Law Enforcement (Charged, Incarcerated, Arrested) Form

**Please complete this form and send electronically (via email when possible) to the County Board as directed.**

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| **NAME OF INDIVIDUAL/MUI#:** |
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| **NAME AND TITLE OF PERSON COMPLETING FORM:**  |
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| **CONTACT INFORMATION OF REPORTER/AGENCY:** |
|  |
| **DATE AND TIME OF CHARGE/ARREST/INCARCERATION:** |
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| **DESCRIBE ANY INJURIES TO INDIVIDUAL OR OTHERS:** |
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| **WHAT LED TO CHARGE/ARREST OR INCARCERATION:****Please provide as many details as possible and a timeline of events****If staff called Police, please include information**  |
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| **WAS THE INDIVIDUAL REQUIRED TO HAVE SUPERVISION AT TIME OF ARREST?** **Please describe how the supervision level was met or not met?** |
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| **WHAT IMMEDIATION ACTIONS WERE TAKEN TO MEET INDIVIDUALS NEEDS WHILE INCARCERATED?****Please consider medication, communication, supervision, special diet, adaptive equipment** |
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| **DISPOSITION OF CHARGE:** |
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| **CONTACT INFORMATION FOR ARRESTING OFFICER:** |
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| **INCARCERATION LOCATION****Please include if individual is within the general population?** |
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| **PROBATION OR PAROLE OFFICER INFORMATION:** |
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| **CAUSES AND CONTRIBUTING FACTORS:** |
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| **PREVENTION PLAN FOR THIS LAW ENFORCEMENT:** |
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| **ANY PREVIOUS LAW ENFORCEMENT HISOTRY? YES OR NO****If yes, please provide summary**  |
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| **Notes:**  |
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 3-9-14