** Signature of individual completing this form.

**Title:** Record title of individual completing this form.

**Date:** Insert date form completed.

Return form to address indicate below:

Tennessee Department of Correction  
Interstate Compact Administrator  
4<sup>th</sup> Floor Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

Tennessee Department of Correction  
Management Information System  
Ground Floor Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465



TENNESSEE DEPARTMENT OF CORRECTION  
INITIAL CLASSIFICATION PSYCHOLOGICAL SUMMARY

\_\_\_\_\_  
INSTITUTION

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

PSYCHOLOGICAL EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_\_

TEST ADMINISTERED:

Rev. BETA II \_\_\_\_\_ GATB \_\_\_\_\_ WRAT \_\_\_\_\_ CPS \_\_\_\_\_

Slosson \_\_\_\_\_ WAIS-R \_\_\_\_\_ PPVT \_\_\_\_\_ MMPI \_\_\_\_\_

TEST SYNOPSIS / ASSESSMENT COMMENTS:



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TOMIS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Exam Date: \_\_\_\_\_ Dental Exam Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Classification (Code): _____	Code	Description
	A	Class A – No Restrictions
	B	Class B – Moderate Restrictions
	C	Class C – Severe Restrictions

Level of Care (LOC): _____	LOC 1	No Mental Health Services
<i>Based on health record information provided by Mental Health Treatment Team</i>	LOC 2	Outpatient
	LOC 3	Supportive Living Services (SLU) Moderate Impairment
	LOC 4	Supportive Living Services (SLU) Severe Impairment
	LOC 5	None

Clinical Alert: \_\_\_\_\_ Date: \_\_\_\_\_ Note: \_\_\_\_\_

Health Related Restrictions (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Code	Health Conditions	Code	Health Conditions
A	Visual Impairment	P	Neurological Disease/Disorder <input type="checkbox"/> Dementia
B	Hearing Impairment	Q	Arthritis
C	Speech Impairment	R	Obesity (BMI >40)
D	Orthopedic Disease/Disorder <input type="checkbox"/> Documented Hx of Back Problems	S	Aging (>60)
E	Amputation/Missing Extremity	T	Dermatological Disease/Disorder
F	Pregnancy <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> (Trimester)	U	Prosthetic Device Associated with Disability (Specify)
G	Cancer	W	Permanently confined to a Wheelchair/Mobility
H	Asthma/Hay Fever	X	Sleep Apnea
I	Allergies a) Drug _____ b) Other _____	Y	G. U. Disease
J	Diabetes <input type="checkbox"/> BS >300	Z	Surgery within last 6 months (abdominal, chest, back, or upper extremity)
K	Seizure Disorder	AA	Other _____
L	Cardiovascular Disease/Disorder	BB	Acute Injury/Serious Medical Condition: Specify
M	Hypertension		
N	Pulmonary Disease/Disorder		



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH CLASSIFICATION SUMMARY**

Name: \_\_\_\_\_ TOMIS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Specific Restrictions (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Specific Accommodations (Codes): \_\_\_\_\_  
(Circle all applicable codes)

Code	Restrictions
A	Complete bed rest or limited activity(C)
B	Sedentary work only-lifting 10 lbs. maximum, occasional walking or standing (C)
C	No heavy lifting-20lbs. maximum, able to frequently lift or carry objects up to 10 lbs. (B)
D	Light work only-lifting 50 lbs. maximum, able to frequently lift or carry objects weighing up to 20 lbs.(B)
E	Medium work only-lifting 100 lbs. maximum, able to frequently lift or carry objects weighing up to 50 lbs.(B)
F	Limited strenuous activity for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
G	Continuous standing or walking for extended periods of time:>1hr (B); 1hr (C); <1hr (C) Note:
H	Repetitive stooping or bending (B)
I	Acute need to be housed on first floor/bottom bunk(B)
J	Climbing and balancing (uneven ground) (B)
K	Exposure to loud noises or work detail with prolonged exposure (B)
L	Avoid areas or work details with exposure to skin irritants (B)
M	Participation in weight lifting or strenuous athletics(B)
N	Activity involving potentially dangerous machinery or equipment
O	Operation of motor vehicles (B)
P	Activity involving food preparation/handling (B)
Q	Prolonged exposure to sun or high temperatures (B)
R	Outside work detail during Spring or Summer (B)
S	Exposure to chemicals producing fumes or equipment producing dust (B)

Code	Accommodations
A	Prosthetic Limbs
B	Altered Accommodation (furniture, cell, etc.)
C	Air way assists (Oxygen, CPAP, BiPAP, etc.)
D	Sleeping Accommodation (pillow, blanket, mattress, etc.)
E	Ostomy Supplies
F	Catheter Supplies
G	Assist Devices (cane, crutches, walker, braces, wheel chair)
H	Inmate helper
I	Minimal Assistance for transporting in a van or bus
J	Wheel chair, bus or van required for transport
K	Non-emergency ambulance required for transport
L	Housed on first floor
M	Bottom bunk in housing assignment
N	Special footwear required

Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date

**REVIEWED**

\_\_\_\_\_  
Medical Practitioner Signature

\_\_\_\_\_  
Date



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

**CONSENT TO TRANSFER AND WAIVER OF HEARING**

I, \_\_\_\_\_, TDOC # \_\_\_\_\_, do hereby request that I be transferred to the State of \_\_\_\_\_ under the provision of the Interstate Corrections Compact.

I make this request freely and voluntarily and am under no physical or mental duress or coercion to be transferred to a correctional institution in the State of \_\_\_\_\_. I understand that if I am accepted to go to the State of \_\_\_\_\_ that I will be subject to the rules and regulations of the correctional institutions of that State. I further understand that once I have been received by the State \_\_\_\_\_ that I may be placed in any correctional facility operated that that State and be subject to the classification procedures of that State.

I have been advised and understand that if this request were not being made freely and voluntarily that I would be entitled to due process of law to determine whether or not I should be transferred involuntarily. This due process would consist of the following:

1. Detailed written notice of the charges or reasons for transfer given prior to the Hearing;
2. Investigation or review of the charge or reason by an officer of the institution;
3. A Hearing before an impartial Board on the questions of transfer;
4. Administrative review of the decision of the impartial Board;
5. A record of the Hearing.

At the Hearing, I further understand that the following procedure would be followed:

- a. Reading of the charges or reasons;
- b. Opportunity of the inmate to respond to the charges or reasons;
- c. Opportunity of both parties to call witnesses and the right to cross-examine adverse witnesses;
- d. Assistance of lay counsel.

With full knowledge of the foregoing, I hereby waive my right to this Hearing, and request that I be transferred to the State of \_\_\_\_\_.

I have read this statement or have had it read to me, and I have had the opportunity to ask questions concerning this request and Waiver of Hearing.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION

**WAIVER OF EXTRADITION**

I, \_\_\_\_\_, Tennessee DOC # \_\_\_\_\_, do hereby understand that I am to be transferred to the State of \_\_\_\_\_ under the provisions of the Interstate Corrections Compact. I further understand that I cannot be taken there unless I freely and voluntarily consent to said transfer.

With this understanding, I hereby freely and voluntarily waive all formality and I am willing to be transferred to the State of \_\_\_\_\_ for confinement in a correctional facility in said State under the provision of the Interstate Corrections Compact.

I further consent and agree that the officers and employees of the Tennessee Department of Correction or officers and employees of the Department of Correction of the State of \_\_\_\_\_ deliver me into the custody of the State of \_\_\_\_\_ for the purpose of effecting my transfer.

I also freely and voluntarily consent to be returned to the State of Tennessee to complete service of my Tennessee sentence upon demand of either said States.

I fully understand the statements made above, and fully agree to them.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

The person named in the foregoing Waiver of Extradition freely and voluntarily signed this document in my presence. Before signing said waiver, he/she read it or had it read to him/her and had the opportunity to ask questions about it.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness



TENNESSEE DEPARTMENT OF CORRECTION  
CLASSIFICATION CUSTODY ASSESSMENT

INSTITUTION \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

NAME: \_\_\_\_\_ TOMIS ID: \_\_\_\_\_

CAF DATE: \_\_\_\_\_

<b>1. HISTORY OF INSTITUTIONAL VIOLENCE (Jail or Prison, Rate Most Serious)</b>		
ASSAULT – no weapon, no serious injury (last 18 months).....	3	
ASSAULT – with weapon, no serious injury (last 18 months).....	5	
ASSAULT – with or without weapon, with serious injury or death (last 42 months).....	7	
ASSAULT – with or without weapon with serious injury or death (43 through 60 months)	5	SCORE
<b>2. ASSAULT OCCUR WITHIN LAST SIX MONTHS</b>		
No.....	0	
Yes.....	3	SCORE
<b>3. SEVERITY OF CURRENT OFFENSE (Rate Most Serious)</b>		
Low.....	0	
Moderate.....	1	
High.....	3	
Highest.....	4	SCORE
<b>4. PRIOR ASSAULTIVE OFFENSE HISTORY (Rate Most Serious)</b>		
Low.....	0	
Moderate.....	1	
High.....	3	
Highest.....	4	SCORE
<b>SCHEDULE A SCALE (SUM OF ITEMS 1 THROUGH 4)</b>		
Close 10-14.....		
Maximum 15 or More.....		
<i>(9 OR LESS, COMPLETE SCHEDULE B)</i>		
<b>5. ESCAPE HISTORY (WITHIN LAST 5 YEARS OF INCARCERATION)</b>		
No escapes or attempts.....	-2	
Escape or attempt from minimum custody, no actual or threatened violence: over 1 year ago.....	0	
Escape or attempt from minimum custody, no actual or threatened violence: within the last year.....	1	
Escape or attempt from medium or above custody, or from minimum custody with actual or threatened violence: over 1 year ago.....	5	
Escape or attempt from medium or above custody, or from minimum custody with actual or threatened violence: within last year.....	7	SCORE
<b>6. DISCIPLINARY REPORTS – GUILTY</b>		
None in Last 18 Months.....	-4	
None in Last 12 Months.....	-2	
None in Last 6 Months.....	-1	
New Admission / Parole Violator.....	0	
One in Last 6 Months.....	1	
Two or More in Last 6 Months.....	4	SCORE
<b>7. MOST SEVERE DISCIPLINARY RECEIVED (last 18 months)</b>		
Class C.....	2	
Class B.....	5	
Class A.....	7	SCORE
<b>8. DETAINER / NOTIFICATION / CHARGE PENDING</b>		
Misdemeanor.....	3	
Felony.....	5	SCORE
<b>9. PRIOR FELONY CONVICTIONS</b>		
One.....	2	
Two or More.....	4	SCORE
<b>SCHEDULE B SCALE (sum of items 5 through 9)</b>		
CUSTODY LEVEL SCALE FOR TOTAL A + B (CAF SCORE)		
Close 17 or More.....		
Medium 7 – 16.....		
Minimum 6 or Less.....		
CAF Custody Level:		



TENNESSEE DEPARTMENT OF CORRECTION  
OFFENDER CLASSIFICATION SUMMARY

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_

TOMIS ID: \_\_\_\_\_  
Offender Name: \_\_\_\_\_  
Institution Name: \_\_\_\_\_

Classification Type: \_\_\_\_\_ CAF Date: \_\_\_\_\_

Status at time of hearing: General Population \_\_\_\_\_ AS \_\_\_\_\_ PC \_\_\_\_\_ Other \_\_\_\_\_

Incompatible Inmates: Yes \_\_\_\_\_ No \_\_\_\_\_ Inmate agrees to waive 48 hr hearing notice: \_\_\_\_\_

Scored CAF Range: \_\_\_\_\_ Current Custody Level: \_\_\_\_\_

Panel's Majority Recommendation:

Facility Assignment: \_\_\_\_\_ Transfer: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain Below:

Custody Level: \_\_\_\_\_

Override Type \_\_\_\_\_

Justification, Program Recommendations, and Summary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Updated Photo Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Offender Signature: \_\_\_\_\_ Appeal: Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "Yes" provide appeal and copy to Inmate)

Panel Member Signatures \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chairperson Security Member Treatment Member

If panel member disagrees with majority recommend, state specific reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approving Authority:

\_\_\_\_\_  
Signature Date Approve \_\_\_\_\_ Deny \_\_\_\_\_

If denied, reasons include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



TENNESSEE DEPARTMENT OF CORRECTION  
 OUT-OF-STATE / INTERSTATE CORRECTIONS COMPACT  
 SEMI-ANNUAL PROGRAM REVIEW

\_\_\_\_\_  
 INSTITUTION

*\* Instructions for completion on reverse side \**

REPORT TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TDOC # \_\_\_\_\_ YOUR # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

SENTENCE: \_\_\_\_\_

CURRENT CUSTODY: \_\_\_\_\_ DATE CUSTODY ASSIGNED: \_\_\_\_\_

PREVIOUS CUSTODY: \_\_\_\_\_ DATE CUSTODY ASSIGEND: \_\_\_\_\_

DISCIPLINARY INFRACTIONS FOR THIS REPORT TIME: (USE ADDITIONAL SHEET OF NECCESARY)

<u>DATE</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

JOB / ACADEMIC / VOCATIONAL PARTICIPATION: (USE ADDITIONAL SHEET OF NECCESARY)

Dates of Participation		Full Time	Part Time	Job/Aca/Voc:	Title	POD	Average	All range
<u>From</u>	<u>To</u>							
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**Institution:** The current location of inmate.

**Report Time:** Time parameters for this review.

**Name:** Inmate's last name first, then first name and middle or middle initial.

**TDOC#:** Insert the unique five (5) or six-(6) digit identification number issued the inmate through OBSCIS.

**Your #:** Insert the contracting state's identification number.

**Address:** The address of the institution where inmate is incarcerated.

**Offense:** Enter the inmate's current offense.

**Sentence:** Enter the length of sentence.

**Current Custody:** Insert the inmate's current custody level.

**Date Custody Assigned:** Enter the date the current custody was assigned.

**Previous Custody:** Insert the inmate's custody level(s) prior to current custody of this period. Use additional sheet if necessary.

**Date Custody Assigned:** Insert the date custody was assigned.

**Disciplinary Infractions for this Report Time:** Enter the date(s) the infractions occurred, and indicate any punitive action taken.

**Full Time / Part Time:** Check whether participation in this program is poor, average or above average.

**Job / Aca / Voc:** Indicate whether participation in a Job, Academic, or Vocational Program.

**Title:** Insert title of job, academic, or vocational program.

**Rating:** Check whether overall participation in this program is poor, average, or above average.

**Comments:** Record any significant comments regarding this review:

**Signature:** Signature of individual completing this form.

**Title:** Record title of individual completing this form.

**Date:** Insert date form completed.

Return form to address indicate below:

Tennessee Department of Correction  
Interstate Compact Administrator  
4<sup>th</sup> Floor Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465

Tennessee Department of Correction  
Management Information System  
Ground Floor Rachel Jackson Building  
320 Sixth Avenue North  
Nashville, Tennessee 37243-0465



TENNESSEE DEPARTMENT OF CORRECTION  
INITIAL CLASSIFICATION PSYCHOLOGICAL SUMMARY

\_\_\_\_\_  
INSTITUTION

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

PSYCHOLOGICAL EXAMINER: \_\_\_\_\_ DATE: \_\_\_\_\_

TEST ADMINISTERED:

Rev. BETA II \_\_\_\_\_ GATB \_\_\_\_\_ WRAT \_\_\_\_\_ CPS \_\_\_\_\_

Slosson \_\_\_\_\_ WAIS-R \_\_\_\_\_ PPVT \_\_\_\_\_ MMPI \_\_\_\_\_

TEST SYNOPSIS / ASSESSMENT COMMENTS:



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6TH FLOOR RACHEL JACKSON BUILDING  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0466  
OFFICE (615) 741-1000 EXT. 8532 FAX (615) 741-9280

January 31, 2015

The Honorable Brian Kelsey  
Chair, Senate Judiciary Committee  
301 6<sup>th</sup> Avenue, North  
Suite 7 Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Compact on Detainers Annual Report

Dear Mr. Kelsey:

The following information is to inform your office, as required by T.C.A. § 40-31-107, of the number of participants in the Interstate Compact on Detainers.

Since the last report submitted on January 30, 2014, there have been 213 participants in this Compact; 169 out of state prisoners participated and 44 in state prisoners participated in this Compact.

Should you have any questions concerning this information, please contact me at (615) 253-8235.

Sincerely,

A handwritten signature in cursive script that reads "Douglas C. Stephens".

Douglas C. Stephens  
Interstate Compact on Detainers Administrator, Tennessee



**STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6TH FLOOR RACHEL JACKSON BUILDING  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465  
OFFICE (615) 741-1000 EXT. 8632 FAX (615) 741-9280**

January 31, 2015

The Honorable Brian Kelsey  
Chair, Senate Judiciary Committee  
301 6<sup>th</sup> Avenue, North  
Suite 7 Legislative Plaza  
Nashville, TN 37243

**Subject: Interstate Corrections Compact Annual Report**

Honorable Mr. Kelsey:

The following information is to inform your office, as required by T.C.A. § 41-23-103, of the number of participants in the Interstate Corrections Compact (ICC).

There are currently 8 prisoners participating in this compact; 5 are from out-of-state and 3 are from Tennessee. All transfers were in keeping with the guidelines set forth by the statute.

Should you have any questions concerning this information please contact me at (615) 253-8235.

Sincerely,

A handwritten signature in cursive script that reads "Douglas C. Stephens".

Douglas C. Stephens  
Interstate Corrections Compact Administrator, Tennessee

Encl: (1) Participant information

1/26/2015

**OUT-OF-STATE PRISONERS TRANSFERRED TO TENNESSEE**

<u>Offense/Sentence</u>	<u>Location</u>	<u>Date Transferred</u>
1. Murder (2 counts) - 2 Life sentence	NECX	06/03/1985
2. Breaking and Entering (1 ct) - 5 years Grand Larceny (1 ct) - 5 years	NECX	10/10/2013
3. Assault 2 <sup>nd</sup> degree (1 ct) - 18.5 years	BCCX	07/31/2013
4. Murder 1 <sup>st</sup> degree (1 ct) - Life sentence Grand Larceny (1 ct) - 10 years	BCCX	04/15/2014
5. Aggravated Sexual Battery (2 cts) - 15 yrs each count Solicitation to Commit Felony (1 ct) - 5 years	BCCX	08/07/2014

**TENNESSEE PRISONERS TRANSFERRED OUT-OF-STATE**

<u>Offense/Sentence</u>	<u>Location</u>	<u>Date Transferred</u>
1. Murder 1 (2 cts) - 2 Life w/o parole sentences Aggravated Robbery (1 ct) - 8 years	Oklahoma	11/15/2013
2. Aggravated Kidnapping (1 ct) - 25 years Aggravated Rape (1 ct) - 25 years	Florida	05/28/1991
3. Murder 1 (2 cts) - 2 Life w/o parole sentences	Arkansas	10/26/2012



STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6TH FLOOR RACHEL JACKSON BUILDING  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465  
OFFICE (815) 741-1000 EXT. 8532 FAX (815) 741-9280

January 31, 2015

The Honorable Ron Ramsey  
Lt. Governor and Office of the Speaker  
Suite 1, Legislative Plaza  
301 6<sup>th</sup> Avenue, North  
Nashville, TN 37243

Subject: Interstate Compact on Detainers Annual Report

Honorable Mr. Ramsey:

The following information is to inform your office, as required by T.C.A. § 40-31-107, of the number of participants in the Interstate Compact on Detainers.

Since the last report submitted on January 30, 2014, there have been 213 participants in this Compact; 169 out of state prisoners participated and 44 in state prisoners participated in this Compact.

Should you have any questions concerning this information, please contact me at 253-8235.

Sincerely,

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Douglas C. Stephens  
Interstate Compact on Detainers Administrator, Tennessee



**STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6TH FLOOR RACHEL JACKSON BUILDING  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465  
OFFICE (615) 741-1000 EXT. 8532 FAX (615) 741-9280**

January 31, 2015

The Honorable Ron Ramsey  
Lt. Governor and Office of the Speaker  
Suite 1, Legislative Plaza  
301 6<sup>th</sup> Avenue, North  
Nashville, TN 37243

**Subject: Interstate Corrections Compact Annual Report**

**Dear Mr. Ramsey:**

The following information is to inform your office, as required by T.C.A. § 41-23-103, of the number of participants in the Interstate Corrections Compact (ICC).

There are currently 8 prisoners participating in this compact; 5 are from out-of-state and 3 are from Tennessee. All transfers were in keeping with the guidelines set forth by the statute.

Should you have any questions concerning this information please contact me at (615) 253-8235.

Sincerely,

**Douglas C. Stephens  
Interstate Corrections Compact Administrator, Tennessee**

**Encl: (1) Participant information**

1/26/2015

**OUT-OF-STATE PRISONERS TRANSFERRED TO TENNESSEE**

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**TENNESSEE PRISONERS TRANSFERRED OUT-OF-STATE**

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3. Murder 1 (2 cts) - 2 Life w/o parole sentences	Arkansas	10/26/2012



**STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
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320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465  
OFFICE (615) 741-1000 EXT. 8532 FAX (615) 741-9280**

January 31, 2015

The Honorable William Lamberth  
Chair, House Criminal Justice Committee  
301 6<sup>th</sup> Avenue, North  
Suite 22 Legislative Plaza  
Nashville, TN 37243

**Subject: Interstate Compact on Detainers Annual Report**

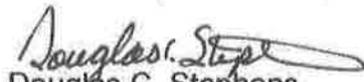
Honorable Mr. Lamberth:

The following information is to inform your office, as required by T.C.A. § 40-31-107, of the number of participants in the Interstate Compact on Detainers.

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Sincerely,

  
Douglas C. Stephens

Interstate Compact on Detainers Administrator, Tennessee



**STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6TH FLOOR RACHEL JACKSON BUILDING  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465  
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January 31, 2015

The Honorable William Lamberth  
Chair, House Criminal Justice Committee  
301 6<sup>th</sup> Avenue, North  
Suite 22 Legislative Plaza  
Nashville, TN 37243

**Subject: Interstate Corrections Compact Annual Report**

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Douglas C. Stephens  
Interstate Corrections Compact Administrator, Tennessee

Encl: (1) Participant information

1/26/2015

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STATE OF TENNESSEE  
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NASHVILLE, TENNESSEE 37243-0465  
OFFICE (615) 741-1000 EXT. 8532 FAX (615) 741-9280

January 31, 2015

The Honorable Beth Harwell  
Speaker of the House of Representatives  
Office of the Speaker  
301 6<sup>th</sup> Avenue, North  
Suite 19, Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Compact on Detainers Annual Report

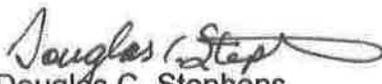
Honorable Ms. Harwell:

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Sincerely,

  
Douglas C. Stephens  
Interstate Compact on Detainers Administrator, Tennessee



**STATE OF TENNESSEE  
DEPARTMENT OF CORRECTION  
6TH FLOOR RACHEL JACKSON BUILDING  
320 SIXTH AVENUE NORTH  
NASHVILLE, TENNESSEE 37243-0465  
OFFICE (615) 741-1000 EXT. 8532 FAX (615) 741-9280**

January 31, 2015

The Honorable Beth Harwell  
Speaker of the House of Representatives  
Office of the Speaker  
301 6<sup>th</sup> Avenue, North  
Suite 19, Legislative Plaza  
Nashville, TN 37243

**Subject: Interstate Corrections Compact Annual Report**

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Douglas C. Stephens

Interstate Corrections Compact Administrator, Tennessee

Encl: (1) Participant information

1/26/2015

**OUT-OF-STATE PRISONERS TRANSFERRED TO TENNESSEE**

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Department of  
**Correction**

January 29, 2016

The Honorable Ron Ramsey  
Lt. Governor and Office of the Speaker  
Suite 1, Legislative Plaza  
301 6<sup>th</sup> Avenue, North  
Nashville, TN 37243

Subject: Interstate Compact on Detainers Annual Report

Honorable Mr. Ramsey:

The following information is to inform your office, as required by T.C.A. § 40-31-107, of the number of participants in the Interstate Compact on Detainers.

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Sincerely,

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Douglas Stephens

Interstate Compact on Detainers Administrator, Tennessee



January 29, 2016

The Honorable Ron Ramsey  
Lt. Governor and Office of the Speaker  
Suite 1, Legislative Plaza  
301 6<sup>th</sup> Avenue, North  
Nashville, TN 37243

Subject: Interstate Corrections Compact Annual Report

Dear Mr. Ramsey:

The following information is to inform your office, as required by T.C.A. § 41-23-103, of the number of participants in the Interstate Corrections Compact (ICC).

There are currently 9 prisoners participating in this compact; 5 from out-of-state and 4 from Tennessee. All transfers were in keeping with the guidelines set forth by the statute.

Should you have any questions concerning this information please contact me at (615) 253-8235.

Sincerely,

A handwritten signature in cursive script that reads "Douglas Stephens".

Douglas Stephens

Interstate Corrections Compact Administrator, Tennessee

Encl: (1) Participant information



**OUT-OF-STATE PRISONERS TRANSFERRED TO TENNESSEE**

<u>Offense/Sentence</u>	<u>Location</u>	<u>Date Transferred</u>
1. Murder 1 (2 counts) - 2 Life sentences	NECX	06/03/1985
2. Aggravated sexual battery, Solicitation to commit a felony, Petty larceny; - total 19 yrs	NECX	08/07/2014
3. Murder 1, grand larceny - Life sentence	BCCX	04/15/2014
4. Arson, robbery, drug offenses - total 9 yrs	BCCX	04/28/2015
5. Burglary, grand theft auto, credit card fraud - total 25 yrs	BCCX	08/07/2015

**TENNESSEE PRISONERS TRANSFERRED OUT-OF-STATE**

<u>Offense/Sentence</u>	<u>Location</u>	<u>Date Transferred</u>
1. Murder 1 (2 cts) - 2 Life w/o parole sentences Aggravated Robbery (1 ct) - 8 years	Oklahoma	11/15/2013
2. Aggravated Kidnapping (1 ct) - 25 years Aggravated Rape (1 ct) - 25 years	Florida	05/28/1991
3. Murder 1 (2 cts) - 2 Life w/o parole sentences	Arkansas	10/26/2012
4. Attempted murder 1 - 15 yrs	Florida	04/10/2015



January 29, 2016

The Honorable Beth Harwell  
Speaker of the House of Representatives  
Office of the Speaker  
301 6<sup>th</sup> Avenue, North  
Suite 19, Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Corrections Compact Annual Report

Honorable Ms. Harwell:

The following information is to inform your office, as required by T.C.A. § 41-23-103, of the number of participants in the Interstate Corrections Compact (ICC).

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January 29, 2016

The Honorable Beth Harwell  
Speaker of the House of Representatives  
Office of the Speaker  
301 6<sup>th</sup> Avenue, North  
Suite 19, Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Compact on Detainers Annual Report

Honorable Ms. Harwell:

The following information is to inform your office, as required by T.C.A. § 40-31-107, of the number of participants in the Interstate Compact on Detainers.

Since the last report submitted on January 30, 2015, there have been 207 participants in this Compact; 168 out of state prisoners participated and 39 in state prisoners participated in this Compact.

Should you have any questions concerning this information, please contact me at (615) 253-8235.

Sincerely,

A handwritten signature in cursive script that reads "Douglas Stephens".

Douglas Stephens  
Interstate Compact on Detainers Administrator, Tennessee

**OUT-OF-STATE PRISONERS TRANSFERRED TO TENNESSEE**

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4. Attempted murder 1 - 15 yrs	Florida	04/10/2015



January 29, 2016

The Honorable William Lamberth  
Chair, House Criminal Justice Committee  
301 6<sup>th</sup> Avenue, North  
Suite 22 Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Compact on Detainers Annual Report

Honorable Mr. Lamberth:

The following information is to inform your office, as required by T.C.A. § 40-31-107, of the number of participants in the Interstate Compact on Detainers.

Since the last report submitted on January 30, 2015, there have been 207 participants in this Compact; 168 out of state prisoners participated and 39 in state prisoners participated in this Compact.

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Douglas Stephens  
Interstate Compact on Detainers Administrator, Tennessee



January 29, 2016

The Honorable William Lamberth  
Chair, House Criminal Justice Committee  
301 6<sup>th</sup> Avenue, North  
Suite 22 Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Corrections Compact Annual Report

Honorable Mr. Lamberth:

The following information is to inform your office, as required by T.C.A. § 41-23-103, of the number of participants in the Interstate Corrections Compact.

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Encl: (1) Participant Information



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January 29, 2016

The Honorable Brian Kelsey  
Chair, Senate Judiciary Committee  
301 6<sup>th</sup> Avenue, North  
Suite 7 Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Compact on Detainers Annual Report

Dear Mr. Kelsey:

The following information is to inform your office, as required by T.C.A. § 40-31-107, of the number of participants in the Interstate Compact on Detainers.

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Douglas Stephens

Interstate Compact on Detainers Administrator, Tennessee



January 29, 2016

The Honorable Brian Kelsey  
Chair, Senate Judiciary Committee  
301 6<sup>th</sup> Avenue, North  
Suite 7 Legislative Plaza  
Nashville, TN 37243

Subject: Interstate Corrections Compact Annual Report

Honorable Mr. Kelsey:

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