

CUSTODY RECLASSIFICATION

1. INTERVIEWER NAME	2. (X one) <input type="checkbox"/> PRE-TRIAL <input type="checkbox"/> POST-TRIAL
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3. IDENTIFICATION		
a. PRISONER NAME <i>(Last, First, Middle)</i>	b. REGISTRATION NUMBER	c. RELEASE DATE <i>(YYYYMMDD)</i>
d. PRESENT CUSTODY	e. HOUSING UNIT	

4. ADMINISTRATIVE FACTORS <i>(X as applicable)</i>	NO	YES
a. SUICIDE RISK		
b. PHYSICAL HEALTH PROBLEM		
c. MENTAL HEALTH PROBLEM		
d. SPECIAL QUARTERS		
e. VICTIM/WITNESS NOTIFICATION PROGRAM		
f. SEX OFFENDER REGISTRATION REQUIREMENTS		
g. WAS THERE AN OVERRIDE ON LAST CLASSIFICATION?		

5. CLASSIFICATION CRITERIA <i>(Enter point values)</i>	POINTS
a. OFFENSE SEVERITY = 1 - 8	
b. NUMBER OF DISCIPLINARY BOARDS <i>(Last 90 days)</i> NONE = 0 ONE = 1 TWO = 2 THREE+ = 4	
c. SEVEREST DISCIPLINARY REPORT NONE = 0 CATEGORY 1 = 1 CATEGORY 2 = 2 CATEGORY 3 = 3 CATEGORY 4 = 4 CATEGORY 5 = 5	
d. NUMBER OF NEGATIVE OBSERVATION/DISCIPLINARY REPORTS <i>(Last 90 days)</i> NONE - THREE = 0 FOUR - SIX = 2 SEVEN - TEN = 4 ELEVEN+ = 6	
e. NUMBER OF POSITIVE OBSERVATION REPORTS <i>(Last 90 days)</i> NONE = 0 ONE OR MORE = -1	
f. CURRENT PROGRAMMING COMPLETED A TREATMENT PROGRAM = -2 INVOLVED IN TREATMENT PROGRAMS = -1 <i>(only if no program completed)</i> NO PROGRAM INVOLVEMENT = 0 FAILED OR DROPPED FROM PROGRAM = 2	
g. WORK PERFORMANCE OUTSTANDING = -2 ABOVE AVERAGE = -1 AVERAGE = 0 BELOW AVERAGE = 2	
h. 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	
i. PENDING CHARGES/WARRANTS/DETAINERS NO = ELIGIBLE TO MOVE FROM MINIMUM TO IC YES = NOT ELIGIBLE FOR IC	
j. TOTAL POINTS	

6. CLASSIFICATION DECISION			
a <i>(X one)</i>	<input type="checkbox"/> REDUCE <i>(0 - 6 Points)</i>	<input type="checkbox"/> SAME <i>(7-10 Points)</i>	<input type="checkbox"/> INCREASE <i>(11+Points)</i>
b. RATIONALE			

7. OVERRIDE			
a. <i>(X one)</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES <i>(Enter code)</i>	<input type="checkbox"/> NOT APPLICABLE <i>(Policy)</i>
b. RATIONALE			

8. RECOMMENDED DECISION

9. FACILITY COMMANDER/DESIGNEE		
a. NAME <i>(Last, First, Middle Initial), GRADE, TITLE</i>	b. SIGNATURE	c. DATE <i>(YYYYMMDD)</i>

10. FINAL DECISION
