

**Florida Department of Corrections**  
**Inmate Request for Good Adjustment Transfer**

Complete this form only when all listed criteria have been satisfied. PRINT clearly and sign at the bottom to avoid delay in processing.

**From:** \_\_\_\_\_  
(Inmate Name) (DC Number) (Date)  
\_\_\_\_\_  
(Bed Assignment) (Job Assignment) Team Number

**To: Classification**

**I. Check only one of the following criteria regarding your time at your current facility. If one cannot be checked, DO NOT SUBMIT THIS FORM**

- A. My earliest release date (i.e., tentative release date, provisional release date, presumptive parole release date) is less than fifteen (15) years **and** more than nine (9) months from the date noted below, **and** I have been in the custody of the Department of Corrections for at least two (2) years.
- B. My earliest release date (i.e., tentative release date, provisional release date, presumptive parole release date) is fifteen (15) years or more from the date noted below, **and** I have been in the custody of the Department of Corrections for at least four (4) years.

**II. All of the following criteria must be met to be eligible for good adjustment transfer consideration and must continue to be met until the good adjustment transfer process is completed:**

- I am currently housed in general population or protective management.
- I am not at my current location for a temporary reason (e.g., reception, medical services).
- I have earned gain time awards of at least overall satisfactory for the last twenty-four (24) months.
- I have not refused to participate in or been removed from any academic, vocational, or mandatory substance abuse treatment program due to unsatisfactory participation during my current commitment.
- I have not been found guilty of any disciplinary infraction within the last twenty-four (24) months.
- I have not been released from Close Management during the last twenty-four (24) months.
- I have not been transferred for any negative reason (e.g., management problem transfer, negative institutional transfer, internal security threat transfer) during the last twenty-four (24) months.
- I have not received a good adjustment transfer within the last four (4) years.
- I have not requested the cancellation of an approved good adjustment transfer during the last twelve (12) months.
- I am not requesting a transfer to a location within one hundred twenty-five (125) miles of my current location.

**III. Preferred Transfer Locations:**

Location: \_\_\_\_\_ Location: \_\_\_\_\_ Location: \_\_\_\_\_

I certify by my signature below that the information I have provided above is true to the best of my knowledge. I understand that a transfer to one my preferred locations is not guaranteed. I understand that if a transfer to one of my preferred locations is not possible due to safety and security concerns of the Department, I will be transferred to the next closest appropriate and available institution or facility that meets my profile. I understand that a good adjustment transfer is intended to place inmates closer to a geographical area and is not related to program availability or enrollment. Transfers for any reason other than for good adjustment must be requested at a classification progress review. I understand that I will receive a written notice informing me of the disposition of this request when the review has been completed.

**Inmate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Place the completed form in the formal grievance box for secure delivery to the Classification Supervisor\*\***

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