

IDAHO DEPARTMENT OF CORRECTION
Emergency Contact Information Form (Offender)

In the case of a medical emergency or death, the Idaho Department of Correction (IDOC) will make notifications based on the information you provide on this form. IDOC will begin with the primary and then secondary contacts. Once IDOC has made contact with one of your emergency contacts, no further contacts will be made. It is up to the person contacted to contact the remainder of your family or friends. If no one listed on this form can be contacted, IDOC will attempt to locate your next of kin or an approved visitor.

Periodically, IDOC will ask you to complete a new Emergency Contact Information Form to ensure your primary and secondary contact information remains up-to-date. However, it is your ultimate responsibility to update the information you provide on this form should there be changes.

Primary Contact:

Name: _____ Relationship: _____

Address (physical): _____

Address (mail): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Secondary Contact #1:

Name: _____ Relationship: _____

Address (physical): _____

Address (mail): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Secondary Contact #2:

Name: _____ Relationship: _____

Address (physical): _____

Address (mail): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Property Disposal Information:

In the event of my death, I name the following individual or charitable organization (limited to one designation) to receive my property and any remaining money I have left in my Offender Trust Account after all expenses have been settled. Any remaining money will be mailed to the designated individual or charitable organization in accordance with SOP 114.03.03.011, *Offender Trust Account*.

Name: _____ Relationship: _____

Address (physical): _____

Address (mail): _____

Home phone: _____ Cell phone: _____ Work phone: _____

Offender Name: _____ IDOC Number: _____

(print)

Offender signature: _____ Date: _____

Witness

Name: _____ Associate (employee) #: _____

(print)

Witness signature: _____ Date: _____

Property (Non-money) Pick Up Signature: _____ Date: _____

Distribution: Original to central file; Copy to offender

(updated 12/2/2014)