Non-Association Form

Section I

Facility_____ Date_____

Choose type (All Applicable):

____ Offender Initiated ____ Staff Initiated ____ Facility Separation (New)

____ Co-Defendant ____ Family ____ Facility Separation (Re-file)

____ Facility Separation (Deletion) ____ Protective Measures ____ Special Management

Section II

DOC# _____ Name _____ Location _____ Race ___ Gender ___
Last First MI

Non-Association Designated Name and DOC Number

1._____ 5._____ 9. _____

2._____ 6._____ 10._____

3. _____ 7. _____ 11._____

4. _____ 8. _____ 12. _____

Section III Justification

_____
_____
_____
_____

Section IV Reassessment of Non-Association Need

_____ 1. I, _____request the removal of the above listed non-association(s) for
Initials the following reason:

_____
_____
_____

Section V

Offender Signature	Date	Originating Staff Member	Date
Case Manager IV	Date	Witness	Date
Facility Head	Date	Division Manager/Administrator	Date

To Be Completed By Population Office ONLY

Entered By	Date	Reviewed By