

DEPARTMENT OF FINANCE BILL ANALYSIS

AMENDMENT DATE: July 15, 2010
POSITION: Neutral

BILL NUMBER: AB 2262
AUTHOR: K. Bass

BILL SUMMARY: Inmates: Identification Cards

This bill would require the California Department of Corrections and Rehabilitation (CDCR) to provide each inmate, prior to his or her release, with the inmate’s identification card number or driver’s license number, if one is available in the inmate’s central file.

FISCAL SUMMARY

The CDCR has indicated that the costs associated with this bill would be minor and absorbable from within existing resources.

SUMMARY OF CHANGES

Amendments to this bill since our analysis of the May 28, 2010 version include the following significant amendments which do change our position:

- Removes the requirement to establish a pilot program to provide state-issued identification cards to all inmates being paroled from specified institutions.
- Requires the CDCR to provide each inmate, prior to his or her release, with the inmate’s California identification number or California driver’s license number.

COMMENTS

Existing law provides that when inmates are released from the CDCR they are placed on parole, as specified. Currently, prior to an inmate’s release he or she receives information on how to contact the parole agent, how to obtain a driver’s license and social security card, and how to obtain various services that may be available.

This bill would require the CDCR to provide each inmate, prior to his or her release, with the inmate’s California identification card number or California driver’s license number, if one is available in the inmate’s central file, as specified.

Code/Department Agency or Revenue Type	(Fiscal Impact by Fiscal Year)								Fund Code	
	SO	(Dollars in Thousands)								
	LA	CO	PROP	FC	2010-2011	FC	2011-2012	FC		2012-2013
5225/Corr & Rehab	SO	No			-----	No/Minor	Fiscal Impact	-----		0001

Analyst/Principal (0233) _____ Date _____ Assistant Program Budget Manager _____ Date _____

Department Deputy Director _____ Date _____

Governor’s Office: _____ By: _____ Date: _____ Position Approved _____
 Position Disapproved _____

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