

PWP Screening Form

Offender Name

DOC #

Facility Arrival Date

Eligible Date:

County of Conviction

Number of Days Remaining to serve
(Include CS Cases)

No violent offense/sex offense/crime
against a child

History of Domestic Violence
 Yes No (If yes, explain)

History of Escape
 Yes No

If yes, escape from: _____

Date of escape: _____

Date of apprehension: _____

Deemed a threat to public safety

Override to medium or maximum security

Any other extenuating circumstances

Active Misconducts

Health Summary for Classification
CREW ASSIGNMENT TYPE
DOT Crew Only
DOC Supervised Only
Unrestricted PPW Crew

COMMENTS

Screener

Date

Unit Manager/Work Center Administrator

Date

Approval by Facility Head/District Supervisor

Date