

Male 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 ____/____/____

3. ESCAPE HISTORY _____

• No escapes or attempts =0 pts. _____
 • Escape from community supervision (PPCS, GPS, EMP) within past 2 years =6 pts. _____
 • Escape or attempted escape from minimum security, community corrections (ccc/cwc/hwh), TDU or Juv. AWOL, within the past 5 years =6 pts. _____
 • Two or more escapes or attempted escapes from min., community corrections, community supervision, TDU or Juv. 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 escape from any level of security that resulted in an injury to another or a felony conviction for a violent crime while on escape status within the past 10 years of date of reception =10 pts. _____
 Facility _____ Security Level _____ Escape Date _____ Apprehension Date _____
 Facility _____ Security Level _____ Escape Date _____ Apprehension Date _____

4. **MAXIMUM CUSTODY SCORE (Add items 1, 2, and 3)** Subtotal: _____
SCORE OF 8 OR HIGHER, ASSESS TO MAXIMUM CUSTODY:

5. PRIOR FELONY CONVICTIONS/INCARCERATIONS (Past 10 years) _____
 NONE = 0 ONE = 2 TWO OR MORE = 4
 Offense _____ Case Number _____ Case Type _____
 Offense _____ Case Number _____ Case Type _____

6. 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 the past 10 yrs. = 3 pts.

CODE	CLASS	DATE

7. CURRENT AGE (Enter indicated points) _____

• Age 25 or younger = 3 pts.
 • Ages 26 to 31 = 2 pts.
 • Ages 32-39 = 1 pt.
 • Ages 40-49 = 0 pts.
 • Age 50 or above unless points in escape section = -1 pt.

C. SCALE SUMMARY AND RECOMMENATIONS

1. CUSTODY LEVEL INDICATED BY SCALE

- 6 or fewer points on items 1-7 = Minimum
- 7 to 12 points on items 1-7 = Medium
- 8 or more points on items 1-3 = Maximum
- 13 or more points on items 1-7 = Maximum

2. MANDATORY OVERRIDES (No lower than medium security)

- Restricted Earned Credits w/excessive days
- Time Left to Serve (Highest crime category)
- Life/Life without Parole
- Max. Sec. w/100 or more years

3. DISCRETIONARY OVERRIDES FOR HIGHER CUSTODY LEVEL

- Circumstances of the Offense
- History of Violence
- Gang Affiliation
- Time Left to Serve
- Sentence of Life/Life Without Parole
- Management Problem
- Escapes
- Felony Detainers
- Pending Cases
- 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
- Other _____
- Mental Health
- Phase I
- Vocational Training
- Education
- Reentry
- Intermediate Revocation Sanction

6. RECOMMENDED CUSTODY LEVEL

- Minimum Medium Maximum

7. COMMUNITY PLACEMENT – 1460 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:

D. SIGNATURES

CM Code _____

Case Manager: _____ Date ____/____/____
 Offender: _____ Date ____/____/____
 Classification Chair: _____ Date ____/____/____

E. REVIEW AUTHORITY

Custody Level Concur Do Not Concur Change to: Min. Med Max

Reason for changes: _____

Routine: _____ Date ____/____/____

Non-Routine: Facility Classification Coordinator: _____ Date ____/____/____

(If Custody Level Changed) Offender Signature: _____ Date ____/____/____

Date Transferred: _____ Facility Assigned: _____