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The Hartford Police Department's "Statement of Search Preference Form" was created for each transgender individual that has been detained by the Hartford Police Department and is being processed in the Department's Detention Facility. This form allows transgender individuals to indicate their preference regarding the gender of the officer(s) conducting searches of their person; providing that the Department has the staff availability. The transgender individual may authorize the Department to forward a copy of the form to any facility taking custody of the individual; the original form will be retained in the Hartford Police Department's detention facility. In compliance with HIPPA privacy and security regulations, the Statement of Search Preference Form will not be released without the written consent of the detainee/transgender individual listed on the form.

# Hartford Police Department

253 High Street  
Hartford, Connecticut 06103  
P: (860) 757-4000

## Statement of Search Preference Form

This form is to be used when booking transgender individuals

***The Hartford Police Department complies with HIPAA privacy and security regulations. Therefore, this form is not to be released without the written consent of the prisoner listed below.***

### TO BE COMPLETED BY BOOKING OFFICER:

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

Case #: \_\_\_\_\_

Preferred Name (if different from legal name): \_\_\_\_\_

Preferred Pronoun (i.e. he/she): \_\_\_\_\_

### TO BE COMPLETED BY PRISONER:

For the purpose of searches conducted while in the custody of the Hartford Police Department, I prefer to be searched by an officer of the gender indicated below. I understand that my preference will be respected unless there is no appropriate individual available and failure to conduct a search would jeopardize the safety of other prisoners or officers.

Circle One:    Female                      Male

I authorize this form to be forwarded to the agency taking custody of my person:      Yes              No

Prisoner's Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

### TO BE COMPLETED BY WITNESSING BOOKING OFFICER:

Officer's Name: \_\_\_\_\_                      Arrest Code : \_\_\_\_\_

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

Supervisor's Signature: \_\_\_\_\_                      Arrest Code: \_\_\_\_\_                      Date: \_\_\_\_\_