

DIVISION OF CORRECTION  
Medical/Mental Health Services  
6814 Princeton Pike; Pine Bluff, AR 71602  
P: 870-267-6331 / F: 870-267-6861



**REQUEST FOR MEDICAL/MENTAL HEALTH RECORDS OF A DECEASED INMATE**

(PLEASE PRINT ALL INFORMATION)

Inmate's Full Name: \_\_\_\_\_

ADC #: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

Pursuant to the Arkansas Division of Correction's Administrative Directive regarding Inmate Deaths, I am requesting that the records indicated below be released to me. I understand that there are fees associated with obtaining these records; and I am requesting that the cost be calculated and forwarded to me in writing so I may decide how I wish to proceed.

Name: \_\_\_\_\_ Relationship to Inmate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

I am requesting the following records:

- Medical Records
- Dental Records
- Mental Health Records

I understand that my request will be reviewed by the ADC Medical/Mental Health Services Administrator or designee; and I will be notified in writing of the approval or denial of my request.

\_\_\_\_\_  
Signature:

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