



SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES		POLICY NUMBER 1.1.A.07	PAGE NUMBER 1 OF 9
		DISTRIBUTION:	Public
		SUBJECT:	Offender Identification Procedures
RELATED STANDARDS:	None	EFFECTIVE DATE:	September 01, 2023
		SUPERSESION:	01/30/2020
DESCRIPTION: Administration & Management – Facility Administration	REVIEW MONTH: August	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to utilize approved processes to verify an offender's identity. DOC staff will assist offenders who require identification documents in acquiring such documents, including assistance with applications for duplicate identification documents and renewing valid state issued identification cards and driver licenses.

## II. PURPOSE

The purpose of this policy is to establish procedures to aid eligible DOC offenders in their preparation for release by obtaining documents that assist with proving identity, age, name, and/or lawful presence so that they may pursue employment and necessary services for stabilization upon release. The Department's expectation is to ensure that each offender released from a correctional facility who is eligible for a state-issued identification card and who participates in the procedure, has a state-issued identification card upon release.

## III. DEFINITIONS

### Alien Registration Number (ARN):

An ARN is a case number, much like a Social Security number, that the United States Citizen and Immigration Services (USCIS) assigns to people who are:

- Applying for adjustment of status; or
- Applying for an employment authorization document (EAD); or
- When someone finds themselves in deportation proceedings.

### Authorized DOC Official:

A staff member located with the DOC Records office assigned to complete certain duties associated with the identification process. Must be approved by the secretary of corrections (SOC).

### Citizenship Documents:

U.S. birth certificate, U.S. consular report of birth, U.S. passport, or certificate of citizenship or naturalization.

### Identification Documents (ID):

Social Security card, U.S driver license (current, not expired), state-issued identification, U.S. passport, tribal membership card, U.S. military identification, health insurance card, Medicaid card, government employee identification, certificate of citizenship or naturalization, or another approved document.

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## **Immigration and Customs Enforcement (ICE):**

The investigative division of the United States Homeland Security office responsible for identifying and investigating citizenship status of individuals.

## **Immigration and Customs Enforcement (ICE) Holds/Detainers:**

Often referred to as immigration holds. Holds are used to detain undocumented immigrants or immigrants who have been convicted of certain felonies in this country, pending transfer of custody to immigration officials.

## **IV. PROCEDURES**

### **1. Staff Responsibilities:**

- A. Case managers will interview offenders upon admission to determine if the offender has access to their Social Security card, original or certified copy of their birth certificate, and a valid, not expired state driver license or state ID.
  - 1. The status of each document will be documented in the personal information section (under “Booking”) in the Comprehensive Offender Management System (COMS).
- B. Offenders who do not have access to their Social Security card, birth certificate, or certified copy of their birth certificate will complete an application to request these documents with assistance from case management.

### **2. Criteria to Determine an Offender’s Authenticity of Identity:**

- A. Tasks to be completed by admissions and orientation (A&O) staff include the following:
  - 1. Staff will verify the offender’s date of birth and social security number with existing records. Staff will determine if the offender was admitted with a social security card, birth certificate, valid (not expired) driver license, or if a copy of any or all of these documents is available. If no such documents exist, staff will ask the offender if they have reasonable access to each of these ID documents.
    - a. If the offender was admitted with a social security card, valid driver license, state ID, legal name change documentation, or birth certificate, these documents, or copies of such, will be collected and forwarded to the facility transition case manager for appropriate tracking and storage.
    - b. Offenders may request to have their social security card, valid driver’s license, state ID, birth certificate, legal name change documentation, or copies of these documents, mailed to the facility through the offender correspondence system.
      - 1) Mailroom staff will notify the offender and/or the offender’s case manager of the receipt of any identification documents or copies of such documents that are received by the mailroom. The documents shall be retained by the offender’s facility transition case manager and placed in secure storage if access to the documents is required.
  - 2. If an offender is received without a social security card, birth certificate or valid driver license or state ID and does not have access to these documents or chooses not to request these be sent into the facility from the outside, case managers are required to document in the Personal Information section (under Booking) in COMS that the offender does not possess these documents. Staff will update this section upon the receipt of any identification documents (duplicates or original), including renewal of the offender’s driver license or state ID. Offenders will have their photo taken, including photos of any scars, identifying marks or tattoos.
  - 3. All offenders will be fingerprinted when the Transaction Key check box is checked on the Key Date screen and a record created in COMS.
    - a. The intake/case management staff will compare the offender’s physical characteristics against existing photos, fingerprint records, physical description, assigned ID numbers and demographics, e.g., sex, race height, weight, eye color, hair color, with existing Federal Bureau of Investigation (FBI), SD Division of Criminal Investigation (DCI) and National Crime

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Information Center (NCIC) records as part of the process to determine and verify an offender's identity.

B. Tasks to be completed by the intake staff at the time of an offender's admission include:

1. New admission offenders will have a NCIC III completed based on their legal name (name on sentencing paperwork) and date of birth.
  - a. Each time background check is completed, central records staff will compare the data received to existing data to identify any inconsistencies or new information that is revealed in the report.
2. A *New Offender Interview Questionnaire* (see attachment #1) will be completed for each offender by intake staff at the time of admission.
  - a. The intake staff will conduct a face-to-face interview with all new admission offenders and complete the *New Offender Interview Questionnaire*.
3. Review the offender's pre-sentence investigation (PSI) if one was completed. Staff will compare the information in the PSI to existing records and information to establish or verify the offender's identity.
4. Review the judgment papers to confirm the offender's name, date of birth, and any aliases used by or associated with the offender.
5. Review of any official government issued documents which establish or identify the offender's identity.
6. Review of any prior juvenile or adult SD DOC records. Such records shall be used to compare the offender's identity at the time of incarceration/adjudication to current records establishing identity.

C. If the intake staff identifies an offender is not a U.S. citizen, the following procedures shall be initiated:

1. An *ICE Hold Inquiry* (see attachment #2) will be completed and emailed to current ICE agent.
  - a. A notation will be documented on the HWD screen in COMS.
2. Once the offender's immigration status has been determined by ICE, the Alien Registration Number (ARN) will be entered in the Personal Information Screen in COMS. If ICE issues a hold/detainer, this will be recorded on the Holds/Warrants/Detainer Screen in COMS.
3. If a hold/detainer is initiated, a copy of the paperwork will be placed in the offender's legal file. The offender will be notified of the hold/detainer by central records.
4. After an offender's citizenship status has been verified, this will be noted on the Personal Information Screen in COMS.

D. Any time an offender's identity cannot be verified, and the offender is seeking a duplicate Social Security card, case management staff will follow the guidelines prescribed in the Application for a Social Security Card Outside the Provisions of the MOU to assist the offender in obtaining a duplicate Social Security card.

### 3. Application for a Birth Certificate (U.S. Citizens):

A. Intake staff will review all offenders received to determine if the offender has an original or certified copy of their birth certificate, or access to the certificate. The results shall be documented in the Personal Information section (under Booking) in COMS. Case management staff will assist any offender in obtaining a certified copy of their birth certificate.

B. Application for South Dakota birth certificates:

1. Case management staff will assist the offender in completing the *South Dakota Application for Birth Record* (see website: <https://doh.sd.gov/licensing-and-records/vital-records/order-vital-records/>).
  - a. Click on **Order Vital Records**.
  - b. In the paragraph under Ordering Vital Records, click on the linked text reading "through the mail" to be taken to a link for the printable application.
  - c. The completed application will be forwarded to central records for submission to SD Vital Statistics.
2. Vital Statistics will submit a statement for payment to the DOC.

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C. Application for non-South Dakota birth record/certificate:

1. Case management staff will assist the offender in obtaining the required information from the state where the offender was born.
2. The application procedures can be obtained at the following website: [USA.gov](http://USA.gov). All out of state birth certificate applications will include the *Birth Certificate Application Cover Letter* (see attachment #6).
3. Case management staff will assist the offender in completing the required paperwork to request a certified copy of the offender’s birth record/certificate, including locating the address where the application must be sent and ensuring funds are included with the application to cover any fees that may apply.
4. Case management staff will complete the following procedures to obtain payment for any fees that apply:
  - a. A request for a check issued from the offender’s account will be sent to the applicable institution’s business office along with a stamped envelope. The request should include the following:
    - 1) Offender’s name.
    - 2) Offender’s number.
    - 3) Amount of the check, and
    - 4) Payee of the check. **Note:** A check is issued from the birth certificate group account. This account is reimbursed on a monthly basis from Parole Services. Offenders are not responsible for accrued costs to obtain a certified copy of their birth record/certificate.
  - b. The following documents will be mailed to the appropriate state’s Vital Records office:
    - 1) *Birth Certificate Application Cover Letter*, with the offender’s signature.
    - 2) Application for a certified copy of a birth record/birth certificate from that state.
    - 3) A photo of the offender (if required).
    - 4) A copy of the authorized DOC official’s ID badge (both front and back-if required), and
    - 5) The check.

**4. Application and Renewal of a South Dakota State ID or Driver License:**

- A. The DOC will be provided a monthly list by the Department of Public Safety (DPS) identifying those offenders and parolees currently issued a South Dakota driver license or State ID. The list is available at M:\DOC\Offenders Driver’s Licensing. All offenders with a possible release date within twenty-four (24) months shall have their record in the “Personal Information Screen” (OIDPINFO) in COMS reviewed by case management staff to determine if the offender has an active driver license or identification card.
- B. The list shows the status of an offender’s driver license (DL) or state identification card (ID) and whether the offender may renew the DL or ID or request a duplicate through the paper application process. Those who have not met the federal requirements of verifying their identity with the SD Driver Licensing office may not renew or request a duplicate DL or ID while in DOC custody.
- C. If the offender does not have a valid DL or ID documented in COMS, the following steps will be taken:
  1. Case management staff will determine whether the offender is eligible to apply for a DL or ID through the mail by accessing the driver’s license file at M:/DOC/Offenders Driver’s Licensing.
    - a. If the offender is NOT eligible for a DL or ID, this information must be documented in COMS on the Personal Information Screen (OIDPINFO) with the answer of DLNNNN (No-Offender does not have active).
    - b. If the offender is eligible for a DL or ID through the mail, case management staff will meet with the offender to determine if the offender has the DL or ID available and ask them to send this to DOC.
      - 1) When the DL or ID is received, this will be documented on the personal information (OIDPINFO) screen in COMS with either DLYY (Yes with institution) or DLY (Yes with transition staff) and placed in the institutional file.

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- 2) If the offender refuses to have the DL or ID sent to the DOC, this will be documented on the personal information (OIDPINFO) screen in COMS with DLNNN (NO-Offender refuses to send in).
  - 3) If the offender does not have an DL or ID, but is eligible to apply, case management staff will determine if the offender has a means to pay for the renewal or duplicate at the time of application.
    - a) If “yes”, the offender will submit a commissary slip for a check to be issued from their account to the Department of Public Safety.
    - b) If “no”, (indigent, or lack of sufficient funds at the time the renewal) DOC will assume the responsibility of paying for the DL or ID.
2. Applying for a renewal or duplicate DL or ID:
    - a. The offender must complete the application.
    - b. Case management staff must prepare a *Driver Licensing Cover Letter* on department letterhead (see attachment #7), as this serves as verification of the offender’s identification.
    - c. Case management staff must include a printed DOC discharge ID photo of the offender from the Physical Identifiers (OIDPIDEN) screen, along with the application and letter on department letterhead.
  3. After the renewal or duplicate license or ID is received, case management staff must document this on the Personal Information (OIDPINFO) screen in COMS with either DLYY (Yes with institution) or DLY (Yes with central records).
    - a. The fee for a duplicate SD ID or driver license is fifteen dollars (\$15).
    - b. The fee to renew a SD driver license or ID is twenty-eight dollars (\$28). Checks or money orders will be made to “Department of Public Safety” and mailed along with the South Dakota Driver License/I.D. Card Application to:

Driver Licensing  
118 West Capitol Ave.  
Pierre, SD 57501
  4. Offenders with a valid DL or ID set to expire while in DOC custody, who are not within twenty-four (24) months of their release, may renew their DL or ID. The same processes described for offenders within twenty-four (24) months of release shall apply.
  5. Licenses may be renewed one hundred eighty (180) days prior to expiration. There is a thirty (30) day grace period after the license has expired to renew. If the license is expired for more than thirty (30) days, the offender will be required to apply for a license at the driver exam station and complete the written knowledge test.
  6. Parole Services staff may access the driver license file to verify a parolee has a valid driver license or determine whether a parolee is eligible to apply for or renew a driver license.
- D. Offenders currently incarcerated for a third or subsequent DWI offense, vehicular battery, vehicular homicide, hit and run with injury, or the equivalent if sentenced outside of South Dakota, are not eligible to apply for a driver license while in the custody of the DOC (See SDCL §§ 22-16-41, 32-23-4, 32-23-4.6, 32-23-4.7 and 32-34-5).
1. Any offender prohibited by law from operating a vehicle on a public roadway (includes revoked or suspended license), is ineligible to apply for or receive a driver license while in the custody of the DOC. The offender may apply for a state ID.
- E. Offenders will normally only be approved to apply for or renew a SD class 1 driver license.
1. Testing for, or renewal of other classes of licenses, such as a commercial driver license (CDL), must be approved by the offender’s case manager. Case management staff may contact the offender’s employer to verify the need for a CDL. The offender shall be responsible for all additional costs and fees associated with applying for or renewing a CDL.
  2. Approval to renew a driver license issued outside of South Dakota will be considered on a case-by-case basis by the offender’s case manager.

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## 5. Institutional Employment Requirement:

- A. All offenders must have a valid social security number to be paid employment wages by the DOC, Prison Industry Enhancement Certification Program (PIECP), Pheasantland Industries (PI), or public employer.. Offenders with a verified Social Security number, but that refuse or are unable to have their Social Security card sent into the DOC, may be paid a wage.
- B. If an offender reports he/she does not have a valid social security number, or the number is determined to be invalid or cannot be verified, the offender is “volunteer only” and cannot be paid a wage for work performed. The offender may be assigned extra duty hours and institutional support assigned in accordance with SDCL § 24-2-30 and DOC policy.
- C. Offenders sentenced under an alias but possessing identification documentation matching their legal name with their Social Security number, may be assigned an institutional job and paid a wage.
- D. If an offender’s name does not match the IRS’s record associated with the Social Security number submitted for the offender, this will be noted on the Alias and Other Identifiers screen in COMS “No Work/Volunteer Only”. This will inform staff the offender may not be paid job wages until the offender’s legal name can be matched to the Social Security number assigned to the offender by the IRS.
- E. The DOC is required to submit an annual report containing the names and Social Security numbers of all offenders who have earned wages for IRS purposes (form 1099) to the Bureau of Finance and Management (BFM).

## 6. Application for a Social Security (SS) Card Outside the Provisions of the MOU:

- A. If an offender’s application for a Social Security card does not fall within the provisions of the MOU, i.e., the offender does not have an assigned Social Security number, is not a U.S citizen, has used different/multiple Social Security numbers in the past, or the offender is requesting a new Social Security card due to a name change, the offender must follow the standard Social Security Administration processes and evidence requirements which direct the procedures to apply for new Social Security card. Unit staff may:
  1. Provide the offender with a Form SS-5 (see website: <https://www.ssa.gov/forms/ss-5.pdf>).
  2. Provide assistance to the offender to ensure proper completion of SSA Form SS-5 and SSA-3288 (see website: <https://www.ssa.gov/forms/ssa-3288.pdf>). Staff will review the forms for completeness.
  3. Provide the offender with instructions for contacting the proper Social Security Administration office (Huron or Sioux Falls offices).
  4. Provide assistance to the offender in obtaining necessary documents and information, i.e., documents showing/verifying identity and proof of age (originals of these documents may be included in the offender’s application and will be returned by the Social Security Administration to the offender). **Note:** In these situations, the address block on Form SS-5 will not reflect the institution’s name, the offender’s Prison System Identification Number or the name of the authorized DOC official, unless the offender also completes a Form SSA-3288, which allows the SSA to send the Social Security card to the facility.

## 7. Application for a Replacement Social Security Card (U.S. Citizens only):

- A. If an offender does not have direct access to their Social Security card, they may be eligible to apply for a replacement card (see attachment #5 - *Replacement SSN Card Application List*), provided they meet one or more of the below criteria:
  1. The offender is within one hundred eighty (180) calendar days of eligible release, discharge, or private sector employment ( PSPI); or

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2. The offender is within one hundred eighty (180) calendar days of participating in work release .

- B. The following offenders may NOT apply for a replacement Social Security card under the terms of the MOU:
1. Non-U.S. citizens, or
  2. Offenders whose identity has not been/cannot be verified by an Authorized DOC official, or
  3. Offenders whose records verify the offender has used or is otherwise associated with a Social Security number(s) not officially issued to the offender by the Social Security Administration (includes but not limited to fraud or misuse of a Social Security number), or
  4. Foreign-born U.S. citizens with no U.S. citizenship coded in the Social Security Administration’s records.

## 8. Responsibilities of Authorized DOC Officials:

- A. The central records staff will update any changes (additions or terminations) to the *Authorized DOC Officials Document* (see attachment #3). The completed document will be forwarded to the SOC for final approval and signature and then forwarded to the Social Security Administration field office contact charged with maintaining the MOU for the Social Security Administration.
- B. The authorized DOC official is responsible for preparing a *Certification of Prison Records* form (see attachment #4).
1. The Certification of Prison Records form will include any other name(s) and/or SS number(s) used by the offender.
    - a. If, at any time during the process, the authorized DOC official becomes aware an offender has used or is associated with multiple social security numbers, the offender will be referred to the procedures prescribed in the Application for a Social Security Card Outside the Provisions of the MOU.
  2. The Certification of Prison Records form will contain the offender’s mother’s maiden name and father’s name, only if that information can be verified.
    - a. If the offender’s mother’s maiden name and father’s name cannot be verified, this should be described as “unknown” on the Certification of Prison Records form.
  3. The completed Form SS-5 will be placed in a secure location until mailed to the SSA field office. **Note:** Copies of the completed Form SS-5 will not be included in the offender’s file or records. Only the offender’s name, prison system identification number(s), and the date of application for a replacement social security card will be included in the database. Offenders will not have access to files containing completed Forms SS-5 and SSA-3288.
- C. Upon verification and completion of the forms, these will be mailed to the proper Social Security Administration field office:
1. Form SS-5– (Application for Social Security Card.
  2. Form SSA–3288 – (Consent for Release of Information.
  3. Certification of Prison Records form, and
  4. Replacement SSN Card Application List.
    - a. When submitting multiple replacement social security card applications, only one (1) Replacement SSN Card Application List is required per submission for each Social Security Administration field office.

## 9. Receiving of Offender Identification Documents:

- A. All offender identification documents received while the offender is in DOC custody must be kept in a secure location to prevent unauthorized access of such documents.
1. At no time will offenders be allowed access to files, records or documents containing Social Security cards or Social Security numbers of other offenders.

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2. Qualifying offenders may be authorized by transition case management staff to gain temporary access to their identification documents/information for purposes of applying for employment, housing, enrollment in vocational/educational classes/programs, etc.
  3. Offenders approved to operate a motor vehicle on any public roadway for the purposes of employment or other assigned jobs or tasks, shall have their valid driver license in their possession while operating a motor vehicle on any public roadway, as required by state law (See SDCL § 32-12-39). Offenders will turn their driver license into the control room upon return to the facility.
  4. In the event an offender has a legal name change while in custody, a formal order signed by any judge authorizing the name change must be received.
    - a. Offender must present paperwork to DOC legal counsel.
    - b. Legal counsel will review paperwork to verify authenticity and will forward on to Central Records for entry into COMS and notification of the Statewide Automated Victim Information Notification (SAVIN) and Sex Offender Registry when applicable.
- B. In the event a Social Security card is received by the DOC that cannot be associated with an offender, or there is no record of an offender by that name completing or submitting an Application for a Social Security Card, the Social Security card must be returned to the Social Security Administration within thirty (30) days.
- C. In the event an offender receives a Social Security card that contains incorrect information, the transition case management staff will contact the issuing Social Security Administration office and report the error. If directed, the card will be returned to the issuing office.

## **10. Identification Documents Release Procedures to Offenders:**

- A. Upon release, transition staff will give documents to the offender. If the offender does not get them, the transition staff will send the documents to the supervising agent.
- B. Release to parole, suspended sentence or extension of confinement:
  1. During the first meeting with the offender, the supervising parole agent will provide the offender with their identification documents.
  2. Death in custody:
    - a. The Social Security cards of offenders who have died in DOC custody will be returned to the issuing Social Security Administration office within thirty (30) days of the offender's death. All other identification documents will be promptly released to the offender's family or next of kin.

## **V. RESPONSIBILITY**

The director of Prisons is responsible for the annual review and revision of this policy.

## **VI. AUTHORITY**

- A. SDCL §§ 22-16-41, 22-40-8, 24-2-30, 32-12-39, 32-23-4, 32-23-4.6, 32-23-4.7
- B. Memorandum of Understanding Between the Social Security Administration and the South Dakota Department of Corrections (Effective April 2019).

## **VII. HISTORY**

August 2023  
January 2022  
January 2020  
July 2019  
February 2019  
February 2018



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January 2017  
January 2016  
January 2015  
July 2013  
February 2013

**ATTACHMENTS** (\*Indicates document opens externally)

1. New Offender Interview Questionnaire\*
2. ICE Hold Inquiry\*
3. Authorized DOC Officials Document\*
4. Certification of Prison Records\*
5. Replacement SSN Card Application List\*
6. Birth Certificate Application Cover Letter\*
7. Driver Licensing Cover Letter\*
8. DOC Policy Implementation / Adjustments

## NEW OFFENDER INTERVIEW QUESTIONNAIRE

(BE AS ACCURATE AND COMPLETE AS POSSIBLE; WRITE SO IT CAN BE READ)

<b>Offender#:</b> _____	<b>Name:</b> _____	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Other	
	<i>Last</i>	<i>Please Specify if Applicable</i>	<i>First</i> <span style="float: right;"><i>MI</i></span>
<b>Alias/Nick Names/Maiden Name:</b> _____			
<b>SS#:</b> _____	<b>Date of Birth:</b> _____	<b>Place of Birth:</b> _____	
	<i>mm/dd/yyyy</i>	<i>Street Address</i>	<i>City</i> <span style="float: right;"><i>State</i></span>
<b>Last address lived at:</b> _____			
	<i>Street Address</i>	<i>City</i>	<i>State</i>
<b>Last grade attended:</b> _____			
<b>Did you attend college:</b>		Yes	No
<b>Did you receive a diploma:</b>		Yes	No
<b>Did you obtain a GED:</b>		Yes	No
<b>List any college(s) or vocational education you received:</b> (Name of school, city and state of school):			
_____		_____	
<i>College(s) or Vocational Training(s)</i>		<i>City and State where school is located</i>	
<b>List your most recent drug, alcohol or mental health treatment:</b>			
_____			
<i>Name of Institution</i>		<i>City &amp; State of Institution</i>	
_____		_____	
		<i>Year Received</i>	
		_____	
		<i>Alcohol, Drug or Mental Health</i>	
		_____	
<b>Marital Status:</b> Single    Married    Divorced    Widowed    Separated			
			<b>Tribal Affiliated</b> _____
<b>Religious Preference:</b> _____			
<b>Military Experience:</b> Yes    No <b>Branch:</b> _____ <b>Yr. Entered:</b> _____ <b>Yr. Dischgd:</b> _____			
<b>Type of Discharge:</b> _____			
<b>Have you ever been in a SD State Prison:</b> Yes    No <b>If so, when:</b> _____			
<b>What were you incarcerated for:</b> _____			
<b>Prior Felonies:</b> _____		<b>State:</b> _____	
		<b>Year:</b> _____	
<b>Last Employer:</b> _____			
<i>Business Name</i>		<i>City &amp; State</i>	
_____		_____	
		<i>Length of Employment:</i>	
		_____	
		<i>Job Title</i>	
		_____	
<b>Emergency Contact:</b> _____		<b>Relationship to You:</b> _____	
<b>Address:</b> _____			
<i>Street or P.O. Box</i>		<i>City &amp; State</i>	
_____		_____	
		<i>Telephone #</i>	
		_____	
<b>Offender's Physical Description:</b> Sex _____ Height _____ Weight _____ Eyes _____ Hair _____			
<b>Race:</b> Caucasian _____ African Amer. _____ Nat. Amer. _____ Hispanic _____ Other _____			
<b>Complexion:</b> Light _____ Medium _____ Dark _____ <b>Build:</b> Small _____ Medium _____ Large _____			



## DEPARTMENT OF CORRECTIONS

### *Records Office*

P.O. Box 5911  
Sioux Falls, South Dakota 57117-5911  
Phone: (605) 367-5140  
Fax: (605) 367-5584

### ICE HOLD INQUIRY

**Name:** \_\_\_\_\_

**Crime:** \_\_\_\_\_

**Sentence:** \_\_\_\_\_

**County of Conviction:** \_\_\_\_\_

**FBI #:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_

**DOB (mm/dd/yyyy):** \_\_\_\_\_

**Parole Date (mm/dd/yyyy):** \_\_\_\_\_

**Suspended Sentence Date (mm/dd/yyyy):** \_\_\_\_\_

**Discharge Date (mm/dd/yyyy):** \_\_\_\_\_

**Comment:** \_\_\_\_\_

If a hold is desired, please forward a copy of such request to DOC central records by fax at (605) 367-5584.

Thank you.



# DEPARTMENT OF CORRECTIONS

## Records Office

P.O. Box 5911  
Sioux Falls, SD 57117-5911  
Phone: (605) 367-5140  
Fax: (605) 367-5584

### AUTHORIZED DOC OFFICIALS DOCUMENT

Date:

Social Security Administration  
Local Office Address:

Dear:

Pursuant to procedures contained in the Memorandum of Understanding (MOU) between our agencies, I hereby authorize the following staff to submit offender applications for replacement SSN cards to your office and certify the identifying information found in offenders' official prison records:

<i>Signature</i>	<i>Print Name</i>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<i>Job Title</i>
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<i>Signature</i>	<i>Print Name</i>	<i>Job Title</i>
<i>Signature</i>	<i>Print Name</i>	<i>Job Title</i>

Please contact me at (     ) -     if you have any questions.

Sincerely,

*Signature*

*Print Name*

Secretary of Corrections  
*Job Title*



## DEPARTMENT OF CORRECTIONS

### Records Office

P.O. Box 5911

Sioux Falls, South Dakota 57117-5911

Phone: (605) 367-5140

Fax: (605) 367-5584

### CERTIFICATION OF PRISON RECORDS

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

Offender Name: \_\_\_\_\_

Offender ID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security Administration  
Local Office Address:

Attached, please find a completed Form SS-5 (Application for Social Security Number) requesting a replacement Social Security Number card for the above-named offender.

I, the undersigned, certify that I have reviewed appropriate documents in the above-named offender's official prison record; that the identifying information show below is accurate according to the record;

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Father's Name \_\_\_\_\_

Other Names Used by Offender:

Other Social Security Numbers Used by Offender:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have any further questions, please contact me between the hours of \_\_\_\_\_ to \_\_\_\_\_. My telephone number is \_\_\_\_\_.

\_\_\_\_\_  
*Typed Name of Authorized DOC Official*

\_\_\_\_\_  
*Job Title of Authorized DOC Official*



## DEPARTMENT OF CORRECTIONS

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### REPLACEMENT SSN CARD APPLICATION LIST

Date:

Social Security Administration  
Attn:

Dear \_\_\_\_\_ :

Pursuant to procedures contained in the Memorandum of Understanding between the South Dakota Department of Corrections and Social Security Administration, we are enclosing recently completed SS-5 applications for replacement Social Security Number cards for the following offenders:

Offender Complete Name		Offender Prison Identification Number
1. _____		_____
2. _____		_____
3. _____		_____
4. _____		_____
5. _____		_____
6. _____		_____
7. _____		_____
8. _____		_____
9. _____		_____
10. _____		_____

Each SS-5 is accompanied by a signed SSA-3288, along with a completed Certification of Records form. If you require additional information, please do not hesitate to contact me. Thank you for your time.

Sincerely;

\_\_\_\_\_  
*Typed Name of Authorized DOC official*

## BIRTH CERTIFICATE APPLICATION COVER LETTER

Date:

Address of Vital Records Department:

To Whom It May Concern:

I am currently an offender at the South Dakota Department of Corrections. I would like to obtain a copy of my Birth Certificate to help with obtaining a State Issued I.D/Driver License upon release.

Offender Name:

Date of Birth:

Father's Name:

Mother's Maiden Name:

Please send copy of this offender's Birth Certificate to:

Facility Name  
Facility Address  
City, SD Zip

Sincerely;

\_\_\_\_\_  
*Offender Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*



## DEPARTMENT OF CORRECTIONS

### *ADMINISTRATION*

3200 East Highway 34  
c/o 500 East Capitol Avenue  
Pierre, SD 57501-5070  
Phone: (605) 773-3478  
Fax: (605) 773-3194

October 19, 2023

TO: South Dakota Driver Licensing

FROM: "Staff Name"

RE: Duplicate Identification Cards

Please provide duplicate IDs for the individuals listed below. Payment will be through Non-Cash Voucher(s) to the Department of Corrections, C/O Accountant, 3200 East Hwy 34 Pierre, SD 57501.

Please mail all IDs to:

Facility Name  
Facility Address  
City, SD Zip

Thank you,

Staff Name  
Title  
Address and Phone Number