

INITIAL CUSTODY CLASSIFICATION

1. DATE (YYYYMMDD)		2. INTERVIEWER NAME (Last, First, Middle Initial)		3. (X one)	
				<input type="checkbox"/>	PRE-TRIAL
				<input type="checkbox"/>	POST-TRIAL
4. IDENTIFICATION					
a. PRISONER NAME (Last, First, Middle) (AKA)		b. REGISTRATION NUMBER	c. GRADE	d. SEX (X one)	
				<input type="checkbox"/>	MALE
				<input type="checkbox"/>	FEMALE
5. ADMINISTRATIVE FACTORS (X as applicable)				NO	YES
a. SUICIDE RISK					
b. PHYSICAL HEALTH PROBLEM					
c. MENTAL HEALTH PROBLEM					
d. SPECIAL QUARTERS					
6. MANAGEMENT FACTORS (Enter point values) (Complete 15 - 17 of the Classification Worksheet)				POINTS	
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 (see DoDI 1325.7))					
d. HISTORY OF VIOLENCE (See 17.d.) 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 PRE-TRIAL 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					
7. SCREENING DECISION (X one)					
<input type="checkbox"/> MEDIUM-IN (0 - 11 Points)			<input type="checkbox"/> MAXIMUM (12+ Points)		
8. FINAL DECISION					
a. OVERRIDE (X one)					
<input type="checkbox"/>	NO	<input type="checkbox"/>	YES -	<input type="checkbox"/>	CODE
				<input type="checkbox"/>	NOT APPLICABLE (Policy)
b. RATIONALE					
9. DECIDING AUTHORITY					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. TITLE	d. SIGNATURE	e. DATE (YYYYMMDD)
10. CUSTODY DECISION					

CLASSIFICATION WORKSHEET

11. DATE (YYYYMMDD)	12. TIME	13. INTERVIEWER NAME (Last, First, Middle Initial)	14. (X one)
			PRE-TRIAL
			POST-TRIAL

15. IDENTIFICATION

a. PRISONER NAME (Last, First, Middle) (AKA)	b. REGISTRATION NUMBER	c. GRADE

16. ADMINISTRATIVE FACTORS (X as applicable)

a. SUICIDE RISK

(1) HOW DO YOU FEEL ABOUT BEING HERE?

(2) HAVE YOU EVER THOUGHT ABOUT COMMITTING SUICIDE? (X one) (If Yes, when? (YYYYMMDD))

NO	YES
----	-----

(3) DID YOU MAKE A PLAN TO COMMIT SUICIDE? (X one) (If Yes, when? (YYYYMMDD))

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

b. PHYSICAL HEALTH PROBLEM

NO	YES
----	-----

(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
----	-----

(1) DO YOU HAVE ANY MENTAL PROBLEMS? (If Yes, what?)

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

d. SPECIAL QUARTERS

NO	YES
----	-----

TO YOUR KNOWLEDGE, DO YOU HAVE ANY ENEMIES IN THIS FACILITY? (If Yes, who and why?)

CLASSIFICATION WORKSHEET *(Continued)*

17. MANAGEMENT FACTORS

a. WHAT CHARGE(S) ARE YOU CONFINED FOR?

b. SUBSTANCE ABUSE *(X one as applicable)*

NO **YES**

(1) HAVE YOU EVER USED DRUGS OR ALCOHOL?

DRUGS
ALCOHOL

(2) HAVE YOU USED DRUGS/ALCOHOL IN THIS ENLISTMENT?

DRUGS
ALCOHOL

(If answer to both (1) and (2) is No, skip to 17.c. If either (1) or (2) is Yes, continue lines (3) through (6).)

(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?

c. PENDING CHARGES/WARRANTS/DETAINERS

DO YOU HAVE ANY OUTSTANDING WARRANTS/DETAINERS OR ADDITIONAL PENDING CHARGES? *(If Yes, explain)*

NO **YES**

d. HISTORY OF VIOLENCE *(X one)*

NO **YES**

(1) HAVE YOU EVER ASSAULTED ANOTHER PERSON?

(If No, skip to 17.e. If Yes, answer (2) through (7).)

(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)

e. HISTORY OF ESCAPE *(Assign 6 points in Item 6.e. if answer is Yes to any of the following questions (X one))*

NO **YES**

(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?

CLASSIFICATION WORKSHEET *(Continued)*

18. INTERVIEWER'S IMPRESSION

19. NAME *(Last, First, Middle Initial)*, **GRADE, TITLE**

20. SIGNATURE

21. DATE *(YYYYMMDD)*