**CRC PLACEMENT CHECKLIST**

**Minimum security checklist**

Institution Date Male or Female Offender Number

Offender Name Date of Birth

Current Offense(s) Release date (if applicable)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prior Conviction History\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **No conviction for Sex Offenses; Arson; Crim Negligent Burning; Crim Mischief (involving burning).**

 [ ]  **Must be No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Offense(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **No Sex Offenses; PACE offenders; Escape from a state facility, CRC/Treatment facility, EM, or PED; Arson; Crim Negligent Burning; Crim Mischief (involving burning).**

 [ ]  **Must be No**

**\*Requires Classification Unit Approval\***

1. **Violating DV Restraining Order; Stalking – Victim Location:**
2. **Active restraining/protective order – Expires:**
3. **Prior Unclassified felony convictions:**
4. **CRC escape/walkaway past 12 months.**
5. **All unsentenced placements. No bail in excess of $15K. Bail type and amount:**
* **CRC placements last 2 years:**       **successful**       **unsuccessful**
* **List all CRC escapes/walkaways:**
* **List last disciplinary guilty finding:**

**TYPE OF PLACEMENT:**

|  |  |
| --- | --- |
| [ ]  **Confined Misdemeanant** Offenders with less than 12 months remaining | **[ ]  Unsentenced Misdemeanant** Requires Classification Unit approval |
| [ ]  **Confined Felon (Not in Juneau per city zoning)** Offenders with less than 12 months remaining | **[ ]  Unsentenced Felon (Bethel/Nome only)**Requires Classification Unit approval Class B & C felonies only – NO Assault or Robbery PVR’s processed by Parole Board |
| **[ ]  Restitution Misdemeanant/Felon** No history of violence Less than 12-month sentence requires LTD | **[ ]  Technical Violators (felony pretrial PTRP’s)**Class B & C felonies only – NO Assault or Robbery) |

Victim Notification: [ ]  Yes [ ]  No – Officer Completing Notification (print) Date

 [ ]  Approved [ ]  Denied

**Staff Signature/Date Superintendent Approval/Date**

 **(May also be signed by Asst Supt/PO3/SGT)**

 **(Supt signature only required for those not needing CCO approval)**