

Female Offenders
Oklahoma Department of Corrections
Initial Custody Assessment Facility Assignment Form

A. IDENTIFICATION Facility: _____ Date: ____/____/____
 Offender Name (Last, First, Middle): _____ DOC#: _____
 Reception Date: ____/____/____ Race/Gender: ____/____ DOB: ____/____/____
 (from Assessment /Reception Center)

B. CUSTODY EVALUATION **Score**

1. SEVERITY OF CONVICTIONS ON CURRENT INCARCERATION _____

Rate the most serious charge/conviction, including CC, CS, SS, rebill cases, detainers/warrants
 • Low = 0 pts. • Moderate = 2 pts. • High = 5 pts. Highest = 6 pts.

Offense _____ Case Number _____ Discharge/Conviction Date ____/____/____

2. SERIOUS OFFENSE HISTORY _____

- None or Low (past 5 yrs.) = 0 pts.
- High (past 10 yrs.) = 4 pts.
- Moderate (past 5 yrs.) = 1 pt.
- Highest (past 10 yrs.) = 6 pts.

Offense _____ Case Number _____ Discharge/Conviction Date ____/____/____
 Offense _____ Case Number _____ Discharge/Conviction Date ____/____/____

3. ESCAPE HISTORY _____

- No escapes or attempts = 0 pts. _____
- Escape from community supervision (PPCS, EMP, GPS) within past 2 years = 6 pts. _____
- Escape or attempted escape from minimum security, community corrections (CCC/WC/HWH), TDU or juvenile AWOL within past 5 years = 6 pts. _____
- Two or more escapes or attempted escapes from minimum, community corrections, community supervision, TDU or juvenile AWOL within the past 10 years = 6 pts. _____
- Escape or attempted escape from medium or maximum security, jail, juvenile institution/detention center, segregated housing unit or any escape that resulted in an injury or a conviction for a violent crime within the past 10 years of date of reception. = 7pts. _____

Facility _____ Security Level _____ Escape Date _____ Apprehension Date _____

Facility _____ Security Level _____ Escape Date _____ Apprehension Date _____

4. PRIOR FELONY CONVICTIONS/INCARCERATIONS (Past 10 years) _____

None = 0 One = 2 Two or more = 4

Offense _____ CF Number _____ Case Type _____
 Offense _____ CF Number _____ Case Type _____

5. DISCIPLINARY HISTORY _____

- None = 0 pts.
- Three or more Class B disciplinary convictions, past 1 yr. = 1 pts.
- One or more Class A disciplinary convictions, past 2 yrs. = 2 pts.
- One or more Class X disciplinary convictions, past 2 yrs. = 3 pts.
- One or more Class X 01-4,04-1, 04-3 (prior to 9/89), 04-8 during current incarceration or within past 10 years. = 3 pts.

CODE	CLASS	DATE

6. MEDICAL, MENTAL HEALTH, AND ALCOHOL /DRUG ABUSE (within past five years) _____

- None = -1 pts.
- One = 0 pt.
- Two = 1 pt.
- Three or more = 2 pts.

7. CURRENT AGE (Enter indicated points) _____

- Age 20 or younger = 2 pts.
- Between 21 and 30 = 1 pt.
- Between 31 and 38 = 0 pts.
- 39 and over = -1 pt.

8. **COMPREHENSIVE CUSTODY SCORE (Add items 1-7)** Total Score: _____

C. SCALE SUMMARY AND RECOMMENDATIONS

1. CUSTODY LEVEL INDICATED BY SCALE

- 6 or fewer points on items 1-7 = Minimum
- 7 or more points on items 1-7 = Medium

2. MANDATORY OVERRIDES (No lower than medium security)

- Restricted Earned Credits
- Life without Parole, Life or 100 or more years
- Time Left to Serve (Highest crime category)

3. DISCRETIONARY OVERRIDES FOR HIGHER CUSTODY LEVEL

- Circumstances of the Offense
- History of Violence
- Gang Affiliation
- Management Problem
- Escapes
- Felony Detainers
- Pending Cases
- Time Left to Serve
- Other (specify) _____

4. DISCRETIONARY OVERRIDES FOR LOWER CUSTODY LEVEL

- Circumstances of Offense
- Time Left to Serve
- Prior Outstanding Conduct
- Other (specify) _____

5. OFFENDER PROGRAM NEEDS

- Physical Health
- Cognitive Behavior
- Substance Abuse Treatment
- Intermediate Revocation Sanction
- Other _____
- Mental Health
- Education
- Reentry
- Vocational Training
- Phase I

6. RECOMMENDED CUSTODY LEVEL

- Minimum Medium

7. Community Placement – 2920 days remaining or less and eligibility per OP-060104

- GPS <Sentence of five years or less and meet eligibility as outlined in OP-061001

8. INTERMEDIATE REVOCATION FACILITY

9. COMMENTS

SIGNATURES

CM Code_____

D.

Case Manager: _____

Date ____/____/____

Offender: _____

Date ____/____/____

Classification Chair: _____

Date ____/____/____

E. REVIEW AUTHORITY

Custody Level

Concur

Do Not Concur

Change to: Min. Med

Reason for changes: _____

Routine: _____

Date ____/____/____

Non-Routine: Facility Classification Coordinator: _____

Date ____/____/____

(If Custody Level Changed) Offender Signature: _____

Date ____/____/____

Date Transferred: _____ Facility Assigned: _____