

Offense #1: _____ Code: _____ Date of Offense: _____

Relationship to Victim: _____

Warrant Information: _____

Additional Information: _____

Offense #2: _____ Code: _____ Date of Offense: _____

Relationship to Victim: _____

Warrant Information: _____

Additional Information: _____

Hold For: _____

SPOUSE / NEXT OF KIN / JUVENILE PARENT NOTIFICATIONS:

Name: _____ Address: _____ City: _____

State: _____ Phone #: () _____ Relationship: _____

Notified (Juvenile): Yes No Date: _____ Time: _____ By: _____ # _____

Foreign National: Did arresting officer notify Foreign Consulate/Embassy? Yes No

Date: _____ Time: _____ By: _____ # _____ Embassy: _____

PRISONER MEDICAL INFORMATION:

MEDICAL CONDITION	IN PRISON P.O.	JAILER	COMMENTS P.O.	JAILER
Recent head injury? When? Was it treated?				
Conditions: Heart, Epilepsy, Diabetes, Asthma?				
Contagious diseases: Tuberculosis, Hepatitis, AIDS?				
Are you presently under medical or psychiatric care?				
What are you under medical or psychiatric care for?				
Personal physician, clinic or hospital?				
Are you presently taking any medication? What?				
Are you allergic to any medication? What?				
Are you on a special diet prescribed by a doctor?				
Female, are you pregnant? In what month?				
Do you have a medical condition we should be aware of?				
Do you have a Medical Assistance card? Number?				
Do you have medical insurance? Company?				

OFFICER / JAILER OBSERVATIONS

Any obvious physical or mental handicaps?			
Appears under the influence of alcohol and/or drugs?			
Combative/aggressive, emotionally upset?			
Behavior suggests risk of suicide?			
Prior history of suicide attempts?			
Injuries, trauma, bleeding, swelling and/or bruises?			
In obvious need of medical care?			
Requesting medical care?			
Refused medical care?			
Rash, lice, scabies, jaundice or other skin disease?			

RESERVED FOR USE FBR forms 11-18