

RE-CLASSIFICATION/DESIGNATION FORM

This form is used for all classifications/designations that occur 5 days after remand

Institution: _____ Date Classification Completed: _____

SECTION A IDENTIFYING DATA

Prisoner: _____ D.O.B.: _____ Offender #: _____

Central Monitoring: _____ Remand Date: _____ Release Date: _____

Current charges/convictions: _____ Felony _____ Misdemeanor

Jurisdiction of charges (check all that apply): _____ City _____ State _____ Federal _____ Other

Annual Classification Short-Term Designation Long-Term Designation Out of State

Update/Status Changes Furlough Termination Hearing Program Termination Hearing

SECTION B CUSTODY SCORING

1. A. OFFENSE SEVERITY
1 = Low 5 = High
3 = Moderate 7 = Highest Score

B. ADDITIONAL FELONIES; MISDEMEANORS INVOLVING VIOLENCE/ESCAPE
(1 pt. for each - up to 3 pts. maximum) Score

2. PRIOR OFFENSE SEVERITY (ADULT & JUVENILE CONVICTIONS)
0 = None 1 = Low 3 = Moderate 5 = High 7 = Highest Score

3. HISTORY OF ESCAPES
0 = No escapes or attempts
1 = Escape or attempt from non-secure custody over 1 year ago
3 = Escape or attempt from non-secure custody within past year
5 = Escape or attempt from secure facility OR any escape with actual or threatened violence over 10 years ago (include B8 write-ups)
7 = Escape or attempt from secure facility OR any escape with actual or threatened violence within past 10 years (include B8 write-ups) Score

4. HISTORY OF INSTITUTIONAL VIOLENCE WITHIN PAST 4 YEARS list year:
0 = None
4 = Disciplinary conviction listed as Hi-Mod or lower
D6 C1 C2 C3 (threats) C14 C17
7 = Disciplinary conviction listed as a Major offense
B1 B2 B4 B5 B6 B8 (weapon) Score

5. FREQUENCY OF DISCIPLINARY REPORTS PAST 12 MONTHS
-1 = None 0 = 1-2 1 = 3-4 2 = 5+ reports list reports and date: Score

6. SEVERITY OF MOST SERIOUS DISCIPLINARY REPORT PAST 12 MONTHS
-1 = None 0 = Minor 1 = Low Mod 2 = High Mod 4 = Major Score

7. PROGRAM PARTICIPATION AND/OR WORK ASSIGNMENT (list on page 2 under staff comments)
-1 = Currently on program/work wait list or actively involved in program/work
2 = No participation
-2 = Satisfied all program requirements indicated in OMP (still working or on waitlist) Score

8. CURRENT AGE 0
1 = 24 younger 0 = 25 - 38 years -2 = 39 or older Score

TOTAL POINTS (ITEMS 1 - 8) 0

Prisoner: **0** _____

SECTION C

ASSIGNMENT OF CUSTODY

Level indicated by scale below

Custody at last classification (during this incarceration only) _____

TOTAL CUSTODY SCORE (items 1 - 8)

Custody Level

Was prior custody an override _____

14 or more points.....	Close	CLO
7 to 13 points.....	Medium	MED
6 or fewer points.....	Minimum	MIN

0
Total Points

MIN
Custody Level

Check (✓) all factors that apply to this inmate for purpose of Over-Riding Custody Level:

Non-Discretionary - MIN custody restrictions:

Discretionary Over-Ride - Higher Custody

Discretionary Over-Ride - Lower Custody

____ Detainer
____ > 10 years remaining to serve

____ Recent Assaultive Behavior
 ____ Recent Escape/Walkaway
 ____ Notoriety of Offense
 ____ Crime more severe than scale indicates
 ____ Prior record more severe than scale indicates
 ____ Recent Disruptive Behavior
 ____ STG - documented affiliation during incarceration
 ____ Pending Moderate and above charges

____ Positive adjustment
 ____ Crime less severe than scored
 ____ Re-entry programming needs
 ____ Prior record less severe than scored

Non-Discretionary - MIN/MED custody restrictions:

(during first 12 months of incarceration only)
____ Murder 1 and Arson 1
(this override excludes those incarcerated on PTRP's and PVR's for Murder 1 and Arson 1)

Is over-ride of scored custody level recommended? Yes No

Recommended custody level after over-ride _____

If yes, give rationale (required): _____

Probation Officer (print): _____

Signature: _____

Next Review Date: _____

Furlough Eligibility Date: _____

Inmate Comments: _____

Staff Comments/Recommendations: _____

SECTION D

APPROVAL OF RECOMMENDED CUSTODY LEVEL

Approve recommended custody level? Yes No

If no, give rationale (required): _____

Superintendent recommended custody level (if Probation Officer recommended custody level not approved - use list below):

MIN (minimum)
MED (medium)
CLO (close)

Superintendent Signature _____

Date _____

COPY RECEIVED

Inmate Signature _____

Date _____

(Staff initial and date if prisoner is unable or unwilling to sign receipt)