



EAST MESA JUVENILE DETENTION FACILITY UNIT CLASSIFICATION FORM

NAME: _____ **DATE:** _____ Does not speak English

LAST FIRST MIDDLE
 Probation # _____ DOB: _____ AGE: _____ SEX: M F RACE: _____

PO: _____ FP: _____ PHOTO: _____ PREA: _____ LANGUAGE _____

OFFENSE INFORMATION (Criminal Sophistication)

- a. Current Offenses: **SEE ATTACHMENT**
- b. 707b Offense Felony Misd Non-Violent/Non-Drug Related Misd No new Offense (Check Appropriate Below)
- c. Crime Against: Person Property a. YTC (AR) e. HOPE (AR)
- d. Violence During Commission of this or prior crime. b. Probation Violation f. YTC Transfer
- e. Same Sex Crime c. Home Sup. Violation g. CJ Transfer

PRIOR RECORD/LEGAL STATUS (Potential for Violence/Escape)

- a. Prior Offenses: _____
- b. Prior Violent Arrest Yes No Prior Drug Arrest Yes No
- c. DJJ Parole Active Ward Pending Case Prior Probation Case ARJIS No Priors
- d. Federal Prisoner Transient STC/Weekender Out of County Warrant Material Witness
- e. Additional Information/Gang Membership: _____

JUVENILE HALL HISTORY Prior Juvenile Hall Sexual Behavior Escape Risk #5 on Health Question Section

- Violent/Assault Behavior _____
- Additional Information: _____

SPECIAL STATUS (Screen w/ WC) Unit Confinement Suicide Watch Single Room Medical Isolation

Keep Separate from: _____

PHONE CALL COMPLETED Yes No DATE/Time: _____

COMMENT: _____ DCU Initial: _____

DOES MINOR NEED PSYCH EVALUATION OR HAVE ANY REASON TO SEE THE NURSE? Yes No IBR OFFICER: _____

DCU officer who completed the above: _____
PRINT RANK AND NAME

Below to be completed by IBR officer. Continue through each criteria until the minor fits into one of the categories. Check the appropriate criteria. Call Central Control and relay the criteria. Central Control will assign the minor to a unit and inform the IBR Officer.

Alpha (female)	<input type="checkbox"/> General Population / UC / PROP 21 / DJJ
Bravo (male)	<input type="checkbox"/> Quarantine
Charlie (male)	<input type="checkbox"/> Unit Closed
Delta (male)	<input type="checkbox"/> Unit Closed
Echo (male)	<input type="checkbox"/> UC
Foxtrot (female)	<input type="checkbox"/> Quarantine
Golf (male)	<input type="checkbox"/> UC
Hotel (male)	<input type="checkbox"/> UC
India (male)	<input type="checkbox"/> Unit Closed
Juliet (male)	<input type="checkbox"/> UC/PROP 21/ DJJ

IBR OFFICER: _____ Main Control Assigning Officer: _____
Print Rank and Name Print Rank and Name

REASON FOR OVERRIDE/UNIT ASSIGNED: _____

SPO Approval: _____
Print Rank and Name