

**IDAHO DEPARTMENT OF CORRECTION  
Other Caution Request Form**

**Offender Information**

Offender's Name: \_\_\_\_\_

IDOC #: \_\_\_\_\_

Facility: \_\_\_\_\_

**Caution Information**

Initiator's Name: \_\_\_\_\_

In accordance with standard operating procedure 322.02.01.003, *Holds, Cautions, Concerns, and Considerations: Offender*, I am requesting the following caution on the above named offender:

- |                                                              |                                                                                       |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> At-risk Offender (PREA)             | <input type="checkbox"/> Predatory Offender (PREA)                                    |
| <input type="checkbox"/> No Contact Order                    | <input type="checkbox"/> Staff Compromise                                             |
| <input type="checkbox"/> Offender-to-Offender Correspondence | <input type="checkbox"/> Other (written justification is required for this selection) |
| <input type="checkbox"/> Persistent Sexual Activity (PREA)   |                                                                                       |

Caution Start Date: \_\_\_\_\_

Caution End Date: \_\_\_\_\_

Comments:

When completed, submit this form to the Offender Placement Group (as identified in the Novell GroupWise address book).



**Offender Placement Group Use Only**

Comments (if needed):

CIS data entry completed by: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_