

INCARCERATED/PAROLED RELATIVE OR ASSOCIATE NOTIFICATION

CDCR 2189 (Rev. 07/18)

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INCARCERATED/PAROLED RELATIVE OR ASSOCIATE NOTIFICATION

In accordance with the California Department of Corrections and Rehabilitation (CDCR) California Code of Regulations, Title 15 Section 3406, and Department Operations Manual Section 33010.25.1, this form must be completed each time an employee becomes aware of a relative or person with whom the employee has/had a personal or business relationship who has been committed or transferred to the jurisdiction of the CDCR.

TO BE COMPLETED BY THE EMPLOYEE.**EMPLOYEE INFORMATION**EMPLOYEE NAME (*Last, First, Middle Initial*)

CLASSIFICATION

INSTITUTION/FACILITY/PROGRAM AREA

WORK PHONE NUMBER (*Include area code*)

WORK ADDRESS

INMATE/YOUTH/PAROLEE INFORMATIONINMATE/YOUTH/PAROLEE NAME (*Last, First, Middle Initial*)DATE OF BIRTH (*If known*)IDENTIFICATION NUMBER (*Can be retrieved at http://www.cdcr.ca.gov/Visitors/Inmate_Locator.html*)

INSTITUTION/FACILITY/REGION

RELATIONSHIP TO EMPLOYEE (*Relative, personal, or business*)

If the inmate/youth/parolee is transferred to your institution/facility/region, or is currently housed/assigned there, do you view his/her presence as conflicting with your employment caseload or responsibilities? ☐ Yes ☐ No ☐ N/A (I do not work at an institution/facility/region.)

If you are required to visit for work-related purposes (e.g., meeting, tour, temporary assignment) the institution/facility/region in which the inmate/youth/parolee is currently housed/assigned, do you view his/her presence as conflicting with your employment caseload or responsibilities?
☐ Yes ☐ No

Explanation:

Employee's signature

Date

Submit this completed form to your Institution Head, Superintendent, Deputy/Assistant Director, or Chief Executive Officer.**APPROVALS****STEP 1 - IF APPLICABLE: TO BE COMPLETED BY THE CHIEF EXECUTIVE OFFICER.**Do you recommend this inmate/youth/parolee be referred for transfer? ☐ Yes ☐ No

Special instructions:

Chief Executive Officer signature

Date

STEP 2 - REQUIRED: TO BE COMPLETED BY THE INSTITUTION HEAD, SUPERINTENDENT, OR DEPUTY/ASSISTANT DIRECTOR.Do you recommend this inmate/youth/parolee be referred for transfer? ☐ Yes ☐ No

Special instructions:

Institution Head, Superintendent, or Deputy/Assistant Director signature

Date

Distribution:

- Original CDCR Form 2189 must be delivered in a sealed envelope marked "confidential" to the Personnel Office by the Institution Head, Superintendent, Deputy/Assistant Director or designee.
- The Personnel Office must keep the original CDCR Form 2189 in the employee's Official Personnel File. The CDCR Form 2189 shall be maintained in a sealed envelope marked "confidential" at the back of the file.
- The Personnel Office must forward a copy of the CDCR Form 2189 in a sealed envelope marked "confidential" to the Case Records Unit. The CDCR Form 2189 shall be scanned into the inmate's Electronic Records Management System in the Confidential Section. For DJJ, the CDCR Form 2189 shall be placed into the youth's field file in the confidential envelope.