

INITIAL CUSTODY CLASSIFICATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. §136: "Under Secretary of Defense for Personnel and Readiness"; 10 U.S.C. Chapter 48, "Military Correctional Facilities"; DOD Directive 1325.04, "Confinement of Military Prisoners and Administration of Military Correctional Programs and Facilities"; and DOD Instruction 1325.07, "Administration of Military Correctional Facilities and Clemency and Parole Authority."

PRINCIPAL PURPOSES: To collect a new prisoner's personal history to assist in the custody classification.

ROUTINE USES: Disclosure of records are generally permitted under 5 U.S.C. 522a(b) of the Privacy Act of 1974, as amended. Information may be disclosed to confinement/correctional agencies for use in the administration of correctional programs, including custody classification, employment, training and educational assignments, treatment programs, and social histories. Additional routine uses are listed in the applicable System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at <https://dpclid.defense.gov/Privacy/SORNS/>.

DISCLOSURE: Voluntary. However, failure to provide all requested information may prevent the Correctional Facility staff from properly classifying prisoner's custody.

1. DATE (YYYYMMDD)		2. INTERVIEWER NAME (Last, First, Middle Initial)		3. (X one) <input type="checkbox"/> PRETRIAL <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				<input type="checkbox"/>	<input type="checkbox"/>
b. PHYSICAL HEALTH CHALLENGES/CONCERNS				<input type="checkbox"/>	<input type="checkbox"/>
c. MENTAL HEALTH CHALLENGES/CONCERNS				<input type="checkbox"/>	<input type="checkbox"/>
d. SEGREGATION				<input type="checkbox"/>	<input type="checkbox"/>
6. MANAGEMENT FACTORS (Enter point values) (Complete 15 - 17 of the Classification Worksheet)				POINTS	
a. OFFENSE OFFENSE SEVERITY = 1 - 8 (See DoDI 1325.07, Severity Code Tables)					
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) <input type="checkbox"/> PRETRIAL <input type="checkbox"/> 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))			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input type="checkbox"/>						
(3) DID YOU MAKE A PLAN TO COMMIT SUICIDE? (X one) (If Yes, when? (YYYYMMDD))			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						
(4) HAVE YOU EVER ATTEMPTED SUICIDE? (If Yes, when (YYYYMMDD) and how?)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						
b. PHYSICAL HEALTH CHALLENGES/CONCERNS							
(1) DO YOU HAVE A CONTAGIOUS DISEASE? (If Yes, what?)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						
(2) DO YOU HAVE ANY PHYSICAL CHALLENGES/CONCERNS? (If Yes, what?)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						
(3) ARE YOU TAKING ANY MEDICATIONS? (If Yes, give reason)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						
c. MENTAL HEALTH							
(1) DO YOU HAVE ANY MENTAL CHALLENGES/CONCERNS? (If Yes, what?)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						
(2) WERE YOU EVER HOSPITALIZED FOR MENTAL CHALLENGES/CONCERNS? (If Yes, when? (YYYYMMDD))			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						
d. SEGREGATION							
TO YOUR KNOWLEDGE, DO YOU HAVE ANY ENEMIES IN THIS FACILITY? (If Yes, who and why?)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>						

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).)

NO YES

(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)

☐☐

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).)

NO YES

(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)