**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)**