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:** |
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| **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