

**PRISONER MEDICAL TREATMENT AND  
TRANSPORTATION NOTIFICATION**

JD-MS-61 New 2-17

**CONNECTICUT JUDICIAL BRANCH**  
**JUDICIAL MARSHAL SERVICES**  
[www.jud.ct.gov](http://www.jud.ct.gov)



**Instructions:**

When it becomes medically necessary for anyone in the custody of Judicial Marshal Services to be transported to the hospital for treatment by ambulance, the supervisory staff at the courthouse will complete this form and fax it to the CTU office in New Haven.

**Fax number: (203) 773-6797**

***A follow-up phone call must be made to ensure delivery.***

Date	Court location prisoner transported from		
Prisoner Name			
Date of Birth	JMS number	JMS cell number	DOC number
Nature of illness or injury			
Transportation time	Hospital prisoner transported to		
Marshals assigned to prisoner			
Prisoner's charges			Total bond amount ( <i>dollars</i> )
Person completing this form (Rank of Judicial Marshal Sergeant or higher)		Signature of person completing this form	