



DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS BOP TRIBAL PRISONER PROGRAM

Directions: Please fill out this form in its entirety and with as much detail as possible. This information is needed to appropriately evaluate the security and programming needs of the offender. Attach additional pages if necessary. This form may be replicated, but should include all information in the order and format provided below.

Case Summary

Personal Data

Name:		
Date of Birth:		Gender:
Place of Birth:		
Height:	USMS#:	Click here to insert photo
Weight:	FBI#:	
Eye Color:	SSN#:	
Hair Color:	State#:	
Race:	DOC#:	
Citizenship:		
Tribal Affiliation:		
Home Address:		
Family Data (<i>Marital Status, Children, etc...</i>):		
Employment History:		

Social Data

Level of Education Achieved (<i>Include Vocation Training</i>):		
History of Substance Abuse:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Last Use:
<i>If Yes, Include Substances Used:</i>		

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Sentence Data Summary

Current Offense:
Sentence Imposed:
Date of Sentence:
Tribal Jurisdiction:
Docket/Case Number:
Fines / Assessments / Restitution:
Offense Conduct (<i>Description of Offense</i>):
Tribal Criminal Code for Current Offense (<i>By examination of the relevant Tribal criminal code provision(s), BOP must confirm that the current conviction is for an offense comparable to crimes listed in 18 U.S.C. § 1153(a)</i>):
Detainer/Pending Charges/Outstanding Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Include Charges, Agency and Contact Information</i>
Prior Record (<i>Include all Arrests, Offense Conduct and Dispositions</i>):

Victim Notification: Yes No

If Yes, Please Complete Last Page of Attachment - Request for Victim Notification

Escape History

Yes No *If Yes, Include Dates, Offense Conduct and Disposition:*

Gang Affiliation

Yes No *If Yes, Name Affiliation:*

Medical & Mental Health Summary

Current Medical Condition:

Current Medications:

Medical Devices Used:

Current Mental Health History:

Past Mental Health History:

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Medical & Mental Health Summary *(Continued)*

Current Medications <i>(Mental Health)</i> :
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Psychological Evaluation <i>(If Applicable)</i> :

Institution Adjustment at Current Correctional Facility

Type and Number of Incident Reports/Rule Infractions <i>(Include description of incident, date, finding of guilt, and any sanctions imposed)</i> :
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Educational/Counseling Program Participation:

Tribal Court Address

Tribal Court:		
Street Address:		
Street Address:		
City:	State:	Zip Code:

Certification

Prepared By	Certified By (Judge or Court Representative)
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:
Phone Number:	Phone Number:
Signature:	Signature:

