

CLASSIFICATION INTERVIEW QUESTIONS

(REVISED 05/98)

Inmate name: _____ Booking #: _____

Do you/have you use(d) any other names? _____

Current Address: _____ how long? _____

Charge(s): _____

Highest Grade Completed: 3 4 5 6 7 8 9 10 11 12 GED 1 2 3 4 + _____
Elementary/High School College

Can you read and write? _____

Do you have a job/were you a student before you entered the facility? Y N

Where do you work/go to school? _____

How long have you been Employed/attending School? _____

Do you have any health problems? _____

Do you have trouble walking up or down stairs? _____

Do you have problems being around a large group of people? _____

Are you suicidal? Y N Have you ever attempted suicide? Y N How many times? _____

When was your last attempt? _____

Why did you attempt suicide? _____

Have you had any recent stressful experiences (i.e. loss of a loved one, divorce, loss of job, major health problem, serious financial problem, etc.)? _____

Have you ever been diagnosed as having depression, manic, bi-polar, anxiety? _____

Have you ever been to the mental health center, deac psych, warm springs, etc.? _____

Why were you there? _____

Are you a member of any gang or radical group? _____

Do you drink alcohol? _____ How often? _____

Do you use drugs? _____ What kind? _____

How often? _____

How many times have you been arrested? _____

Have you ever been convicted of a felony? _____

Do you know of anyone at the facility with whom you may have problems? _____

Have you read and understood the rules and regulations of the facility? Y N

Date: _____

Recommendations and comments: _____

Classification Officer

Inmates signature

INITIAL CUSTODY ASSESSMENT SCALE

I. IDENTIFICATION

Inmate Name (Last, First, MI) _____ Inmate Booking Number _____

Assessment Date _____ Classification Specialist _____

II. CUSTODY EVALUATION

1. SEVERITY OF CURRENT CHARGES/CONVICTIONS (Use Severity of Offense Scale; rate most serious charge/conviction, including any detainers/warrants)

Low _____	0	Score
Moderate _____	2	
High _____	5	
Highest _____	7	

2. SERIOUS OFFENSE HISTORY (Use Severity of Offense Scale; rate most serious prior conviction)

None or Low _____	0	Score
Moderate _____	1	
High _____	4	
Highest _____	7	

3. ESCAPE HISTORY (Excluding current charges)

No escape or attempts _____	0	Score
Walkaway or attempted escape from minimum security facility or failure to return from authorized absence _____	3	
Escape or attempted escape from medium or maximum security setting _____	7	

MAXIMUM CUSTODY SCORE (Add Items 1, 2, and 3)

SCORE OF 7 OR HIGHER, ASSIGN TO MAXIMUM CUSTODY

(Always complete remaining items, but do not total score if inmate has already been assigned to maximum custody.)

4. INSTITUTIONAL DISCIPLINARY HISTORY

None or minor with no segregation time _____	0	Score
1 or more major disciplinary reports and/or time in segregation _____	3	

5. PRIOR FELONY CONVICTIONS (Excluding current charges)

None _____	0	Score
One _____	2	
Two or more _____	4	

6. ALCOHOL/DRUG ABUSE

No social, economic or legal problems related to abuse _____	0	Score
Abuse resulting in social, economic or legal problems _____	1	
Abuse resulting in assaultive behavior _____	3	

7. STABILITY FACTORS (Deduct indicated points)

Age 26 or over _____	-1	Score
Employed or attending school for 6 months prior to arrest _____	-1	
Lived at same address for 12 or more months prior to arrest _____	-1	

COMPREHENSIVE CUSTODY SCORE (Items 1-7) Total Score

III. SCALE SUMMARY AND RECOMMENDATIONS

A. CUSTODY LEVEL INDICATED BY SCALE. Code
1 - Minimum 2 - Medium 3 - Maximum

Custody Classification Chart

7 or more points on items 1-3 Maximum
5 or fewer points on items 1-7 Minimum
5 or fewer points on items 1-7 with detainer/warrant Medium
6 to 10 points on items 1-7 Medium
11 or more points on items 1-7 Maximum

B. CHECK [X] ALL THE SPECIAL MANAGEMENT CONCERNS WHICH APPLY TO THIS INMATE:

- Protective Custody
Psychological Impairment
Mental Deficiency
Escape Threat
Serious Violence Threat
Known Gang Affiliation
Substance Abuse Problem
Known Management Problem
Suspected Drug Trafficker
Suicide Risk
Medical Problem
Physical Impairment
Other (specify):
Medical staff recommendation

C. OVERRIDE OF SCALE CUSTODY LEVEL IS RECOMMENDED Code
1 - Yes 2 - No

If yes, give rationale (required):

D. RECOMMENDED CUSTODY LEVEL. Code
1 - Minimum 2 - Medium 3 - Maximum

E. Medical Staff signature (for override)

Specialist Signature Date

IV. SUPERVISOR APPROVAL OF OVERRIDE

A. RECOMMENDED CUSTODY LEVEL. Code
1 - Approved 2 - Disapproved (Complete B.)

B. FINAL CUSTODY LEVEL (if override disapproved). Code
1 - Minimum 2 - Medium 3 - Maximum

Rationale (required if different from recommendation):

Supervisor Signature Date

V. RECOMMENDED HOUSING ASSIGNMENT: