



NYCLU
 NEW YORK CIVIL LIBERTIES UNION

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Galen Sherwin, JD
Interim Director, NYCLU Reproductive Rights Project

March 12, 2007

[ADDRESSEE NAME]
 [FACILITY]
 [ADDRESS]
 [ADDRESS]

Dear [ADDRESSEE]:

Re: Freedom of Information Request

Pursuant to the New York State Freedom of Information Law (“FOIL”), N.Y. Pub. Officers L. § 85, *et seq.*, and 8 NYCCR Part 187, we hereby request any and all records in your possession pertaining to the following:

Any and all documents concerning policies for the treatment and care of the reproductive health of women who are being held in custody. This includes but is not limited to the policies regarding: access to emergency contraception, access to post-exposure prophylaxis (PEP) in cases where prisoners have been sexually assaulted prior to or during incarceration, treatment of sexually transmitted diseases, including HIV/AIDS, abortion services, obstetric and gynecological healthcare, transportation to abortion service providers or hospital facilities for labor and prenatal care, treatment during labor (for example, are any restraints employed on prisoners during labor), treatment (including mental health services) for prisoners who have miscarried, and the payment of any costs associated with the above. The requested documentation includes but is not limited to: letters, office memoranda, guidelines, state regulations and rules for the following facilities (located, upon information and belief, at the addresses indicated):

- a. [FACILITY NAME]
- b. Any other correctional facility in [] County not listed above.

If you determine that any portion of the requested records are exempt from disclosure pursuant to FOIL, please delete only the material claimed as exempt, inform us of the basis for the exemption claim, and furnish copies of those portions of the records that you determine not to be exempt. Consent to such deletion at this time is not a waiver of the right to appeal any determination regarding the applicability of any FOIL exemptions to the requested records.

We will pay for the cost of copying and delivery of these records to me at the above address, via express mail. Kindly contact me at (212) 344-3005 x 228 once the Department has determined the costs of copying and delivery and I will arrange for payment.

Should you have any questions about this request, please do not hesitate to contact me. Thank you for your prompt response.

Sincerely,

Galen L. Sherwin, JD