

## INITIAL CUSTODY CLASSIFICATION

<b>1. DATE</b> (YYYYMMDD)		<b>2. INTERVIEWER NAME</b>		<b>3. (X one)</b> <input type="checkbox"/> DETAINED <input type="checkbox"/> ADJUDGED	
<b>4. IDENTIFICATION</b>					
a. PRISONER NAME (Last, First, Middle)		b. SSN	c. GRADE	d. SEX (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>5. ADMINISTRATIVE FACTORS</b> (X as applicable)				NO	YES
a. SUICIDE RISK					
b. PHYSICAL HEALTH PROBLEM					
c. MENTAL HEALTH PROBLEM					
d. SPECIAL QUARTERS					
<b>6. MANAGEMENT FACTORS</b> (Enter point values)				<b>POINTS</b>	
a. OFFENSE OFFENSE SEVERITY = 1 - 8					
b. SUBSTANCE ABUSE YES x 1 = 1    YES x 2 = 2    YES x 3 = 3    YES x 4 = 4					
c. PENDING CHARGES/WARRANTS/DETAINERS NO = 0    YES = (Enter points from Offense Severity Scale)					
d. HISTORY OF VIOLENCE QUESTION (2) - YES = 2    QUESTION (3) - YES = 4    QUESTION (4) - YES = 6    QUESTION (5) - YES = 8					
e. HISTORY OF ESCAPE NO = 0    YES = 6					
f. LENGTH OF SENTENCE TIME REMAINING DETAINEE OR 0 - 90 DAYS = 0    91 DAYS - 1 YEAR = 1    1+ TO 3 YEARS = 2    3+ TO 5 YEARS = 3 5+ TO 10 YEARS = 5    10+ YEARS = 7    LIFE/DEATH = 8					
g. TOTAL POINTS					
<b>7. SCREENING DECISION</b> (X one)					
<input type="checkbox"/> MEDIUM-IN (0 - 11 Points)			<input type="checkbox"/> MAXIMUM (12+ Points)		
<b>8. FINAL DECISION</b>					
a. OVERRIDE (X one)					
<input type="checkbox"/> NO	<input type="checkbox"/> YES -	<input type="checkbox"/> CODE	<input type="checkbox"/>	<input type="checkbox"/> NOT APPLICABLE (Policy)	
b. RATIONALE					
<b>9. DECIDING AUTHORITY</b>					
a. NAME		b. GRADE	c. TITLE	d. SIGNATURE	
<b>10. CUSTODY DECISION</b>					

## CLASSIFICATION WORKSHEET

11. DATE (YYYYMMDD)	12. TIME	13. INTERVIEWER NAME	14. (X one)
			DETAINED
			ADJUDGED

**15. ADMINISTRATIVE FACTORS**

**a. SUICIDE RISK**

(1) HOW DO YOU FEEL ABOUT BEING HERE?

(2) HAVE YOU EVER THOUGHT ABOUT COMMITTING SUICIDE? (X)

NO	YES
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(3) DID YOU MAKE A PLAN TO COMMIT SUICIDE?

(4) HAVE YOU EVER ATTEMPTED SUICIDE? (If Yes, when and how?)

**b. PHYSICAL HEALTH PROBLEM**

NO	YES
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(1) DO YOU HAVE A CONTAGIOUS DISEASE? (If Yes, what?)

(2) DO YOU HAVE ANY PHYSICAL PROBLEMS? (If Yes, what?)

(3) ARE YOU TAKING ANY MEDICATIONS? (If Yes, give reason)

**c. MENTAL HEALTH**

NO	YES
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(1) DO YOU HAVE ANY MENTAL PROBLEMS? (If Yes, what?)

(2) WERE YOU EVER HOSPITALIZED FOR MENTAL PROBLEMS? (If Yes, when?)

**d. SPECIAL QUARTERS**

NO	YES
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TO YOUR KNOWLEDGE, DO YOU HAVE ANY ENEMIES IN THIS FACILITY? (If Yes, who and why?)

CLASSIFICATION WORKSHEET (Continued)

**16. MANAGEMENT FACTORS**

<b>a. WHAT CHARGE(S) ARE YOU CONFINED FOR?</b>			
<b>b. SUBSTANCE ABUSE (X)</b>		<b>NO</b>	<b>YES</b>
(1) HAVE YOU EVER USED DRUGS OR ALCOHOL?	DRUGS		
	ALCOHOL		
(2) HAVE YOU USED DRUGS/ALCOHOL IN THIS ENLISTMENT?	DRUGS		
	ALCOHOL		
<i>(If answer to both (1) and (2) is No, skip to 16.c. If either (1) or (2) is Yes, continue lines (3) through (6).)</i>			
(3) HAVE YOU EVER BEEN DISCIPLINED IN THE SERVICE OR FIRED FROM A JOB BECAUSE OF DRUG OR ALCOHOL USE?			
(4) HAS DRUG/ALCOHOL USE EVER LED TO FAMILY PROBLEMS OR CONFLICTS?			
(5) HAVE YOU EVER BEEN ARRESTED WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?			
(6) HAS USE OF DRUGS/ALCOHOL RESULTED IN OTHER PROBLEMS, SUCH AS BLACKOUTS OR LOSS OF FRIENDS?			
<b>c. PENDING CHARGES/WARRANTS/DETAINERS</b> DO YOU HAVE ANY OUTSTANDING WARRANTS/DETAINERS OR ADDITIONAL PENDING CHARGES? <i>(If Yes, explain)</i>	<b>NO</b>	<b>YES</b>	
<b>d. HISTORY OF VIOLENCE (X)</b>		<b>NO</b>	<b>YES</b>
(1) HAVE YOU EVER ASSAULTED ANOTHER PERSON?			
<i>(If No, skip to 16.e. If Yes, answer (2) through (7).)</i>			
(2) NON-PHYSICAL ALTERCATION			
(3) ASSAULT WITHOUT A WEAPON			
(4) ASSAULT WITH A WEAPON			
(5) MULTIPLE ASSAULTS			
(6) AGE AT TIME OF INCIDENT(S)			
(7) EXPLAIN INCIDENT(S)			
<b>e. HISTORY OF ESCAPE (X as appropriate. Assign 6 points in Item 6.e. if answer is Yes to any of the following questions:)</b>		<b>NO</b>	<b>YES</b>
(1) HAVE YOU EVER ESCAPED OR ATTEMPTED TO ESCAPE CONFINEMENT?			
(2) WERE YOU EVER APPREHENDED ON A PAROLE VIOLATION?			
(3) HAVE YOU EVER RESISTED ARREST?			
(4) DID YOU EVER INITIATE A PERIOD OF UNAUTHORIZED ABSENCE WHILE OTHER CHARGES WERE PENDING?			

17. INTERVIEWER'S IMPRESSION