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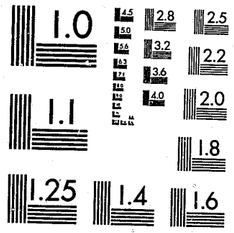

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National Institute of Justice
United States Department of Justice
Washington, D.C. 20531

8/19/83

Illinois Department of Corrections

Michael P. Lane,
Director

Adult Institutions
Reception and Classification
USER'S MANUAL

87206

Adult Division
Leo Meyer,
Deputy Director

May, 1982

Illinois Department of Corrections

Michael P. Lane,
Director

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Adult Institutions
Reception and Classification
USER'S MANUAL

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Leo Meyer,
Deputy Director

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U.S. Department of Justice
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USER'S MANUAL

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Nola Joyce
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INTRODUCTION

- Overview of User's Manual
- General Flow Diagram
- Stepwise Completion Process

ILLINOIS DEPARTMENT OF CORRECTIONS

RECEPTION AND CLASSIFICATION PROCEDURES

OVERVIEW OF USER'S MANUAL/CONCEPTUAL FRAMEWORK

The primary mission of the Illinois Department of Corrections is:

> to protect the public through incarceration, supervision, programs, and services designed to return appropriate offenders to the community with skills to be useful and productive citizens.

This mission can only be accomplished by matching the characteristics and needs of offenders with the appropriate physical security, level of supervision, and program services. This sorting out and matching process is a primary function of a classification system. Essentially, classification attempts to balance prisoners' basic needs with public protection and safety. This is accomplished by subdividing a heterogeneous population with diverse needs into groups using relevant variables. Classification is not only useful in successfully placing of offenders, but it also can become the basis from which adequate decisions about facility planning, program development, and prison management are made. Indeed "classification is becoming one of the most important functions of any correctional system" (Fisher 1981:4).

Historically, classification decisions have been based on subjective criteria with little validation in terms of outcomes. This has resulted in high security level classifications, which cost states several times that which is required. Illinois Department of Corrections, in an attempt to rationalize decisions concerning offenders and future planning, has implemented classification for the adult, juvenile, and community services systems based on additive and grid models. Each model combines various factors which have shown statistical correlation with defined outcomes. In essence, we have identified crucial variables which help predict future behaviors of offenders, such as violence, maladjustment, and recidivism.

Prediction of future behaviors becomes the basis for effective and efficient placement of residents within correctional institutions. Therefore, the first outcome of the adult classification process is the initial placement of a resident. The classification process involves the collection, utilization, and interpretation of information necessary for successful achievement of this objective. Gathering information on the resident's offense history profile and social background initiates the classification process.

The information provided by the Record Office, Department of Law Enforcement, Bureau of Identification, and State's Attorney is then utilized by the R&C Counselor to compute security designation. Security designation is determined by the interaction between a dangerousness score and an adjustment score. The score for dangerousness is

compared to a dangerous rule violation scale, which predicts the likelihood that a resident will have dangerous rule violation tickets in the institution. The adjustment score is compared to the adjustment scale, which predicts the likelihood that a resident will have adjustment behavioral problems in the institution. It is the combination of these scores, along with the assessment of special needs and administrative concerns, which will determine initial placement.

The classification system must have the flexibility to meet the inmates' special needs in the medical, mental health, and physical impairment areas. In addition, administrative considerations, such as protective custody, statutory requirements, known enemies, detainers, gangs, or organized crime affiliation, must be taken into account by the system.

Placement recommendation must, therefore, reflect security level, special needs, and administrative concerns. These concerns can further limit the choices for recommended institutional placement. For example, in this classification system, administrative considerations are taken into account in making the placement decision and may even supercede the role security plays in the decision. These considerations, however, are not allowed to change the security rating. For example, if an inmate assessed as needing medium security with supervision has a known enemy in the system, they will be housed in different institutions; neither inmate's security rating will be increased or decreased.

In the clear majority of cases, the inmate's security level will determine placement, because there are no critical special needs or administrative factors that apply. Where there is a critical special need or an administrative concern, they can often be accommodated by placement, based on the security rating. However few, there will be a number of cases where security, critical special needs, and administrative concerns cannot be accommodated in a single option for placement. In these cases, recommendations will be made by the R&C Supervisor and the final placement decision will be made by the Transfer Coordinator.

CLASSIFICATION AND THE INFORMATION SYSTEM

Critical to placement is the availability of reliable and complete information. With the automation of the Reception Classification Report, classification becomes more closely tied to the Information System. This tie provides better data and aids the Department in population profiling and projection, planning, and programming activities. It is essential, therefore, that the information put into the computer be as accurate as possible.

To ensure the accuracy of information, the appropriate unit will be responsible for input and verification of information relevant to their activities. Final review and verification of the Reception Classification Report is the responsibility of the R&C Supervisor.

ORGANIZATION OF THIS MANUAL

This manual is divided into areas of responsibility by work unit and reports generated. These are:

Report #1: Record Identification - Record Office/Bureau of Identification

Report #2: Detail Offense History - Record Office

Report #3: Medical History - Medical Unit

Report #4: Personal/Employment History - R&C

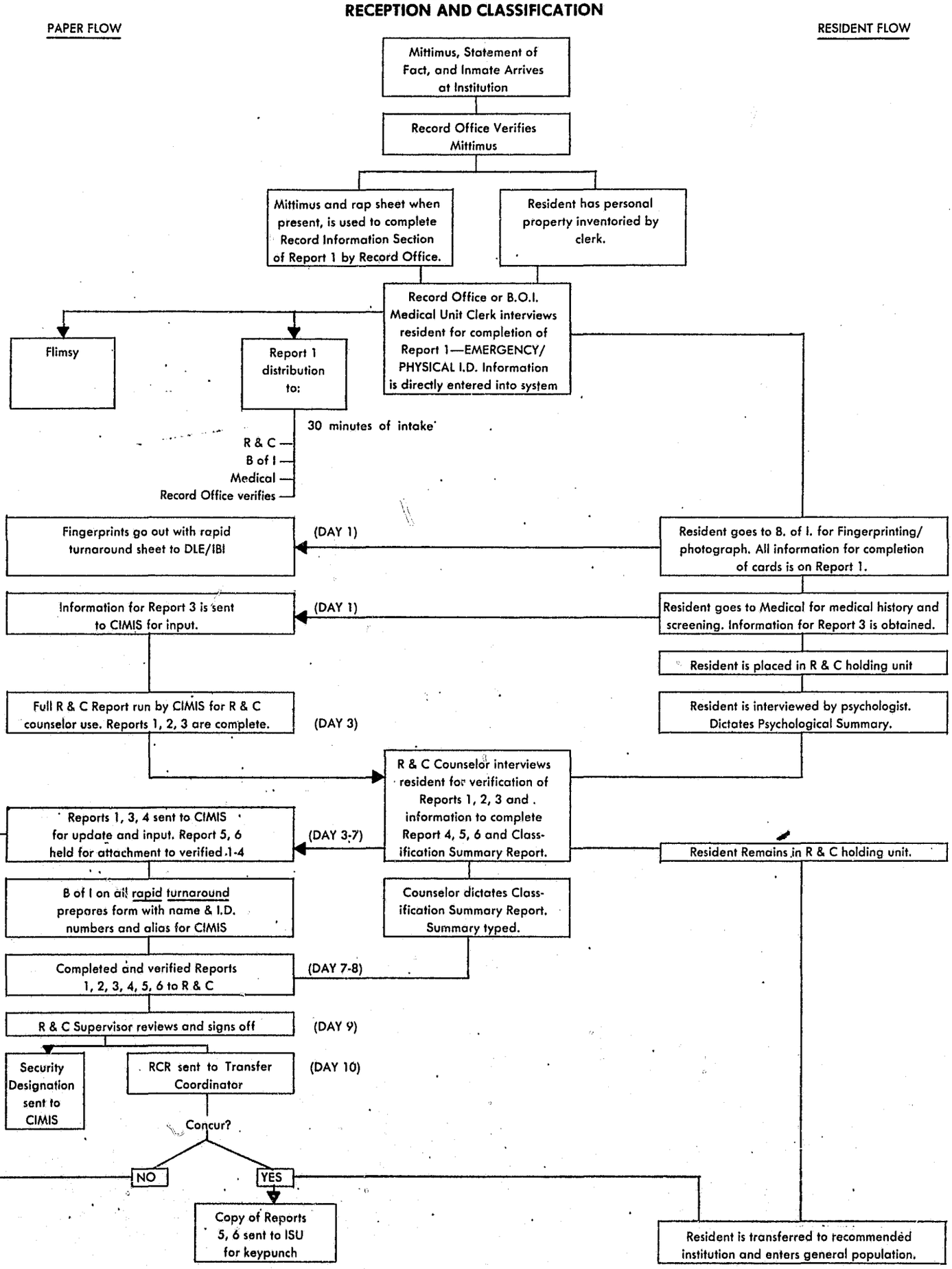
Report #5/6: Security Designation and Placement - R&C

Each unit's section contains directions on the source(s) of information, which screens are to be used, detailed instructions on inputting data, and all the required code sheets. Further refinement of procedures are planned for the medical and special needs areas. To this stage of development, we have attempted to make the manual as complete as possible, yet concise for each unit. Changes will be made to this manual after the sentence calculation module is implemented into CIMIS in FY83.

The general flow diagram, which follows, shows how gathering the information and its input into CIMIS can fit into the admission procedure flow. The Stepwise Completion Process Table lists the sections of each report, each unit's responsibility, all sources of information, and I/O screens to be used. Information from the Process Evaluation and site visits of every R&C unit was used to determine which units will be responsible for what information. In most cases, the information is already being manually captured by the designated unit. Wherever possible, redundancy has been eliminated from the workload by using the computer to generate the reports. The flow process described here may be adapted to meet the unique demands of each reception institution.

Information for Reports #1, #2, #3, and #4 are inputted directly into the CIMIS system. Six screens or menus are used for the entire report. Different units will be responsible for different items in the History Format screens. Currently, the classification instruments used in Reports #5/#6 are computer generated and manually completed. The instruments are input into a separate file by Information Services staff. Once the classification instrument has been validated operationally, Reports #5/6 will be automated and information input directly into CIMIS at the R&C Centers by the counselor.

GENERAL INTAKE FLOW FOR RECEPTION AND CLASSIFICATION



STEPWISE COMPLETION PROCESS

SECTION	RESPONSIBILITY	SOURCE OF INFORMATION	SCREENS	VERIFICATION
REPORT #1				
Records Identification	CIMIS/Record	Mittimus and/or Warrant Rap Sheet	**Admission or Sent	Record Office
Emergency Information	Record Office, Bureau of Investigation or Medical Unit	Resident Self-Report	History Format 2 (Items 1-17)	R&C Counselor
Physical Identification	Record Office, Bureau of Investigation or Medical Unit	Resident Self-Report and Interviewer's Observations	History Format 1 (Items 1-6/13-14/ 16-21/23)	R&C Counselor
Alias, I.D. Numbers	Bureau of Investigation	Fingerprint Card Rap Sheet	*Alias I.D. Numbers	Bureau of Investigation
REPORT #2				
Offense History	Records Office	Computer Generated	N/A	Record Office
REPORT #3				
Medical History	Medical Unit	Physical Exam and Self-Report	*History Format 2 (18-21/30-35) Medical History Form (3,4,7,8,16,17,18)	R&C Counselor (Physical Date Only)
REPORT #1				
Escape & Suicide Risks	R&C Counselor	Psychologist or Counselor Report	*History Format 2 (Items 22/23)	R&C Counselor

* During the interim, CIMIS operators will input data for these reports.
** When sentence calculation is implemented, these procedures will be modified.

STEPWISE COMPLETION PROCESS

SECTION	RESPONSIBILITY	SOURCE OF INFORMATION	SCREENS	VERIFICATION
REPORT #1				
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Emergency Information	Record Office, Bureau of Investigation or Medical Unit	Resident Self-Report	History Format 2 (Items 1-17)	R&C Counselor
Physical Identification	Record Office, Bureau of Investigation or Medical Unit	Resident Self-Report and Interviewer's Observations	History Format 1 (Items 1-6/13-14/16-21/23)	R&C Counselor
Alias, I.D. Numbers	Bureau of Investigation	Fingerprint Card Rap Sheet	*Alias I.D. Numbers	Bureau of Investigation
REPORT #2				
Offense History	Records Office	Computer Generated	N/A	Record Office
REPORT #3				
Medical History	Medical Unit	Physical Exam and Self-Report	*History Format 2 (18-21/30-35) Medical History Form (3,4,7,8,16,17,18)	R&C Counselor (Physical Date Only)
REPORT #1				
Escape & Suicide Risks	R&C Counselor	Psychologist or Counselor Report	*History Format 2 (Items 22/23)	R&C Counselor

* During the interim, CIMIS operators will input data for these reports.
** When sentence calculation is implemented, these procedures will be modified.

SECTION	RESPONSIBILITY	SOURCE OF INFORMATION	SCREENS	VERIFICATION
REPORT #4				
Personal/ Employment	R&C Counselor	Self-Report	*History Format 1	R&C Counselor
(Verified)	R&C Counselor	Self-Report	*History Format 1	R&C Counselor
REPORT #5/6				
Security Designation	R&C Counselor	Rap Sheet Reception Classification Report #1 and #2	N/A	R&C Supervisor
Placement Concerns	R&C Counselor	Classification Summary Report #5/#6	N/A	R&C Supervisor
CLASSIFICATION SUMMARY REPORT				
Psychological	Psychologist	Psychological Interview Detailed Psychological Profile	N/A	Psychologist
Inmate Version of Offense	R&C Counselor	Interview	N/A	R&C Supervisor
Enemies	R&C Counselor	Interview	N/A	Transfer Coordinator
Gang	R&C Counselor	Interview	N/A	Transfer Coordinator
Summary	R&C Counselor	Interview	N/A	R&C Supervisor

* During the interim, CIMIS operators will input data for these reports.

CLASSIFICATION WORKLOAD TRACKING REPORT

The following Classification Workload Tracking Report will be kept by each institution. Form A is maintained by the CIMIS office which records the date that the data is inputted. Form B is kept by the R&C unit which records the date that significant activities are completed. These forms will be kept on a daily basis for the first three months of implementation and be audited by the central office staff. After this period, a variable schedule for monitoring workload may be established by the Assistant Warden of Programs with authorization from the Deputy Director of Adult Institutions.

On the tracking reports, record the IDOC number of the inmate and his admit date. If the date on which the listed activity is the same as the admit date, then indicate by a check mark. If the date is different, record the date of completion.

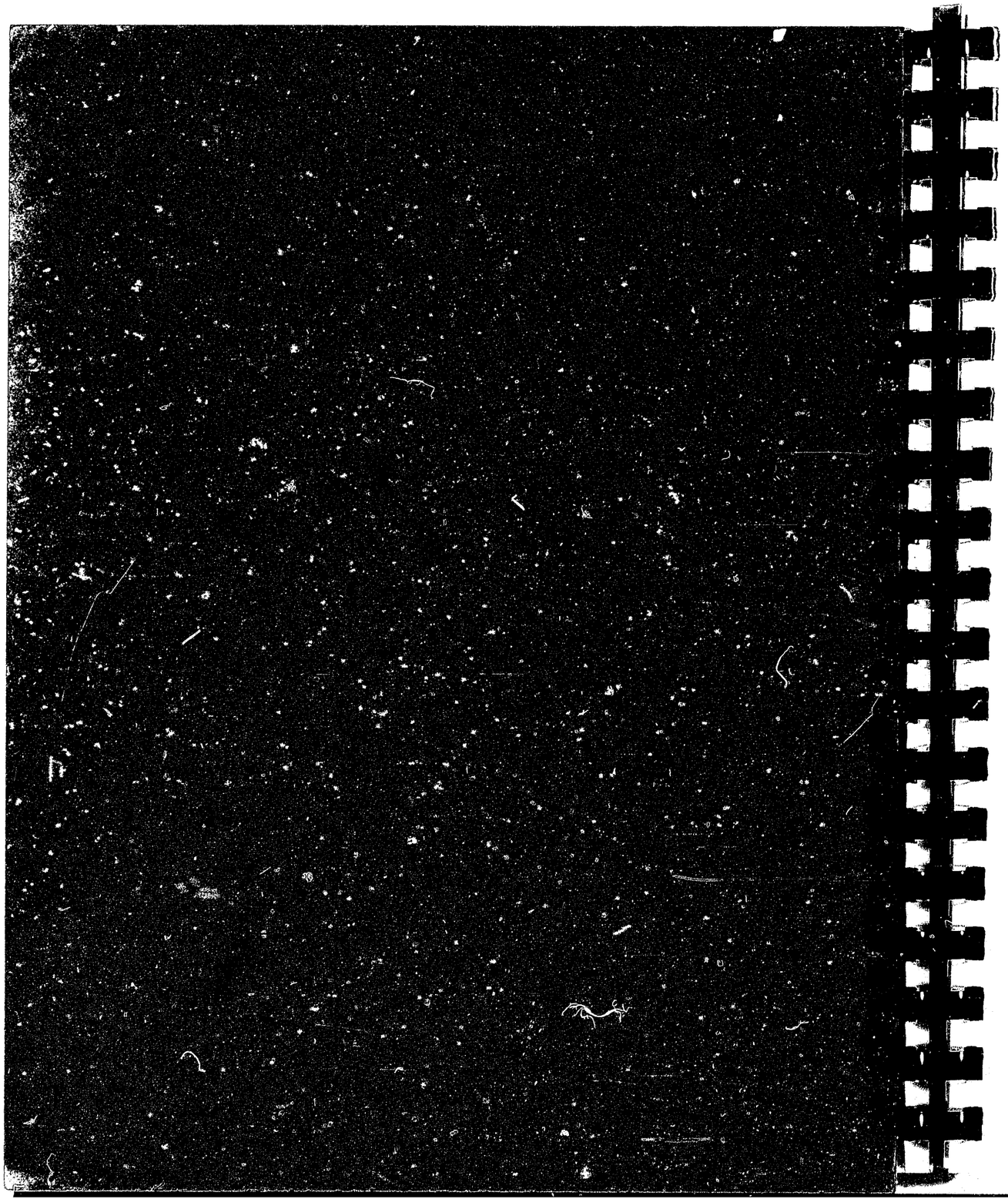
CLASSIFICATION WORKLOAD TRACKING REPORT (A)
(Completed by CIMIS)

IDOC #	Admit Date	Record Office Report 1 Distribution	R&C History Information Report 4	BOI Document Control # Entered	BOI Alias ID Numbers	Medical History	Medical Current	R&C Inmate Security Level

CLASSIFICATION WORKLOAD TRACKING REPORT (B)
(Completed by R&C Supervisor)

Reception and Classification Unit

IDOC #	Admit Date	Reports 1-6 Received from CIMIS	Verification 1, 3, 4 Back to CIMIS	Final Reports 1-4 to R&C Supervisor	Reports 5/6 to R&C Supervisor	Reports 1-5/6 Class Summary Transfer Orders to TC



RECORD OFFICE

Report 1

- Record Identification
- Emergency Information
- Physical Identification

CIMIS ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 1
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

RUN DATE: 05/18/82 RECEPTION CLASSIFICATION REPORT # 1
JOLIET BRANCH (03)

NAME: DOE, JOHN IDOC NUMBER: N21234

****** R E C O R D S I D E N T I F I C A T I O N

INMATE NAME: DOE, JOHN
SECURITY: UNKNOWN
GRADE:

DOCUMENT CONTROL NO. :
IR NO. :
BOI NO. :
FBI NO. :
S.S. NO. : - -

( )BIRTHDATE: / /
( )BIRTHPLACE: UNKNOWN

SEX: M

ALIAS LIST: N/A

OFFENSE DESCRIPTION

MIN SENTENCE/MAX SENTENCE OFFENSE COMMITTIN
YR MO DAY YR MO DAY ADMIT DATE COUNTY

PROJECTED RELEASE DATE:

****

****** E M E R G E N C Y I N F O R M A T I O N

IN CASE OF EMERGENCY NOTIFY:

( )RELATION: -- --
( )NAME:
( )ADDRESS:

( )PHONE - -
( )CITY:
( )STATE: ( )ZIP:

( )RELATION: -- --
( )NAME:
( )ADDRESS:

( )PHONE - -
( )CITY:
( )STATE: ( )ZIP:

****

CIMIS ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 2
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

RUN DATE: 05/18/82 RECEPTION CLASSIFICATION REPORT # 1
E: DOE, JOHN JOLIET BRANCH (03)

IDOC NUMBER: N21234

****

*** P H Y S I C A L I N F O R M A T I O N

( )HEIGHT: ' "
( )WEIGHT: LBS.

( )EYE COLOR:
( )HAIR COLOR:

( )RACE:
( )ETHNIC PREF:

MARKS AND SCARS:

( )-- --
( )-- --
( )-- --

( )-- --
( )-- --
( )-- --

****

( )ESCAPE

( )ATTEMPTED SUICIDE

****

REPORT 1

RECORD OFFICE PROCEDURES

The Record Office is the initial point of entry for information and the inmate into the Illinois Department of Corrections. The mittimus and any other accompanying documents are received by the Record Office.

The determination of offense statute listing for entry into CIMIS should be done by the Record Office. If the statute number of the offense is not on the mittimus, the Record Office shall note the statute for the offense and attach to the mittimus.

The Records Identification Section outlines the procedures used by the Record Office to enter/verify certain specified information for CIMIS (Correctional Institution Management Information Systems). Manual Records procedures and CIMIS I/O cooperation is essential for the full and effective implementation of this New Automated Reception and Classification procedure.

There are cases where additional outstanding mittimus will be received by the Record Office on an inmate after initial reception. Any additional mittimus information should be input into the CIMIS system. If the resident is still in the R&C unit, an updated copy of Reports 1-4 should be sent to the R&C Supervisor. The Reception Classification Process should not be affected by additional mittimus if the offense information does not effect security designation. If additional mittimus information does effect security level designation and the resident is still in R&C, then a new Report #5/6 must be completed. If the resident has been transferred, then the case is treated as a Reclassification.

Report 1 should be run within thirty (30) minutes of intake and distributed to the designated institutional personnel. We realize that all alias and ID numbers may not be entered into CIMIS at this time, however, the Record Office/CIMIS will be responsible for entering any aliases listed on the mittimus. The procedure for entering this information is described in the Bureau of Identification Procedures, Alias Section.

Writ returns who come to the R&C Center should not be treated as a new classification unless they have received a new sentence. All cases should be screened and returned to their assigned institution. Those Writs returned who are returning to a minimum security institution should be carefully screened for any new sentence.

REPORT 1

RECORD IDENTIFICATION SECTION

The Record Identification Section will be completed by the Record Office immediately after the mittimus has been verified by the Record Office Clerk. All information necessary to complete this section is obtained from the mittimus unless otherwise noted. It is essential that this information is inputted immediately upon intake. The Record Office must verify the IDOC number and offense information. The Record Office is responsible for identifying the correct statute for an offense.

Procedures for admitting returnees and new admits are different. The LOCATE, TRANSFER, NEWNUMB, and SENT transactions are used for admitting returnees and Cook County Transfers. When transferring inmates from Cook County, use IR or BOI parameters on the locate transaction:. IE (1 locate, IR 99999 or 1 locate, BOI 999999). Both the TRANSFER and NEWNUMB transactions are used to link the inmate's old record to his new one. Upon successful completion of both these transactions, the sentence information can be input into the system using the SENT transaction.

1. LOCATE. This transaction will identify if the inmate had a previous commitment.

2. TRANSFER. The transfer transaction updates current institution.

3. NEWNUMB. This transaction is used to change an inmate's IDOC number. It is used to correct a mistake or change the inmate's number when he "opts" or reenters the system with a different prefix. See the CIMIS manual for detailed instructions to execute the above transactions.

4. SENT. You may now proceed to this screen to input sentence information.

For new admits outside of Cook County, use the ADMIT transaction and follow the corresponding instructions.

The first two sets of instructions in the Records Identification Section are for the SENT Screen and the ADMIT Screen.

Either the ADMIT or SENT Screen will produce the first half of the Record Identification Section of Report #1, except for birthdate and birthplace, security and grade, aliases, and identification numbers. Identification numbers will be inputted by Record Office or BOI in two phases. Phase I, upon completion of fingerprint card, the Document Control Number will be input. Phase II, upon receipt of the IBI Rap Sheet, the IR, BOI, and FBI identification numbers and additional aliases will be input.

Admitting Returnees and Cook County Transfers - SENT Screens

The SENT transaction shows sentence information on an inmate's specific charge. This transaction allows for the changing of specific sentence information in the appropriate location.

This transaction is used by the computer operator in charge of adding or changing sentence information. Inmate sentence information can only be changed with proper documentation. There are three SENT Screens: Add, Menu, and Update. You will use either Add or Update to enter sentence information.

I/O PROCEDURES:

The /SENT transaction uses three continuator forms to add, update, and display inmate sentence information:

* /SENT Add, Form 120, is used to add new sentence information.
* /SENT Menu, Form 119, is used to display sentence information.
* /SENT Update, Form 121, is used to update sentence information.

INITIATOR:

/SENT, (IDOC number), (document number), (MENU)
[@] (MENU)

/SENT, (IDOC number) ... <<SEND>>

Initiates the following for inmate with specified IDOC number:

* Form 121, /SENT Update, if only one sentence is on file for inmate.
* Form 119, /SENT Menu, if more than one sentence is on file for inmate.

/SENT, [@] ... <<SEND>>

Initiates the following for inmate whose IDOC number was last accessed by the terminal:

* Form 121 /SENT Update, if only one sentence is on file for inmate.
* Form 120, /SENT Add, if more than one sentence is on file for inmate.

/SENT, [IDOC number], (document number) . . . <<SEND>>
Initiates the following for inmate with specified IDOC number:

* Form 121, /SENT Update, if specified document number is already on file.
* Form 120, /SENT Add, if specified document number is not on file.

/SENT, [@] (document number) ... <<SEND>>
Initiates the following for inmate whose IDOC number was last accessed by the terminal:

* Form 121, /SENT Update, if specified document number is already on file.
* Form 120, /SENT Add, if specified document number is not on file.

/SENT, [IDOC number], (MENU) ... <<SEND>>
Initiates Form 119, /SENT Menu, for inmate with specified IDOC number.

/SENT, [@], (MENU) ... <<SENT>>
Initiates Form 119, /SENT Menu, for inmate whose IDOC number was last accessed by the terminal.

/SENT, [IDOC number], (document number), (MENU) ... <<SEND>>
Initiates Form 119, /SENT Menu, for sentences listed under specified document number for inmate with specified IDOC number.

/SENT, [@], (document number), (MENU) ... <<SEND>>
Initiates Form 119, /SENT Menu, for sentences listed under specified document number for inmate whose IDOC number was last accessed by the terminal.

FORM 120 ILLINOIS DEPARTMENT OF CORRECTIONS 04/14/82 15:20
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM
SENTENCE ADD FORM

IDOC NUMBER: N18031 **1** NAME: **2** ADMIT DATE: 07/15/81

BOI DOCUMENT CONTROL NUMBER
C **3**

DOCUMENT TYP (M) **4** NUMBER 999 **5**

***** SENTENCING **** JUDGE **6** COUNTY **7** OFFENSE DATE / / **8** OFFENSE STATUTE **9** CTS **10** PLEA **11**

DATE SENTENCED / / **12**

**********SENTENCE**********
YRS MOS DAYS EFFECTIVE DATE / / **14** DISP **15**
MIN:
MAX: **13**

JAIL TIME CREDIT FOR THIS OFFENSE
DATE / / **16** OR DAYS **17**

THIS SENTENCE IS TO BE ASSOCIATED WITH SET

TO ADD MORE OFFENSE DATA, ENTER THE DOCUMENT TYPE AND NUMBER ( ) **18**

RECORD IDENTIFICATION - RECORD OFFICE

SCREEN: SENT ADD

INSTRUCTIONS

1. IDOC NUMBER

This field displays the IDOC Number of the inmate whose sentence information is to be added onto. This is the same IDOC Number as the one entered on the initiator.

2. NAME

VERIFY

3. BOI DOCUMENT CONTROL NUMBER

Enter the Illinois Bureau of Identification Number shown on the fingerprint card sent to IBI. This number will be obtained from the Bureau of Identification.. All 8 characters must be entered.

4. DOCUMENT TYPE

Enter the code for the type of document on which the inmate is to be admitted. Use the following table to enter the correct code.

HOLDING DOCUMENT TYPES

Code	Description
I	INDICTMENT
M	MITTIMUS
W	WARRANT

5. DOCUMENT NUMBER

Enter the number of the document on which the inmate is to be admitted.

6. JUDGE

Enter the name or number of the judge or official who remanded the inmate to Department of Corrections custody. This must be an entry on CIMIS TABLE 24, Judge TABLE.

7. COUNTY

Enter the name or number of the Illinois county in which the inmate was sentenced. This item must be an entry on CIMIS TABLE 08, COUNTY CODES (BOND or 005). Leave blank if the inmate was not sentenced in Illinois.

8. OFFENSE DATE

Enter the date (MM/DD/YY) of the offense for which the inmate was sentenced. This must be a valid date before Date Sentenced and before today's date.

9. OFFENSE STATUTE

Enter the code of the offense for which the inmate was charged. This must be an entry on CIMIS TABLE 50, CHARGES (38/12-4 = Aggravated Battery).

10. CTS

Enter the number of counts on the charge entered in 13. Default is 1.

11. PLEA

Enter the code for the new inmate's plea on the charge. Use the following table to enter the correct code.

PLEA CODE TABLE

Code	Description
G	GUILTY
N	NOT GUILTY
I	NOT GUILTY FOR REASON OF INSANITY
M	GUILTY BUT MENTALLY ILL

12. DATE SENTENCED

Enter the date (MM/DD/YY) the inmate was sentenced for this charge. This must be a valid date after Offense Date and not after today's date.

13. MIN/MAX SENTENCE

Enter the minimum and maximum sentences (YYYY MM DDD: Years, Months, and Days) the new inmate received for the charge. If it is a Class X or a determinate sentence, enter that sentence in both min and max fields.

14. EFFECTIVE DATE

Enter the date (MM/DD/YY) the inmate's sentence started. This must be a valid date not before Date Sentenced. Default is Date Sentenced.

15. DISPOSITION CODE

If the inmate's sentence is not an active sentence, enter the code for the disposition of that sentence. Otherwise, leave blank. If entered, this field must be a valid code on the following DISPOSITION Table. Default is SENTENCED, for active sentences.

DISPOSITION TYPE

CODES	DESCRIPTION
ADMI	ADDITIONAL MITT
ADMN	ADMINISTRATIVE ACTION
AMEN	AMENDED MITTIMUS
CORR	CORRECTED MITT
EXEC	WARRANT EXECUTED
MODI	MODIFIED SENTENCE
NORE	NOT RETURNED FROM COURT
PROB	PROBATION
RSEN	RE-SENTENCED
RVRM	REVERSE & REMAND
SENT	SENTENCED
SHIP	MITTIMUS TO ISSUE
SPEC	SPECIAL COURT ORDER
STAY	MITTIMUS STAY
WS	WRIT SATISFIED

RECORD IDENTIFICATION - RECORD OFFICE

16. JAIL TIME CREDIT DATE

If the inmate was continuously incarcerated until the time he or she was sentenced, enter the date (MM/DD/YY) of incarceration. This must be a valid date not before Offense Date. Otherwise, use item 17, to enter the number of days of jail time credit the judge awarded the inmate. Enter 16 or 17, but not both. Check the inmate's mittimus to determine which, if any, you should enter.

17. JAIL TIME CREDIT DAYS

Enter the number of days of jail time credit the judge awarded the inmate. This may not be entered if item 16 was entered. See above.

18. MORE OFFENSE DATA

For additional sentences enter the Document Type and Document Number in this field. On completion of the continuator, the form will be sent to the screen.


```
M 121                ILLINOIS DEPARTMENT OF CORRECTIONS                04/02/82 11:38
          CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM
                                SENTENCE UPDATE
OC NUMBER: N08417 1    NAME:                  2                ADMIT DATE: 12/16/80

   REQUESTED DOCUMENT                                  BOI DOCUMENT CONTROL NUMBER
   NUMBER: ( )   3                                     C00000000
                                                       C   4
UMENT          ***** SENTENCING ****  OFFENSE
TYP NUMBER      JUDGE      COUNTY      DATE      OFFENSE                  CTS PLEA
 ) 81 CF 322    UNKNOWN    CHAMPAIGN   03/14/81  38/21-1                  01  G
                  6          7          /8/        9                      10  11

                     DATE        05/05/81
                     SENTENCED:   /12/
   YEARS MOS DAYS                                                  JAIL TIME CREDIT
MIN:   1   0   0 COMMUTED  EFFECTIVE  **DISPOSITION**  CRIME  FOR THIS OFFENSE
                  SENTENCE  DATE       CODE   EFF DATE  CLASS  DATE     OR  DAYS
       1   0   0           05/12/81    SENT   05/05/81  A      05/10/81        2
          13        14       /15/       16      /17/     18     /19/        20
            THIS SENTENCE ASSOCIATED WITH SET 01, NEW SET

TO ADD MORE OFFENSE DATA, ENTER THE DOCUMENT TYPE AND NUMBER ( )  21
```

SCREEN: SENT UPDATE

INSTRUCTIONS

1. IDOC NUMBER

This field displays the IDOC Number of the inmate for whom sentence information is to be added. This is the same IDOC Number as the one entered on the initiator.

2. NAME

Name given on the mittimus will be entered.

3. REQUESTED DOCUMENT NUMBER

Disregard this item.

4. BOI DOCUMENT CONTROL NUMBER

Enter the Illinois Bureau of Investigation Document Control Number shown on the fingerprint card sent to IBI upon inmate intake. This number is obtained from the Bureau of Identification Unit.

5. DOCUMENT TYPE/ NUMBER

This field displays the Document Type code and the Document Number, as entered on the initiator, or at the bottom of the /SENT Add and /SENT Menu forms. Use the following table to enter the correct code for the HOLDING DOCUMENT TYPES. MAKE SURE THIS FIELD IS CORRECT. THE INMATE'S SENTENCE INFORMATION WILL BE FILED UNDER IT.

HOLDING DOCUMENT TYPES

Code	Description
I	INDICTMENT
M	MITTIMUS
W	WARRANT

6. JUDGE

Enter the name or numeric code of the judge or official who remanded the inmate to Department of Corrections custody. This must be a valid entry on CIMIS TABLE 24, OFFICIALS (0889 = Ackerman, W.).

7. COUNTY

Enter the name or number of the Illinois county in which the inmate was sentenced. This must be a valid entry on CIMIS TABLE 08, COUNTY CODES (005 BOND). Leave blank if the inmate was not sentenced in Illinois.

8. OFFENSE DATE

Enter the date (MM/DD/YY) of the offense for which the inmate was sentenced. This must be a valid date before Date Sentenced and before today's date.

9. OFFENSE

Enter the statute for which the inmate was charged. This must be a valid entry on CIMIS TABLE 50, CHARGES (38/12-4 = Aggravated Battery).

10. CTS

Enter the number of counts on which the inmate is being sentenced for this offense.

11. PLEA

Enter the code for the inmate's plea on this offense. Use the following table to enter the correct code.

PLEA CODE TABLE

Code	Description
G	GUILTY
N	NOT GUILTY
I	NOT GUILTY FOR REASON OF INSANITY
M	GUILTY BUT MENTALLY ILL

12. DATE SENTENCED

Enter the date (MM/DD/YY) the inmate was sentenced for this offense. This must be a valid date after Offense Date and not after today's date.

13. MIN/MAX SENTENCE

Enter the minimum and maximum sentences (YYYY MM DDD: Years, Months, and Days) the inmate received for this offense. If it is a Class (X) or a determinate sentence, enter that sentence in both min and max fields.

14. COMMUTED SENTENCE

Disregard this item.

15. EFFECTIVE DATE

Enter the date (MM/DD/YY) the inmate's sentence starts. This must be a valid date not before Date Sentenced. Default is Date Sentenced.

16. DISPOSITION CODE

If the inmate's sentence is not an active sentence, enter the code for the disposition of that sentence. Otherwise, leave blank. If entered, this field must be a valid code on the following SENTENCE DISPOSITION Table. Default is SENTENCED for active sentences.

SENTENCE DISPOSITION TYPE

Codes	Description
ADMI	ADDITIONAL MITT
ADMN	ADMINISTRATIVE ACTION
AMEN	AMENDED MITTIMUS
CORR	CORRECTED MITT
EXEC	WARRANT EXECUTED
MODI	MODIFIED SENTENCE
NORE	NOT RETURNED FROM COURT
PROB	PROBATION
RSEN	RE-SENTENCED
RVRM	REVERSE AND REMAND
SENT	SENTENCED
SHIP	MITTIMUS TO ISSUE

DISPOSITION TYPE (CONTINUED)

Codes	Description
SPEC	SPECIAL COURT ORDER
STAY	MITTIMUS STAY
WS	WRIT SATISFIED

17. EFFECTIVE DATE

Disregard this item.

18. CRIME CLASS

Disregard this item.

19. JAIL TIME CREDIT DATE

If the inmate was continuously incarcerated until the time he or she was sentenced, enter the date (MM/DD/YY) of incarceration. This must be a valid date not before Offense Date. Otherwise, use item 20 to enter the number of days of jail time credit the judge awarded the inmate. Enter 19 or 20, but not both.

20. JAIL TIME CREDIT DAYS

Enter the number of days of jail time credit the judge awarded the inmate. This may not be entered if 19, JAIL TIME CREDIT DATE is entered.

21. TO ADD ANOTHER SENTENCE

Enter the Document Number associated with an additional sentence, if any, to return Form 120, /SENT Add. Document Type must be a valid entry on the HOLDING DOCUMENT TYPES Table (I = Indictment).

Admitting New Inmates Outside of Cook County - Admit Screen

The /ADMIT transaction is used to record information necessary to admit an inmate new to the Illinois Department of Corrections. Since it assigns each new inmate a unique IDOC number, the /ADMIT transaction can be used only once for each new inmate. Unless specified otherwise on the initiator, the Admit Date will be today's date.

Once the offense information is entered it can only be changed by doing a SENT transaction. To update ADMIT DATE, NAME or IDOC NUMBER, see the CIMIS manual.

I/O PROCEDURES:

INITIATOR:

/ADMIT, (IDOC number), (admit date)

/ADMIT ... <<SEND>>
Initiates form for admitting new inmate. Admit Date is today's date.

/ADMIT, (IDOC number) ... <<SEND>>
Initiates form for admitting new inmate. Admit Date is today's date. IDOC number is specified on initiator.

/ADMIT, (admit date) ... <<SEND>>
Initiates form for admitting new inmate. Admit Date (MM/DD/YY) is specified on the initiator. IDOC number is next one in sequence (see /SETID).

/ADMIT, (IDOC number), (admit date) ... <<SEND>>
Initiates form for admitting new inmate. Admit Date (MM/DD/YY) is specified on the initiator. IDOC number is specified on the initiator.

PARAMETER VALIDATION:

IDOC number is checked to make sure it is a valid number for the institution, and that it does not already belong to an inmate of the institution.

Date is checked to make sure it is a valid date not after today's date.

To modify a sentence transaction, use /SENT transaction.


```
M 129                ILLINOIS DEPARTMENT OF CORRECTIONS                    04/02/82 11:14
          CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM
                              ADMISSION  FORM

DC          ********************** NAME ****************************   ADMIT
NUMBER      FIRST                MIDDLE              LAST              SUFFIX   DATE
 29999  1    2                    3                   4                  5      04/02/82

              ADMISSION TYPE        BOI DOCUMENT CONTROL NUMBER
                   6                C   7

OCUMENT          ***** SENTENCING **** OFFENSE
TYP NUMBER       JUDGE       COUNTY      DATE      CHARGE                  CTS PLEA
 )   9            10          11          / /       13                      14  15
8                                          12

      DATE          **********SENTENCE**********    JAIL TIME CREDIT
      SENTENCED          YRS  MOS DAYS EFFECTIVE     FOR THIS OFFENSE
        / /        MIN:          17      DATE        DATE     OR  DAYS
        16         MAX:                   / /         / /          20
                                           18          19

TO ADD MORE OFFENSE DATA, ENTER THE DOCUMENT TYPE AND NUMBER ( ) 21
```

SCREEN: ADMISSION FORM

INSTRUCTIONS

1. IDOC NUMBER

All new intakes will be assigned IDOC Numbers. This field displays the IDOC Number to be assigned to the new inmate on completion of continuator.

2-5. NAME

Name given on the mittimus will be entered.

6. ADMISSION TYPE

Admission type is determined from the mittimus or warrant. Use the following TABLE to enter the correct code.

TYPE OF ADMISSION TABLE

Code	Description
01	DIRECT FROM COURT (FIRST ADMISSION)
20	COURT AND RETURN PAROLE VIOLATOR (VIOLATOR AND NEW SENTENCE)
21	COURT AND MSR VIOLATOR (VIOLATOR AND NEW SENTENCE)
26	PAROLE VIOLATOR (SUPERVISON VIOLATOR)
27	MSR VIOLATOR (SUPERVISION VIOLATOR)
28	WORK RELEASE VIOLATOR (SUPERVISION VIOLATOR)
29	BOND VIOLATOR
41	DISCHARGED AND RECOMMITTED (RECOMMITTED)
98	NOT IN IDOC CUSTODY

7. BOI DOCUMENT CONTROL NUMBER

Enter the Illinois Bureau Of Identification Number as shown on the fingerprint card sent to the IBI. This number will be obtained from the Bureau of Identification. All 8 characters must be entered.

8. DOCUMENT TYPE

Enter the code for the type of document on which the inmate is to be admitted. Use the following table to enter the correct code.

HOLD DOCUMENT TYPE TABLE

CODE	DESCRIPTION
I	INDICTMENT
M	MITTIMUS
W	WARRANT

9. DOCUMENT NUMBER

Enter the number of the document on which the inmate is to be admitted.

10. JUDGE

Enter the name or number of the judge or official who remanded the inmate to Department of Corrections custody. This must be an entry on CIMIS TABLE 24, Judge TABLE.

11. COUNTY

Enter the name or number of the Illinois county in which the inmate was sentenced. This item must be an entry on CIMIS TABLE 08, COUNTY CODES (BOND or 0005). Leave blank if the inmate was not sentenced in Illinois.

12. OFFENSE DATE

Enter the date (MM/DD/YY) of the offense for which the inmate was sentenced. This must be a valid date before Date Sentenced and before today's date.

13. CHARGE

Enter the code of the offense for which the inmate was charged. This must be an entry on CIMIS TABLE 50, CHARGES (38/12-4 = Aggravated Battery).

14. CTS

Enter the number of counts on the charge entered in 13. Default is 1.

15. PLEA

Enter the code for the new inmate's plea on the charge. Use the following table to enter the correct code.

PLEA CODE TABLE

Code	Description
G	GUILTY
N	NOT GUILTY
I	NOT GUILTY FOR REASON OF INSANITY
M	GUILTY BUT MENTALLY ILL

16. DATE SENTENCED

Enter the date (MM/DD/YY) the inmate was sentenced for the charge. This must be a valid date after Offense Date and not after today's date.

17. MIN/MAX SENTENCE

Enter the minimum and maximum sentences (YYYY MM DDD: Years, Months, and Days) the new inmate received for the charge. If it is a Class X or a determinate sentence, enter that sentence in both min and max fields.

18. EFFECTIVE DATE

Enter the date (MM/DD/YY) the inmate's sentence started. This must be a valid date not before Date Sentenced. Default is Date Sentenced.

19. JAIL TIME CREDIT DATE

If the inmate was continuously incarcerated until the time he or she was sentenced, enter the date (MM/DD/YY) of incarceration. This must be a valid date not before Offense Date. Otherwise, use Item 20, to enter the number of days of jail time credit the judge awarded the inmate. Enter 19 or 20, but not both.

Check the inmate's mittimus to determine which, if any, you should enter.

20. JAIL TIME CREDIT DAYS

Enter the number of days of jail time credit the judge awarded the inmate. This may not be entered if item 19 was entered. See above.

21. MORE OFFENSE DATA

For additional sentences enter the Document Type and Document Number in this field. On completion of the continuator, the form will be sent to the screen.

REPORT 1

EMERGENCY INFORMATION SECTION

Depending on the institution, either the Record Office, Medical Office, or Bureau of Identification will obtain the information necessary for completion of the Emergency Information Section of Report #1 by interviewing the inmate. Most information is self-report. It is desirable that the interview takes place at the terminal or that data input occurs immediately after the interview.

To complete the Emergency Section, use the "History Format 2" Screen and follow the instructions provided.

The /HIST transaction is used to record and update inmate history and biographical data. A second history form is returned on completion of the first. The /HIST2 transaction is used to initiate the second form without going through the first.

I/O PROCEDURES:

INITIATOR:

/HIST, [IDOC number]
[@]

/HIST2, [IDOC number]
[@]

/HIST, [IDOC number] ... <<SEND>>
Initiates form for recording or updating history data for inmate with specified IDOC number.

/HIST, [@] ... <<SEND>>
Initiates form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

/HIST2, [IDOC number] ... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate with specified IDOC number.

/HIST2, [@] ... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC number is checked to make sure it is a valid number for the institution and that it belongs to an inmate of the institution.

MIS:
FORM 115

ILLINOIS DEPARTMENT OF CORRECTIONS
HISTORY FORMAT 2

DATE: 04/02/82
TIME: 11:59

IDOC NUMBER: N18031 1 NAME: 2 SEX: M 3
IN CASE OF EMERGENCY NOTIFY
4 REL 5 ADDRESS 6 CITY 7 ST 8 ZIP 9 PHONE 10

OTHER KIN, SPOUSE, OR FRIENDS
11 REL 12 ADDRESS 13 CITY 14 ST 15 ZIP 16 PHONE 17 / - / -

DRUGS CURRENTLY USED: 18
CURRENT TREATMENT: 20
AGE STARTED: 19
COST/DAY: 21

ATTEMPT ESCAPE: 22
ASSAULTIVE: 25
ATTEMPT SUICIDE: 23
MANIPULATIVE: 26
SEXUAL RISK: 24
OWN/PROTECT: 27

NUMBER OF PREVIOUS ADULT COMMITMENTS: IN ILLINOIS 28 OTHER JURISDICTIONS 29

MENTAL INSTITUTION: 30
CITY: 31
STATE: 32

LENGTH OF STAY: YEARS 33 MONTHS
RELEASED: / /
34

TYPE OF RELEASE:
35

SCREEN: HISTORY FORMAT 2

	INSTRUCTIONS
1. IDOC NUMBER	This field displays the IDOC number of the inmate whose history is to be entered or updated.
2. NAME	This field displays the name of the inmate whose history is to be entered or updated. VERIFY.
3. SEX	This field displays the sex code of the inmate whose history is to be entered or updated (M=Male, F=Female). Default is by institution type.
4. IN CASE OF EMERGENCY NOTIFY	Enter or update the name of the person to notify in case of an emergency.
5. RELA	Enter or update the code for the relation of the inmate to the person to notify in case of an emergency. Use the following table to enter the correct code.

Relation Table

CODE	DESCRIPTION
AF	ADOPTIVE FATHER
AP	ADOPTIVE PARENTS
AM	ADOPTIVE MOTHER
AU	AUNT
BL	BROTHER-IN-LAW
BR	BROTHER
CH	COMMON-LAW-HUSBAND
CW	COMMON-LAW-WIFE
DA	DAUGHTER
FA	FATHER
FC	FEMALE COUSIN
FI	FIANCEE
FL	FATHER-IN-LAW
FP	FOSTER PARENT
FR	FRIEND
GF	GRANDFATHER
GM	GRANDMOTHER
HB	HALF-BROTHER
HS	HALF-SISTER
HU	HUSBAND
LG	LEGAL GUARDIAN
MA	MOTHER
MC	MALE COUSIN
ML	MOTHER-IN-LAW
NE	NEPHEW
NI	NIECE
PC	PERSON TO BE CONTACTED
PR	PARENTS
SB	STEP BROTHER
SD	STEP DAUGHER
SF	STEP FATHER
SL	SISTER-IN-LAW
SM	STEP MOTHER
SN	SON
SO	STEPSON
SR	SISTER
SS	STEP SISTER
UC	UNCLE
WI	WIFE
XH	EX-HUSBAND
XW	EX-WIFE

6. ADDRESS

Enter or update the address of the person to notify in case of an emergency.

7. CITY

Enter or update the city of the person to notify in case of an emergency.

8. ST

Enter or update the code for the state of the person to notify in case of an emergency. This must be an entry on CIMIS Table 09, STATES (IL = Illinois).

9. ZIP

Enter or update the zip code of the person to notify in case of an emergency.

10. PHONE

Enter or update the phone number of the person to notify in case of an emergency.

11. OTHER KIN, SPOUSE, OR FRIENDS

Enter or update the name or names of the inmate's other kin or friend.

12. RELA

Enter or update the code for the relation of the inmate's other kin or friend. This must be an entry on Relation Table (see previous page for table entries).

13. ADDRESS

Enter or update the street address of the inmate's other kin or friend.

14. CITY

Enter or update the name of the city of the inmate's other kin or friend.

15. ST

Enter or update the code for the state of the inmate's other kin or friend. This must be an entry on CIMIS Table 09, STATES (IL = Illinois).

16. ZIP

Enter or update the zip code for the address of the inmate's other kin or friend.

17. PHONE

Enter or update the phone number of the inmate's other kin or friend.

18-35

Information for 18 through 35 will be captured at a later time.

REPORT 1

PHYSICAL IDENTIFICATION SECTION

Depending on the institution, either the Record Office, Medical Office, or Bureau of Identification will obtain the information necessary for completion of the Physical Identification Section of Report #1. To complete the Physical Identification Section, use "History Format 1" Screen and the following instructions:

The /HIST transaction is used to record and update inmate history and biographical data. A second history form is returned on completion of the first. The /HIST2 transaction is used to initiate the second form without going through the first.

INITIATOR:

/HIST, [IDOC number]
[@]

/HIST2, [IDOC number]
[@]

/HIST, [IDOC number] ... <<SEND>>
Initiates form for recording or updating history data for inmate with specified IDOC number.

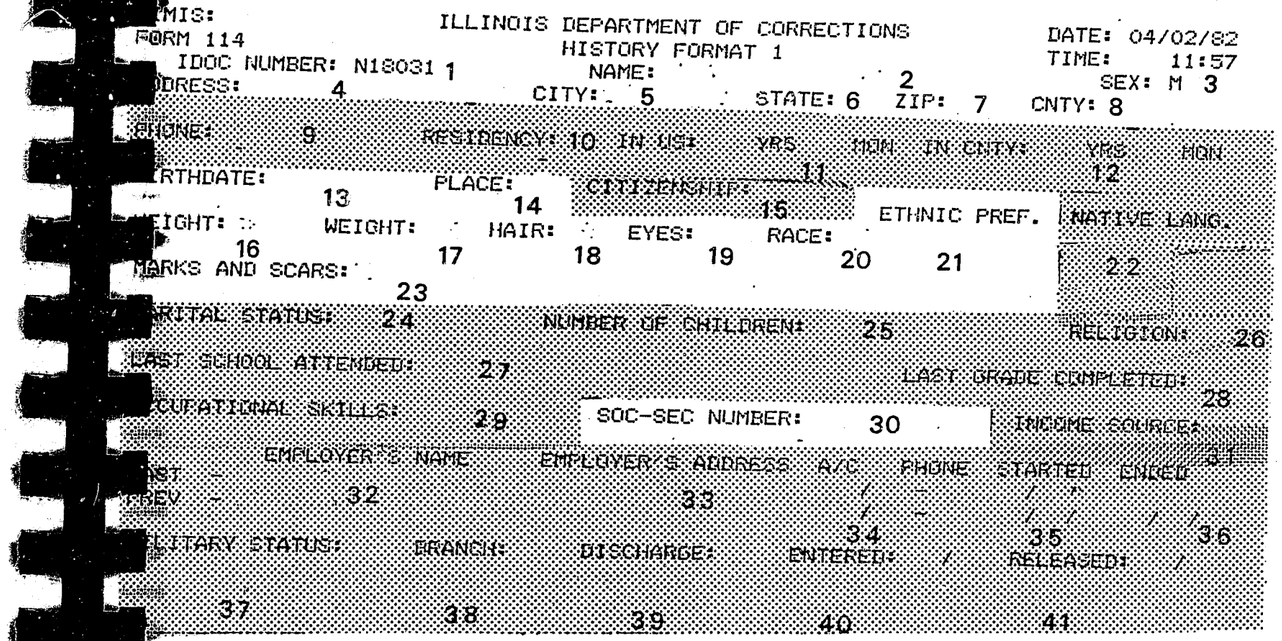
/HIST, [@] ... <<SEND>>
Initiates form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

/HIST2, [IDOC number] ... SEND
Initiates /HIST2 form for recording or updating history data for inmate with specified IDOC number.

/HIST2, [@] ... SEND
Initiates /HIST2 form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC number is checked to make sure it is a valid number for the institution and that it belongs to an inmate of the institution.



SCREEN: HISTORY FORMAT 1

INSTRUCTIONS

1. IDOC NUMBER

This field displays the IDOC Number of the inmate whose history is to be entered or updated.

2. NAME

This field displays the name of the inmate whose history is to be entered or updated. VERIFY.

3. SEX

This field displays the sex code of inmate whose history is to be entered or updated (M=Male, F=Female).

4. ADDRESS

Enter or update the inmate's last known street address.

5. CITY

Enter or update the city of the inmate's last known street address. Abbreviate if necessary.

6. STATE

Enter or update the code for the state of the inmate's last known address. This must be an entry on CIMIS Table 09 STATES (IL = Illinois).

7. ZIP

Enter or update the zip code of the inmate's last known address.

8. CNTY

Enter or update the name or code of the Illinois county of the inmate's last known address. This must be an entry on TABLE 08, COUNTY CODES (0005 = BOND). If the inmate is from out of state, leave blank.

9-12.

Items 9 through 12 do not have to be inputted at this time. Move to Item 13 and continue.

13. BIRTHDATE

Enter or update the date (MM/DD/YY) the inmate was born. This must be a valid date.

14. PLACE

Enter or update the code for the inmate's place of birth. This must be on CIMIS TABLE 03, STATES AND NATIONS (IL = Illinois).

15. CITIZENSHIP

Not applicable, move to item 16.

16. HEIGHT

Enter or update the inmate's height, in feet and inches. Height must be measured.

17. WEIGHT

Enter or update the inmate's weight, in pounds. Weight must be measured.

18. HAIR

Enter or update the code for the inmate's hair color. Must be on the following HAIR COLOR table.

HAIR COLOR TABLE

Codes	Description
BAL	BALD
BLK	BLACK
BLN	BLONDE OR STRAWBERRY
BRN	BROWN
GRY	GRAY OR PARTIALLY GRAY
RED	RED OR AUBURN
SDY	SANDY
WHI	WHITE

19. EYES

Enter or update the code for the inmate's eye color. Must be on Table EYE COLOR.

EYE COLOR TABLE

Code	Description
BLK	BLACK
BLU	BLUE
BRN	BROWN
GRN	GREEN
GRY	GRAY
HAZ	HAZEL
MAR	MAROON
PNK	PINK

20. RACE

Enter or update the code for the inmate's race. Must be on Table RACE (B=Black). Race will be determined by the interviewer based on their observation.

RACE/ETHNIC TABLE

Code	Description
AMI	AMERICAN INDIAN OR ALASKAN NATIVE
ASN	ASIAN OR PACIFIC ISLANDER
BLK	BLACK, NOT OF HISPANIC
HSP	HISPANIC
WHT	WHITE, NOT OF HISPANIC ORIGIN

21. ETHNIC PREF

Enter or update the code or codes for the inmate's ethnic preference. Ethnic preference is self-reported information. Use the codes on RACE/ETHNIC TABLE.

22. NATIVE LANGUAGE

Not applicable, continue to item 23.

23. MARKS AND SCARS

Enter or update the code or codes for the inmate's identifying marks and scars. Must be on CIMIS TABLE, MARKS AND SCARS (AC FACE = Acne face). Marks and scars are those visible on arms, hands, face, neck, and chest.

24-29. Not applicable, move to item 30.

30. SOC SEC NUMBER — Enter or update the inmate's Social Security Number.

31-41. Not applicable. These items will be completed at a later time.

Upon completion of Record Identification, Emergency Information, and Physical Identification, run a copy of Report #1*. Distribution of Report #1/2 is:

1. Record Office - #1, #2
2. Bureau of Investigation - #1, #2
3. Others as Necessary

The Record Office must verify all Record Identification information.

"Escape" and "Attempted Suicide" will be completed at a later time.

*See Appendix B for run instructions.

RECORD OFFICE

Report 2

- **Offense History**

The detailed offense history is automatically generated from the offense information in Report 1.

BUREAU OF IDENTIFICATION

Report 1

- **Document Control Number**
- **Identification Numbers**
- **Alias**

REPORT 1

BUREAU OF IDENTIFICATION PROCEDURES

The Document Control Number comes from the DLE Fingerprint Card. The Aliases and Identification Numbers come from the DLE - BOI Rap Sheet. This information cannot be entered until the Rap Sheet is available. When a current Rap Sheet is not attached to the Statement of Fact, one must be obtained from the Illinois Bureau of Investigation.

Special arrangements have been made with the Illinois Department of Law Enforcement - Bureau of Identification for "Rapid Turnaround" on those admissions without a current Rap Sheet. The following BOI procedures will facilitate the "Rapid Turnaround" process.

BOI PROCEDURES FOR RAPID TURNAROUND OF RAP SHEETS

1. Report #1 is sent by the Record Office to the BOI. Report #1 contains all necessary information to complete the fingerprint card. Upon receipt of Report #1, the fingerprint card is typed by the BOI. Fingerprints are sent via "Rapid Turnaround" or routinely depending on the presence of a Rap Sheet.

2. When the Rap Sheet does not accompany the inmate at admission, the BOI must be notified. The Record Office will provide a list of inmates admitted without a Rap Sheet to the IDOC Bureau of Identification.

3. "Rapid Turnaround" fingerprint cards are sorted and logged by the BOI. The "Rapid Turnaround" fingerprints are then forwarded to the DLE - BOI (See Rapid Turnaround Log Sheet). All admissions are fingerprinted on Day 1. "Rapid Turnaround" fingerprints must be forwarded by the morning following intake.

4. When the Rap Sheets are received back from DLE, they are to be logged in on the Fingerprint Rapid Turnaround Log Report. A copy of the Rap Sheet is made and sent to the R&C Supervisor for classification use. The original Rap Sheet is forwarded to the CIMIS operator for alias and ID number input. Once the alias and ID numbers are entered into CIMIS, the Rap Sheet is forwarded to the Records Office and is then placed in the master file.

5. Fingerprints of inmates who have a Rap Sheet at intake, are routinely forwarded to IBI within two working days.

FINGERPRINT RAPID TURNAROUND LOG

TO: Record Office

FROM: Bureau of Identification

RE: Fingerprint Rapid Turnaround Requests Tracking Report

DATE:

NAME	IDOC #	DATE SENT	DATE RECEIVED	TURNAROUND TIME

REPORT 1

DOCUMENT CONTROL NUMBER SECTION

The IDOC - Bureau of Identification will send a listing of all intakes and their Document Control Number to the CIMIS Office for input. (See Document Control Number Input Form.) The pre-printed number on the fingerprint card that is sent to the Illinois DLE Bureau of Identification is the Document Control Number.

The Document Control Number is entered by the operator using the /SENT Screen. Enter or update item #7. The Document Control Number must be entered. It will become the reference number between DLE and DOC Bureaus of Identification. The Document Control Number must be accurately maintained in the information system. This number will be used by DLE - BOI for inquiries concerning the institutional location of an inmate while under the jurisdiction of the Illinois Department of Corrections.

ILLINOIS DEPARTMENT OF CORRECTIONS

DOCUMENT CONTROL NUMBER INPUT LOG

TO: Record Office/CIMIS Operator

FROM: Bureau of Identification

RE: Document Control Number Input

DATE:

NAME	IDOC #	DOCUMENT CONTROL NUMBER

REPORT 1

IDENTIFICATION NUMBERS SECTION

The IDS transaction is used to enter, display, and update the inmate identification numbers. These numbers consist of the IR Number, BOI Number, FBI Number, and prior IDOC Number. The Drivers License Number is not used.

This transaction takes information from the IBI Rap Sheet and is entered by the CIMIS or Record Office. Inquiries can also be done on the inmate identification numbers.

I/O PROCEDURES:

INITIATOR:

/IDS, [IDOC number]
[@]

/IDS, [IDOC number] ... <<SEND>>
Initiates form for entering I.D. numbers for inmate with specified IDOC number.

/IDS, [@] ... <<SEND>>
Initiates form for entering I.D. numbers for inmate whose IDOC Number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC Number is checked to make sure it is a valid number for the institution, and that it belongs to an inmate of the institution.

EXAMPLES:

/IDS, A8001B <<SEND>>
/IDS, @ <<SEND>>

INITIATOR ERROR MESSAGE

INVALID IDOC NUMBER

Either nothing was entered, what was entered is in the wrong form, or it doesn't belong to an inmate of the institution. Try typing a different prefix, or correct the whole IDOC number, and re-send the initiator.

ORM 135 ILLINOIS DEPARTMENT OF CORRECTIONS 04/02/82 11:56
IDENTIFICATION NUMBERS

IDOC NUMBER: N18031 1 NAME: 2

	IR NUMBER	BOI NUMBER	FBI NUMBER	DRIVERS LICENSE STATE NUMBER	PRIOR IDOC NUMBER
URRENT:					L18031
NEW:	3	4	5	6	7

ID NUMBERS - BUREAU OF IDENTIFICATION/RECORD OFFICE

SCREEN: IDENTIFICATION NUMBERS

INSTRUCTIONS

1. IDOC NUMBER

This field displays the IDOC Number of the inmate whose ID Numbers are to be entered or updated. This is the same IDOC Number as the one entered on the initiator.

2. NAME

This field displays the name of the inmate whose ID Numbers are to be entered or updated.

3. IR NUMBER

This field displays the inmate's Incident Report Number, as assigned by the arresting authority. Enter a new IR Number in the unprotected area underneath the display field.

4. BOI NUMBER

This field displays the inmate's Bureau of Identification Number. Enter a new BOI Number in the unprotected area underneath the display field.

5. FBI NUMBER

This field displays the inmate's Federal Bureau of Investigation Number. Enter a new FBI Number in the unprotected area underneath the display field.

6. DRIVER'S LICENSE NUMBER

Disregard this item.

7. PRIOR IDOC NUMBER

This field displays the inmate's prior IDOC Number. Enter a new one in the unprotected area underneath the display field.

REPORT 1

ALIAS SECTION

The ALIAS transaction is an update transaction which records aliases for each inmate and cross-references those aliases with the name with which the inmate was admitted. Aliases are obtained off of the mittimus by the Record Office at admission and off of the BOI Rap Sheet. Inmate inquiries may be performed on any of the recorded aliases as well as on the inmate Admit Name.

I/O PROCEDURES:

INITIATOR:

/ALIAS, [IDOC Number]
[@]

/ALIAS, [IDOC Number] ... <<SEND>>
Initiates form for entering alias or aliases of inmate with specified IDOC Number.

/ALIAS, [@] ... <<SEND>>
Initiates form for entering alias or aliases of inmate whose IDOC Number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC Number is checked to make sure it is a valid number for the institution, and that it belongs to an inmate of the institution.

EXAMPLES:

/ALIAS, A80018 <<SEND>>

/ALIAS, @ <<SEND>>

INITIATOR ERROR MESSAGE:

INVALID IDOC NUMBER

Either nothing was entered, what was entered is in the wrong form, or it doesn't belong to an inmate of the institution. Try typing a different prefix, or correct the whole IDOC Number, and re-send the initiator.

FORM 110 ILLINOIS DEPARTMENT OF CORRECTIONS 04/02/82 12:04
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM
ALIAS

IDOC NUMBER: N20599 1 ADMITTED UNDER THE NAME: 2

MAKE ADDITIONAL ALIAS ENTRIES BELOW:

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
3	4	5	6

PREVIOUSLY RECORDED: TO DELETE A NAME, TYPE A "D" BEFORE IT
7 SCOTT, LEROY
SCOTT, LEON

ALIAS - BUREAU OF IDENTIFICATION/RECORD OFFICE

SCREEN: ALIAS

INSTRUCTIONS

1. IDOC NUMBER — This field displays the IDOC number of the inmate whose alias or aliases are to be entered or updated. This is the same ~~IDOC Number~~ as the one entered on the initiator.

2. ADMITTED UNDER INMATE NAME — This field displays the Admit Name of the inmate whose alias or aliases are to be entered or updated.

3. FIRST NAME — Enter the first name of the inmate's alias or aliases.

4. MIDDLE NAME — Enter the middle name of the inmate's alias.

5. LAST NAME — Enter the last name of the inmate's alias. Abbreviate, if necessary. If an alias is only one word long, enter that word in this field.

6. SUFFIX — Enter the suffix (SR, JR, III, etc.) of the inmate's alias or aliases.

7. PREVIOUSLY RECORDED — Enter a "D" to delete any of the previously recorded aliases displayed to the right of the unprotected area. No other character is recognized by this field. Decision to delete is based on updated documentation such as, BOI information or counselor interviews.

NOTE: Only 5 aliases may be entered at one time. Up to 9 may be deleted.

MEDICAL UNIT

Report 3

- **Medical History**
- **Current Medical Condition**


```
CIMIS                    ILLINOIS DEPARTMENT OF CORRECTIONS                    PAGE   1
                  CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

 DATE: 05/18/82     RECEPTION CLASSIFICATION REPORT # 3
                                JOLIET BRANCH     (03)
NAME: DOE, JOHN                                                IDOC NUMBER:  N21234

****** M E D I C A L   H I S T O R Y

( )DRUGS/                                                          AGE
 ALCOHOL:                                                       ( )STARTED:

( )CURRENT
 TREATMENT:

( )MENTAL                                                         LENGTH
 INSTITUTION:                                                   ( )OF STAY:    /

( )CITY:                          RELEASE                     RELEASE
( )STATE:                         ( )DATE:    /  /            ( )TYPE:  --  --

*** CURRENT MEDICAL CONDITION

LAST PHYSICAL DATE:                 /  /

GENERAL PHYSICAL CONDITION: --  --

   HANDICAPPED

   LOW GALLERY PERMIT

   MEDICAL CONDITION

MEDICAL CONDITION DESCRIPTION:

*****************************************************************************************
```

REPORT 3

MEDICAL PROCEDURES

The Medical Unit at each Reception Center has responsibility for gathering information on medical history and current medical condition. Report #3 contains the information drawn from the Medical History Form and the Physician's Examination Report. The information entered into Report #3 is enclosed in boxed sections of the manual medical forms.

Data Entry procedures for each section of the Report are presented separately. Procedures to be used by the physician in completing the Physical Health Classification Section will be provided to each physician by the Department's Medical Director.

REPORT 3

MEDICAL HISTORY SECTION

The Medical Unit will obtain and input information to complete "Medical History". Information will be obtained through both physical examination and self-report.

To enter data for Report #3, use "History Format 2" and "Medical History Form" following those instructions.

The /HIST transaction is used to record and update inmate history and biographical data.

I/O PROCEDURE:

INITIATOR:

/HIST, [IDOC number]
[@]

/HIST2, [IDOC number]
[@]

/HIST, [IDOC number] ... <<SEND>>
Initiates form for recording or updating history data for inmate with specified IDOC number.

/HIST, [@] ... <<SEND>>
Initiates form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

/HIST2, [IDOC number] ... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate with specified IDOC number.

/HIST2, [@] ... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC Number is checked to make sure it is a valid number for the institution and that it belongs to an inmate of the institution.

Illinois Department of Corrections

MEDICAL HISTORY

Facility:

Resident's Name _____ Resident's Number _____

Age: _____ Birthdate: _____ Sex: _____ Race: _____

Habitual Drug Use: _____

(Illicit & Alcohol) _____

Age Habitual Use Started _____

Current or Recent Treatment For Habitual Use _____

MENTAL INSTITUTIONS:

Hospital _____ City _____ State _____

Length of Stay: Yrs _____ Mos _____ Release Date _____/_____/_____

Type of Release: _____ Absolute _____ Conditional

Medications Taken:

Name of Drug(s) and Dosage(s) _____

Reason for Rx _____

Prior Hospitalization(s) or Operations:

(1) Hospital & Location _____ Diagnosis _____

Date(s) _____ Physician's Name & Address _____

(2) Hospital & Location _____ Diagnosis _____

Date(s) _____ Physician's Name & Address _____

Allergies: (Describe briefly) _____

Physical Disability or Limitations (Describe):

Family Disease History: (List age & illnesses, if deceased, list cause of death)

Mother _____ Father _____

Sister(s) _____ Brother(s) _____

INSTRUCTIONS: Answer ALL questions. Check YES or NO.

Explain all YES answers under REMARKS below.

YES	NO		YES	NO	
		1. Frequent or severe headaches			22. Attempted suicide
		2. Dizziness or fainting spells			23. Sickle Cell
		3. Unconsciousness			24. Military medical discharge
		4. Eye, ear, nose or throat trouble			25. Medical rejection from or for military
		5. Hearing loss			26. Tuberculosis
		6. Hay fever			27. Rheumatic fever
		7. Asthma			28. Hepatitis-jaundice
		8. Frequent coughs or colds			29. Veneral disease — Syphilis or Gonorhea
		9. Allergies			30. Swollen or painful joints
		10. Heart trouble			31. Skin diseases
		11. High or low blood pressure			32. Thyroid trouble
		12. Stomach trouble			33. Head injury
		13. Kidney trouble or blood in urine			34. Severe tooth or gum trouble
		14. Diabetes or sugar in urine			35. Back trouble
		15. Epilepsy or fits			36. Female disorders or vaginal discharge
		16. Nervous trouble			37. Age menstrual periods started _____.
		17. Hernia			38. Last menstrual period _____.
		18. Excessive drinking habit			39. Number of pregnancies _____.
		19. Birth Defects			40. Injuries or broken bones
		20. Wear Glasses			41. Bedwetting
		21. Rheumatism			42. Constipation or Diarrhea
		21A. Spells or strange behavior			
		21B. Strange smells or tastes			

REMARKS: Explain all YES answers checked above.

_____
Staff Signature

_____
Date

_____
(Resident's Signature)

_____
Date

CIMIS: ILLINOIS DEPARTMENT OF CORRECTIONS DATE: 04/02/8
FORM 115 HISTORY FORMAT 2 TIME: 11:5

IDOC NUMBER: N18031 1 NAME: 2 SEX: M 3

IN CASE OF EMERGENCY
NOTIFY 4 REL 5 ADDRESS 6 CITY 7 ST 8 ZIP 9 PHONE 10

OTHER KIN, SPOUSE, OR FRIENDS 11 REL 12 ADDRESS 13 CITY 14 ST 15 ZIP 16 PHONE 17 / -

DRUGS CURRENTLY USED: 18 AGE STARTED: 19
CURRENT TREATMENT: 20 COST/DAY: 21

ATTEMPT ESCAPE: 22 ATTEMPT SUICIDE: 23 SEXUAL RISK: 24
ASSAULTIVE: 25 MANIPULATIVE: 26 OWN/PROTECT: 27

NUMBER OF PREVIOUS ADULT COMMITMENTS: IN ILLINOIS 28 OTHER JURISDICTION: 29

MENTAL INSTITUTION: 30
CITY: 31 STATE: 32
LENGTH OF STAY: YEARS 33 MONTHS RELEASED: / / 34 TYPE OF RELEASE: 35

MEDICAL HISTORY - MEDICAL UNIT

SCREEN: HISTORY FORMAT 2

INSTRUCTIONS

1.	IDOC NUMBER	This field displays the IDOC Number of the inmate whose medical information is to be entered or updated. This is the same IDOC Number as the one entered on the initiator.
2.	NAME	Verify Name.
3-17.		Not applicable, move to item 18.
18.	DRUGS CURRENTLY USED	Enter or update the names of the habitual drugs the inmate currently uses.
19.	AGE STARTED	Enter or update the age the inmate started using the drug or drugs named in item 18. If more than one age, use the earliest age of onset.
20.	CURRENT TREATMENT	Enter or update a description of the current treatment for the inmate's habitual drug usage.
21-29.		Not applicable, move to item 30.
30.	MENTAL INSTITUTION	Enter or update the name of a mental institution, if any, in which the inmate was incarcerated.
31.	CITY	Enter or update the name of the city in which the inmate was incarcerated in a mental institution, if any.

32. STATE

Enter or update the code for the state in which the inmate was incarcerated in a mental institution, if any. This must be an entry on CIMIS TABLE 09, STATES (IL = Illinois).

33. LENGTH OF STAY

Enter or update the number of years and/or the number of months the inmate spent in a mental institution, if any.

34. RELEASED

Enter or update the date (MM/DD/YY) the inmate was released from a mental institution, if any. This must be a valid date.

35. TYPE OF RELEASE

Enter the code for the type of the inmate's release from a mental institution, if any. This must be either A=Absolute or C=Conditional.

REPORT 3

CURRENT MEDICAL CONDITION SECTION

The physician's examination report is used to complete this section. The entry of this information is done by the Medical Unit.

The /MEDIC transaction is used to enter, display and update inmate medical information. A description of an emergency condition can be entered, if one exists. Medical warnings entered using this transaction also are displayed on the /INQ and /TIER transactions.

I/O PROCEDURE

INITIATOR:

/MEDIC, [IDOC number]
[@]

/MEDIC, [IDOC number] ... <<SEND>>
Initiates form for recording or updating medical information for inmate with specified IDOC number.

/HIST, [@] ... <<SEND>>
Initiates form for recording or updating medical information for inmate whose IDOC number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC number is checked to make sure it is a valid number for the institution, and that it belongs to an inmate of the institution.

EXAMPLES:

/MEDIC, A80018 <<SEND>>

/MEDIC, @ <<SEND>>

INITIATOR ERROR MESSAGE:

INVALID IDOC NUMBER

Either nothing was entered, what was entered is in the wrong form, or it does not belong to an inmate of the institution. Try typing an "A" or a "C" prefix, or correct the whole IDOC Number and re-send the initiator.

Illinois Department of Corrections

PHYSICIAN'S EXAMINATION

Dental Screen _____

Mouth X-ray _____

Resident's Name _____

Resident's Number _____ Age _____

Height: _____ BP: _____ Resp: _____ Pulse: _____

Weight: _____

	NORM.	AB. N.
1. Nead, Neck, Face & Scalp		
2. Nose		
3. Sinuses		
4. Mouth & Throat—general oral condition		
5. Ears — general		
6. Drums		
7. Eyes — general R 20/ L 20/		
8. Lungs & Chest — including breasts		
9. Heart		
10. Vascular		
11. Abdomen		
12. Anus & Rectum		
13. Endocrine system		
14. Genito—Urinary system		
15. Upper & Lower extremities Strength & ROM		
16. Spine & Musculoskeletal		
17. Surgical Scars		
18. Skin & Lymphatics		
19. Neurologic, DTR's, equilibrium and coordination		
20. Psychiatric		
21. General		

REMARKS

PUPILS
ACCOMMODATION

ASCULTATION

RATE
RHYTHM

SIZE
MURMURS

CONSISTENCY
MASSES

TENDERNESS

ROMBERG
BICEPS
PATELLA

LAB- VDRL _____ CBC _____ U/A _____

PPD _____ HCT _____

TB: Other _____ HGB _____

SICKLE CELL _____ SMA-12 _____

PAP SMEAR _____

INITIAL PROBLEM LIST

_____

_____

_____

_____

PHYSICAL HEALTH CLASSIFICATION: (Circle one)# _____ Last _____ First _____

Good Fair Poor

MEDICAL NEEDS PLACEMENT CONSIDERATION _____ YES _____ NO

(A) _____ Handicapped.

(B) _____ Low Gallery.

(C) _____ Is this person's health care need so great as to be the primary factor to be considered in institutional placement?

(D) _____ Is this person's health care need a factor to be considerd in institutional placement?

Reason (for A-D) _____

_____

_____

_____

_____

RESTRICTIONS:

_____

_____

_____

INITIAL PLANS: Check Off

_____

_____

_____

_____

_____ _____

Examined by Examination Date

FORM 122 ILLINOIS DEPARTMENT OF CORRECTIONS 04/02/82 12:00
MEDICAL HISTORY FORM

IDOC NUMBER: N18031 1 NAME: 2

MEDICAL OFFICER: 3 PHYSICAL DATE / / 4

PREVIOUS MEDICAL OFFICER: HOPKINS, POLLY 5 PREVIOUS DATE 07/15/81

GENERAL PHYSICAL CONDITION..... 7

HANDICAPPED..... 8
EPILEPSY HISTORY..... 9
HEART PROBLEMS..... 10
HYPERTENSION..... 11
TB HISTORY..... 12
ASTHMA..... 13
VD PROBLEMS..... 14
DIABETES HISTORY..... 15
LOW GALLERY..... 16

EMERGENCY CONDITION PRESENT..... 17
DESCRIPTION OF CONDITION..... 18

MEDICAL CONDITION - MEDICAL UNIT

SCREEN: MEDICAL HISTORY FORM

INSTRUCTIONS

1. IDOC NUMBER

This field displays the IDOC Number of the inmate whose medical condition is to be entered or updated. This is the same IDOC Number as the one entered on the initiator.

2. NAME

This field displays the name of the inmate whose medical information is to be entered or updated. Verify.

3. MEDICAL OFFICER

Enter the code for the name of the medical officer reporting on the inmate's condition. This must be an entry on CIMIS TABLE 36, ASSIGNMENT SUPERVISORS (123456789 = Doe, John J.).

4. PHYSICAL DATE

This field contains the date that the last physical examination was completed. The format of this field is MM/DD/YY.

5-6.

These items are system generated.

7. GENERAL PHYSICAL CONDITION

Enter the code for the inmate's general physical condition. This entry must be one of the following codes: F=Fair, G= Good, P=Poor.

8. HANDICAPPED

Enter a "Y" if the inmate is handicapped. Otherwise, leave blank. Enter an "N" to blank out the "Y".

9-15.

Not applicable, move to item 16.

MEDICAL CONDITION - MEDICAL UNIT

16. LOW GALLERY

Enter a "Y" if the inmate requires a Low Gallery. This is a medical decision made by the examining physician. An explanation must be entered in item 18.

17. EMERGENCY CONDITION PRESENT

Enter a "Y" if the inmate's medical condition requires special placement and/or considerations. If items C or D is checked by physician under the Medical Needs Placement Section of the Physician Examination Form, then enter a "Y". Otherwise, leave blank. Enter an "N" to blank out the "Y". Required, if anything is entered in 8 or 16.

18. DESCRIPTION OF CONDITION

Enter a description of the inmate's medical condition, up to 40 characters in length. If anything is entered in this field, a "Y" must be entered in 17, EMERGENCY CONDITION, PRESENT.

The Medical Unit will enter the information at the Medical Unit terminal or forward information to the CIMIS operator for input.

After all information is inputted, a complete report is run*. A copy of the report is sent to the Medical Unit for verification. A copy is kept in the inmate's medical record file.

*See Appendix B for run instructions.

RECEPTION AND CLASSIFICATION UNIT

Report 1

- **Escape and Suicide Risk**

Report 4

- **Personal Background**
- **Employment**

REPORTS 1, 5, 6

RECEPTION AND CLASSIFICATION PROCEDURES

GENERAL OVERVIEW OF R&C PROCEDURES:

The Counselor will receive the entire Reception Classification Report (#1, #2, #3, and blank #4 and #5 or #6) from CIMIS by the third day of intake. These procedures will be followed:

A. After receiving the Report, the Counselor will interview the resident to:

1. Verify Reports #1, #2 and #3.

2. Record on Report #1 the suicide and escape risk assessments. These are determined from the Day 1 counselor interview, the psychologist's report, or the follow-up counselor interview and verification of Report #1.

3. Obtain information for completion of Report #4. This information can be written on the Report itself. Send Report #4, additions to Report #1, and corrections for #1 and #3 back to the CIMIS operator.

4. Obtain any additional information necessary to complete the Classification Summary Report.

B. The Counselor will complete the classification instruments.

C. The Classification Summary Report is dictated. All Special Needs and Administrative Concerns identified on the instrument must be documented.

D. The R&C Supervisor will receive the verified editions of Reports #1, #2, #3 and #4 from the CIMIS office and Report #5/6 and Summary from the Counselor. The Supervisor is accountable for verifying that the entire Report is completed and acceptable. The Supervisor then signs the document.

E. The R&C Unit Supervisor will forward the Inmate Security Designation information to the CIMIS operator for input into the system.

F. Classification material will be distributed as follows:

Three copies of transfer requests with attached Reception Classification Report, (2 copies of Report #5 or 6), Classification Summary Report, Rap Sheet, and Statement of Fact, will be forwarded to Transfer Coordinator for approval. Copies of the above are also sent to the Prisoner Review Board. The original R&C Report is kept in the inmate's master file.

REPORT 1

ESCAPE AND ATTEMPTED SUICIDE SECTION

The last two items on Report #1 are "Escape" and "Suicide" risks. The Psychologist and Counselor are responsible for determining these risks. Determination for suicide risk will be based on the Psychologist's report and documented in the Classification Summary Report. Determination for escape risk will be based on the Counselor's interview which must be documented in the Classification Summary Report. The "History Format 2" Screen will be used to enter this data according to the following instructions.

The /HIST transaction is used to record and update inmate history and biographical data.

I/O PROCEDURES

INITIATOR:

/HIST, [IDOC number]
[@]

/HIST2, [IDOC number]
[@]

/HIST, [IDOC number] ... <<SEND>>
Initiates form for recording or updating history data for inmate with specified IDOC number.

/HIST, [@] ... <<SEND>>
Initiates form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

/HIST2, [IDOC number] .... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate with specified IDOC number.

/HIST2, [@] ... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC number is checked to make sure it is a valid number for the institution and that it belongs to an inmate of the institution.

CIMIS ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 1
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

RUN DATE: 05/18/82 RECEPTION CLASSIFICATION REPORT # 1
JOLIET BRANCH (03)

NAME: DOE, JOHN IDOC NUMBER: N21234

****** R E C O R D S I D E N T I F I C A T I O N

INMATE NAME: DOE, JOHN DOCUMENT CONTROL NO. :
SECURITY: UNKNOWN IR NO. :
GRADE: BOI NO. :
FBI NO. :
( )BIRTHDATE: / / SEX: M S.S. NO. : - -
( )BIRTHPLACE: UNKNOWN

ALIAS LIST: N/A

OFFENSE DESCRIPTION MIN SENTENCE/MAX SENTENCE OFFENSE COMMITTI
YR MO DAY YR MO DAY ADMIT DATE COUNTY

PROJECTED RELEASE DATE:

****

****** E M E R G E N C Y I N F O R M A T I O N

IN CASE OF EMERGENCY NOTIFY:

( )RELATION: -- -- ( )PHONE - -
( )NAME: ( )CITY:
( )ADDRESS: ( )STATE: ( )ZIP:

( )RELATION: -- -- ( )PHONE - -
( )NAME: ( )CITY:
( )ADDRESS: ( )STATE: ( )ZIP:

****

MIS ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 2
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

N DATE: 05/18/82 RECEPTION CLASSIFICATION REPORT # 1
JOLIET BRANCH (03)

ME: DOE, JOHN IDOC NUMBER: N21234

****

**** P H Y S I C A L I N F O R M A T I O N

( )HEIGHT: ' " ( )EYE COLOR: ( )RACE:
( )WEIGHT: LBS. ( )HAIR COLOR: ( )ETHNIC PREF:

MARKS AND SCARS:

( )-- -- ( )-- --
( )-- -- ( )-- --
( )-- -- ( )-- --

****

( )ESCAPE ( )ATTEMPTED SUICIDE

****

CONTINUED

1 OF 3

CIMIS:
FORM 115

ILLINOIS DEPARTMENT OF CORRECTIONS
HISTORY FORMAT 2

DATE: 04/02/82
TIME: 11:59

IDOC NUMBER: N18031 1 NAME: 2 SEX: M 3

IN CASE OF EMERGENCY

NOTIFY	REL	ADDRESS	CITY	ST	ZIP	PHONE
4	5	6	7	8	9	10

OTHER KIN, SPOUSE, OR FRIENDS	REL	ADDRESS	CITY	ST	ZIP	PHONE
11	12	13	14	15	16	17 / - / -

DRUGS CURRENTLY USED: 18
CURRENT TREATMENT: 20

AGE STARTED: 19
COST/DAY: 21

ATTEMPT ESCAPE: 22
ASSAULTIVE: 25

ATTEMPT SUICIDE: 23
MANIPULATIVE: 26

SEXUAL RISK: 24
OWN/PROTECT: 27

NUMBER OF PREVIOUS ADULT COMMITMENTS: IN ILLINOIS 28 OTHER JURISDICTIONS 29

MENTAL INSTITUTION: 30
CITY: 31
STATE: 32

LENGTH OF STAY: YEARS 33 MONTHS

RELEASED: / /
34

TYPE OF RELEASE:
35

ESCAPE AND ATTEMPTED SUICIDE - R&C

SCREEN: HISTORY FORMAT 2

INSTRUCTIONS

1. IDOC NUMBER	This is the same IDOC number as the one entered on the initiator.
2-20.	These fields should already be completed. Verify for accuracy.
21. COST/DAY	Disregard.
22. ATTEMPT ESCAPE	Enter a "Y", if the inmate is known to be an escape risk. Space out the "Y" to delete previous entry. Determination is based on psychologist/counselor report.
23. ATTEMPT SUICIDE	Enter a "Y", if the inmate is known to be a suicide risk. Space out the "Y" to delete previous entry. Determination is based on psychologist/counselor report.
24-27.	Not applicable. Disregard.
28-35.	These items should already be completed and verified.

REPORT 4

PERSONAL/EMPLOYMENT HISTORY SECTION

The R&C Counselor is responsible for obtaining and verifying the information contained in Report #4. This information will be gathered through the interviewing process by the Counselor. Report #4, along with the verified Reports 1-3 will be returned by the Counselor to CIMIS for entry/re-verification procedures. The CIMIS operator will enter the information into CIMIS, and return the verified new run of Reports 1-4 to the R&C Supervisor.

PERSONAL EMPLOYMENT INFORMATION

The Personal Information and Employment Section of Report #3 is completed by using "History Format 1" Screen and following the instructions.

The /HIST transaction is used to record and update inmate history and biographical data. A second history form is returned on completion of the first. The /HIST2 transaction is used to initiate the second form without going through the first.

I/O PROCEDURES

INITIATOR:

/HIST, [IDOC number]
[@]

/HIST2, [IDOC number]
[@]

/HIST, [IDOC number] ... <<SEND>>
Initiates form for recording or updating history data for inmate with specified IDOC number.

/HIST, [@] ... <<SEND>>
Initiates form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

/HIST2, [IDOC number] ... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate with specified IDOC number.

/HIST2, [@] ... <<SEND>>
Initiates /HIST2 form for recording or updating history data for inmate whose IDOC number was last accessed by the terminal.

PARAMETER VALIDATION:

IDOC number is checked to make sure it is a valid number for the institution and that it belongs to an inmate of the institution.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CIMIS                    ILLINOIS DEPARTMENT OF CORRECTIONS                    PAGE   1
                  CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

RUN DATE: 05/16/82     RECEPTION CLASSIFICATION REPORT # 4
                                  JOLIET BRANCH     (03)
: DOE, JOHN                                                  IDOC NUMBER:  N21234

****** P E R S O N A L     I N F O R M A T I O N

( )LAST ADDRESS          ( )CITY          ( )STATE   ( )ZIP     ( )COUNTY

( )CITIZENSHIP:      --  --                ( )MARITAL STATUS:  --  --

( )NATIVE LANGUAGE:  --  --                ( )NO. OF CHILDREN:

( )RELIGION:         --  --

( )LAST SCHOOL:                            ( )LAST GRADE COMPLETED:

( )MILITARY STATUS:  --  --                              ( )START DATE    /
( )MILITARY BRANCH:  --  --
( )DISCHARGE TYPE:   --  --                              ( )END   DATE    /

*****************************************************************************

*** E M P L O Y M E N T     I N F O R M A T I O N

OCCUPATIONAL SKILLS:
( ) --  --
( ) --  --
( ) --  --

( )SOURCE OF INCOME:  --  --

( )LAST EMPLOYER:                                  ( )START DATE   00/00/00

( )ADDRESS:                                        ( )END   DATE   00/00/00

( )PREVIOUS EMPLOYER:                              ( )START DATE   00/00/00

( )ADDRESS:                                        ( )END   DATE   00/00/00
```

CIMIS: ILLINOIS DEPARTMENT OF CORRECTIONS DATE: 04/02/8
FORM 114 HISTORY FORMAT 1 TIME: 11:5
IDOC NUMBER: N18031 1 NAME: 2 SEX: M 3
ADDRESS: 4 CITY: 5 STATE: 6 ZIP: 7 CNTY: 8

PHONE: 9 RESIDENCY: 10 IN US: YRS MON IN CNTY: YRS MON
11 12

BIRTHDATE: PLACE: CITIZENSHIP:
13 14 15 ETHNIC PREF. NATIVE LANG
HEIGHT: WEIGHT: HAIR: EYES: RACE:
16 17 18 19 20 21 22
MARKS AND SCARS: 23

MARITAL STATUS: 24 NUMBER OF CHILDREN: 25 RELIGION:

LAST SCHOOL ATTENDED: 27 LAST GRADE COMPLETED:

OCCUPATIONAL SKILLS: 29 SOC-SEC NUMBER: 30 INCOME SOURCE:

	EMPLOYER'S NAME	EMPLOYER'S ADDRESS	A/C	PHONE	STARTED	ENDED
LAST	-		/	-	/ /	/ /
PREV	- 32	33	/	- 34	/ / 35	/ / 36

MILITARY STATUS: BRANCH: DISCHARGE: ENTERED: / RELEASED: /
37 38 39 40 41

PERSONAL/EMPLOYMENT HISTORY - R&C

SCREEN: HISTORY FORMAT 1

INSTRUCTIONS

1. IDOC NUMBER

This is the same IDOC number as the one entered on the initiator.

2-8.

These items should already be completed. VERIFY FOR ACCURACY.

9-12.

Skip Items 9 through 12.

13-14.

VERIFY FOR ACCURACY.

15. CITIZENSHIP

Enter or update the code for the inmate's citizenship type. Use the following TABLE to enter the correct code.

CITIZENSHIP TABLE

CODE	DESCRIPTION
1	NATIVE BORN
2	NATURALIZED CITIZEN
3	ALIEN
4	FOREIGN NATIONAL
5	RESIDENT ALIEN

16-21.

These items should already be completed. VERIFY FOR ACCURACY.

22. NATIVE LANG

Enter or update the code for the inmate's native language. Use the following TABLE to enter the correct code.

NATIVE LANGUAGE TABLE

CODE	DESCRIPTION
EN	ENGLISH SPEAKING
OT	OTHER
SP	SPANISH SPEAKING

23. MARKS/SCARS

Item 23 should be completed. VERIFY FOR ACCURACY.

24. MARITAL STATUS

Enter or update the code for the inmate's marital status. Use the following TABLE to enter the correct code:

MARITAL STATUS TABLE

CODE	DESCRIPTION
C	COMMON LAW
D	DIVORCED
M	MARRIED
S	SINGLE
W	WIDOW/WIDOWER
X	SEPARATED

25. NUMBER OF CHILDREN

Enter or update the number of the inmate's dependent children, if any.

26. RELIGION

Enter or update the code for the inmate's religion. Use the following TABLE to enter the correct code.

RELIGION TABLE

CODE	DESCRIPTION
01	SEVENTH DAY ADVENTISTS
02	AGNOSTIC
05	BAHAI
16	BAPTIST
17	NATION OF ISLAM (MUSLIM)
19	BUDDHIST
21	CATHOLIC
22	CHURCH OF CHRIST
24	CHRISTIAN SCIENCE
28	EAST ORTHODOX - OTHER
35	JEHOVAH'S WITNESS
36	JEWISH
43	LUTHERAN
44	MENNONITES
49	METHODIST
50	MOHOMMEDAN
51	MORMON
52	NAZARENE
53	NONE (NO RELIGIOUS AFFILIATION)
54	OTHER
55	PENTECOSTAL
57	PRESBYTERIAN
58	PROTESTANT
59	SATANIST
60	EPISCOPAL
62	SALVATION ARMY
63	SPIRITUALISTS
68	CHRISTIAN

27. LAST SCHOOL ATTENDED

Enter or update the name of the last school the inmate attended. Abbreviate, if necessary.

28. LAST GRADE COMPLETED

Enter or update the number of the last school grade the inmate completed.

29. OCCUPATIONAL SKILLS

Enter or update the code or codes for the inmate's occupational skill or skills. This code must be an entry on CIMIS TABLE 45, D.O.T. COMPATIBLE SKILLS CODES (149 = Art work).

30. SOC SEC NUMBER

Already completed. Verify.

31. INCOME SOURCE

Enter or update the code for the inmate's source of income. Use the following TABLE to enter the correct code.

SOURCE OF INCOME

CODE	DESCRIPTION
5	SOCIAL SECURITY
6	PENSION
A	AID TO DEPENDENT CHILDREN
E	EMPLOYED
O	OTHER
P	PUBLIC AID
S	SELF-EMPLOYED
U	UNEMPLOYED
W	WELFARE

32. EMPLOYER'S NAME

Enter or update the name of the inmate's most recent employer or employers.

33. EMPLOYER'S ADDRESS

Enter or update the address of the inmate's most recent employer or employers.

34. A/C PHONE

Enter or update the area code and telephone number of the inmate's most recent employer or employers.

35. STARTED

Enter or update the date (MM/DD/YY) the inmate started work for his or her most recent employer or employers.

36. ENDED

Enter or update the date (MM/DD/YY) the inmate ended work for his most recent employer or employers.

37. MILITARY STATUS

Enter or update the code for the inmate's military status. This entry must be V = Veteran or N = Non-Veteran.

38. BRANCH

Enter or update the code for the branch of the military in which the inmate served, if any. Use the following TABLE to enter the correct code.

MILITARY BRANCH TABLE

CODE	DESCRIPTION
A	ARMY
C	COAST GUARD
E	FOREIGN SERVICE
F	AIR FORCE
M	MARINES
N	NAVY

39. DISCHARGE

Enter or update the code for the type of the inmate's military discharge, if any. Use the following TABLE to enter the correct code.

MILITARY DISCHARGE TYPE TABLE

CODE	DESCRIPTION
D	DISHONORABLE DISCHARGE
G	GEN (HONORABLE CONDUCT)
H	HONORABLE DISCHARGE
M	MEDICAL
O	GENERAL (OTHER THAN HONORABLE)
X	UNDESIRABLE DISCHARGE

40. ENTERED

Enter or update the date (MM/YY) the inmate entered the military, if any. This must be a valid date not after today's date.

41. RELEASED

Enter or update the date (MM/YY) the inmate was released from military service, if any. This must be a valid date not after today's date.

You may now collect information from the resident necessary for the completion of the Classification Summary Report. This information includes:

1. Inmate's Version of the Offense
2. Enemies
3. Gang Membership
4. Additional Facts Pertinent to Placement

FEMALE CLASSIFICATION

Report 5

ASSESSMENT INSTRUMENT

1. Security Designation
   - Adjustment Index
   - Dangerous Index
2. Critical Special Needs
3. Administrative Concerns
4. Cottage Placement

CIMIS ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 1
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

RUN DATE: 04/14/82 RECEPTION CLASSIFICATION REPORT # 5
DWIGHT (06)

NAME: DOE, JANE IDOC NUMBER: N21235

EVALUATION DATE: _____

*** SECURITY DESIGNATION ***

****

DANGEROUS SCORE

1. AGE AT ADMISSION
   0 = 30 OR OLDER 2 = 23-25 4 = 20 OR YOUNGER
   1 = 26-29 3 = 21-22 +_____(A)

2. NUMBER OF PRIOR CONVICTIONS
   0 = NONE 2 = TWO 4 = FIVE OR MORE
   1 = ONE 3 = THREE, FOUR +_____(B)

3. CURRENT OFFENSE DANGEROUSNESS
   (SEE CODE SHEET A) +_____(C)

4. PAST OFFENSE DANGEROUSNESS
   (SEE CODE SHEET A) +_____(D)

==========

5. ADD 1 THRU 4 TOTAL DANGEROUS SCORE _____(E)
(ENTER SUM)

****

ADJUSTMENT SCORE

6. AGE AT ADMISSION
   0 = 30 OR OLDER 2 = 23-25 4 = 20 OR YOUNGER
   1 = 26-29 3 = 21-22 +_____(F)

7. NUMBER OF PRIOR CONVICTIONS
   0 = NONE 2 = TWO 4 = FIVE OR MORE
   1 = ONE 3 = THREE, FOUR +_____(G)

8. AGE AT FIRST CONVICTION
   0 = 28 OR OLDER 2 = 21-23 4 = 18 OR YOUNGER
   1 = 24-27 3 = 19-20 +_____(H)

9. ABSENCE FROM SUPERVISION OR CONTROL
   0 = NONE
   4 = ONE OR MORE ACTS OF: FAILURE TO REPORT OR TO APPEAR ON BOND, BOND JUMPING OR FLEEING, ABSCONDING FROM PROBATION OR PAROLE, FLEEING LAW ENFORCEMENT OFFICER, ESCAPE OR ATTEMPTED ESCAPE FROM JAIL, PRISON, OR WORK-RELEASE CENTER INCLUDING 'WALK-AWAYS'. +_____(I)

10. SUPERVISION FAILURE (+ OR -)
   -4 = ALL SUPERVISIONS SUCCESSFUL
   -2 = NO SUPERVISION
   0 = ONLY FLEEING FROM SUPERVISION OUTCOME/UNKNOWN +
   +2 = TECHNICAL FAILURE ONLY -_____(J)
   +4 = NEW OFFENSE FAILURE

==========

11. ADD 6 THRU 10 TOTAL ADJUSTMENT SCORE CIRCLE + -_____(K)
(ENTER SUM) ONE

CIMIS ILLINOIS DEPARTMENT OF CORRECTIONS PAGE 2
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

RUN DATE: 04/14/82 RECEPTION CLASSIFICATION REPORT # 5
DWIGHT (06)

E: DOE, JANE IDOC NUMBER: N21235

*** INITIAL SECURITY DESIGNATION ***

****

12. ADJUSTMENT SCORE RANGE
   6 = LOW 0-3
   3 = MODERATE 4-8 _____(L)
   1 = HIGH 9+

13. DANGEROUS SCORE RANGE
   6 = LOW 0-3
   3 = MODERATE 4-8 _____(M)
   1 = HIGH 9+

SECURITY LEVEL DESIGNATION
(SEE CODE SHEET C) _____(N)

****

15. COUNSELOR'S COMMENTS:

****

COUNSELOR'S SIGNATURE AND DATE: _____(O)
SIGNATURE CODE DATE

17. R & C SUPERVISOR'S REVIEW: _____(P)
INITIALS

****

REPORT 5

FEMALE CLASSIFICATION - SECURITY DESIGNATION AND PLACEMENT

In this section are two assessment indexes, one for adjustment and the other for dangerousness. The sources of information are the Rap Sheet, and/or any past records of incarceration from our own reception and institution files, and what is known about the individual from the State's Attorney's Statement of Fact. The indicators for each index are added for a separate score. The two scores provide initial assessments of how likely the person is to commit acts of assault/violence and/or escape and violation of rules while in the institution.

You will need the following information to complete this section:

- o Statement of Fact or Detainer
- o Reports #1, #2, #,3 and #4 of Reception Classification Report
- o IBI Rap Sheet
- o Probation and Parole Reports

The computer generated Report #5 will be manually completed by an R&C Counselor. All calculations will be checked and verified. During the validation phase, two copies of the instrument will be forwarded to the Transfer Coordinator (TC). Upon final authorization, the data will be input into a classification subfile by ISU. Routine monitoring reports will be returned to the institution.

INSTRUCTIONS

SECURITY DESIGNATION
DANGEROUSNESS SCORING

1. Age at Current Admission

   0 = 30 or older
   1 = 26-29
   2 = 23-25
   3 - 21-22
   4 = 20 or younger

Age at Admission is calculated by taking the admission date (year and month) of the offense identified in Report #1, and subtracting the birthdate (year and month) found in Record Identification Section of Report #1. Current admission date for violators must be obtained from the filmsy. This will yield Age at Admission in years and months. Find the code number listed on the form for the resulting figure and enter it on line (A). If the person is 9 months into the next year, round off to the next highest year.

CRITERIA FOR COUNTING CONVICTIONS

Count an offense as a conviction only if it resulted in one of the following:

- o Conditional Discharge
- o Probation
- o Parole
- o Some Other Form of Supervision
- o Periodic Imprisonment
- o Jail Sentence
- o Prison Sentence

Instructions on what to count: Count only felonies as convictions. All counts will be counted as independent convictions.

If unclear whether the offense is a felony or misdemeanant, count the offense as a felony.

Attempts are covered under the same statute as completed crimes, but a class lower. For example, Attempted Murder is under the same statute as Murder. The difference is that Attempted is Class X, whereas Murder is Class M. So, for counting purposes, count "Attempts" as if it was a completed crime.

2. Number of Convictions

   0 = none
   1 = one
   2 = two
   3 = three, four
   4 = five or more

The number of prior convictions should be taken from the IBI Rap Sheet. Using the criteria, enter the code number on line 2(B).

3. Current Offense Dangerousness (See Code Sheet A)

This item is included for two reasons: (A) It assesses the dangerousness level of the behavior associated with the current offense or (B), it assesses the dangerousness level of the behavior associated with a detainer related offense, if that offense should be of a higher dangerousness score than the current offense.

Information should be obtained from the Statement of Fact or from a detainer, if there has been a conviction. NOTE: If there is a detainer and no conviction,

additional information must be obtained from the indicated jurisdiction.

Use Code Sheet B and fit the behavior into one of the categories listed on the left hand side of the code sheet, then enter the corresponding code at 3(C).

4. Past Offense Dangerousness (See Code Sheet A)

This item assesses the dangerousness level of past offenses. Only documented convictions may be used and they must be in accordance with conviction criteria. Use the Statement of Fact to review the convictions which yield the highest score from the right hand column of Code Sheet A. The corresponding code should be entered on line 4(D).

5. Total Dangerousness Score
Add 1 thru 4

Add the numbers entered for items A through D, and enter the total on 5(E). This gives the Total Dangerousness Score. This score will be used on the Dangerousness Scale to establish the initial assessment of the likelihood of the offender having dangerous violation tickets in the institution.

SECURITY DESIGNATION
ADJUSTMENT SCORING

INSTRUCTIONS

6. Age at Admission

0 = 30 or older
1 = 26-29
2 = 23-25
3 = 21-22
4 = 20 or younger

Use the same score that was used in item 1(A). Example: If '4' (20 or younger) was used in item 1(A), then '4' would also be entered for item 6(F).

7. Number of Prior Convictions

0 - none
1 = one
2 = two
3 = three, four
4 = five or more

Use the same score that was used in item 2(B). Example: If '3' (three, four) was used in item 2(B), then '3' would also be entered for item 7(G).

8. Age at First Conviction

0 = 28 or older
1 = 24-27
2 = 21-23
3 = 19-20
4 = 18 or younger

Only documented convictions may be used, and they must meet the conviction criteria. From the IBI Rap Sheet, take the date (year-month) of the first offense and subtract the birthdate (year-month) found in Record Identification section of Report #1. Find the code number listed on the form for the resulting figure and enter it on 8(H). If the person is 9 months into the next year, round off to the next highest year.

9. Absence from Supervision or Control

0 = none
4 = one or more acts of

Absence from supervision or control is defined as failure to report or to appear on bond, bond jumping or fleeing, absconding from probation or parole, fleeing law enforcement officer, escape or attempted escape from jail, prison or work release center, including "walkaways".

The purpose of this item is to ascertain if a person has ever fled from or removed themselves from some type of supervision while in the community or escaped from a prison - this includes attempted escapes. Information should be obtained from parole/probation reports, rap sheets or institutional disciplinary tickets. Using the information on the form, enter the proper number (0 or 4) on line 9(I).

10. Supervision Failure (+ or -)

-4 = all supervisions successful
-2 = no supervision
0 = only fleeing from supervision outcome/ unknown
+2 = technical failure only
+4 = new offense failure

Circle One + -

The purpose of this item is to determine if there were any technical violations of the conditions of supervision other than those covered by item 9. This information can be found on probation/parole reports, rap sheets or the face sheet. Use the scale to enter the score on line 10(J).

When you enter -4 for all supervisions successful or -2 for no supervision, then circle the (-) sign. When you enter 0 for only fleeing from supervision outcome/unknown or +2 for technical failure only or +4 for new offense failure, then circle the (+) sign.

11. Total Adjustment Score

Circle One + -

Add the numbers for items 5, 6, 7, 8 and 9, and enter the total on line 11(K).

If the final adjustment score is positive, circle the (+) sign. If the final adjustment score is negative, circle the (-) sign. This gives the Total Adjustment Score. This score will be used to establish the initial assessment of the likelihood of the offender having adjustment violation tickets in the institution.

INITIAL SECURITY DESIGNATION

The Total Adjustment Score and the Total Dangerousness Score will now be used to complete the Initial Security Designation.

INSTRUCTIONS

12. Adjustment Score Range (See Code Sheet B)

6 = Low 0 - 3
3 = Moderate 4 - 8
1 = High 9 +

Using the Adjustment Score found at item 11(K), determine whether the score falls in the low, moderate or high part of the scale. Enter the proper code on line 12 (L).

13. Dangerous Score Range (See Code Sheet B)

6 = Low 0 - 4
3 = Moderate 5 - 8
1 = High 9 +

Using the Dangerous Score found at item 5(E), determine whether the score falls in the low, moderate or high part of the scale. Enter the code on line 13(M).

14. Security Level Designation (See Code Sheet B)

Use Code Sheet B. Take the Adjustment Score range (low, moderate, or high) from item 12(L) and locate on Adjustment Scale of Code Sheet B. Take the Dangerous Score range (low, moderate, or high) from item 13(M) and locate on the Dangerous Scale of Code Sheet B. Draw a line down from the proper range of the Danger Scale until it intersects with the proper range of the Adjustment Scale. The number in the box where the lines cross is the Security Designation Score. Enter the Security Level Designation Score from the cell in the matrix at item 14(N). The Security Level Designation may range from 1 to 6. The lower the number entered on line 14(N), the higher the Security Level Designation.

15. Counselor's Comments

Counselor may enter any comments that are relevant to security level determination.

16. Counselor's Signature

The counselor completing the security designation portion of Report #5 must sign and date form upon completion. This indicates that the assessment is complete, factual and accurate. Counselor will enter designated code.

17. Supervisor's Initials

The supervisor, after reviewing the form for completion and accuracy, initials the form. This indicates that the supervisor has checked the form and finds all calculations to be correct.

RUN DATE: 04/14/82 RECEPTION CLASSIFICATION REPORT # 5
DWIGHT (06)

NAME: DOE, JANE IDOC NUMBER: N21235

*** PLACEMENT CONCERNS ***

1. CRITICAL SPECIAL NEEDS REQUIRING PLACEMENT CONSIDERATION: _____(A)
   - A. NONE.....ENTER 0
   - B. MEDICAL PLACEMENT.....ENTER 1
   - C. MENTAL HEALTH PLACEMENT.....ENTER 2
   - D. PHYSICAL IMPAIRMENT.....ENTER 3
   - E. OTHER SPECIAL NEED WHICH AFFECTS PLACEMENT..ENTER 4
     (MUST DOCUMENT IN SUMMARY REPORT)

2. ADMINISTRATIVE CONCERNS REQUIRING PLACEMENT CONSIDERATIONS: _____-_____-_____ (B) (C) (D)
   - A. NONE.....ENTER 0
   - B. KEEP SEPARATE FROM.....ENTER 1
   - C. KNOWN GANG AFFILIATION.....ENTER 2
   - D. MAJOR CRIMINAL CHARGES PENDING.....ENTER 3
   - E. PROTECTIVE CUSTODY/SAFEKEEPING.....ENTER 4
   - F. THREAT TO INSTITUTION SECURITY.....ENTER 7
   - G. UNDERRATED SECURITY DESIGNATION SCORE.....ENTER 8
   - H. OTHER ADMINISTRATIVE CONCERN.....ENTER 9
     (MUST DOCUMENT IN SUMMARY REPORT)

3. SECURITY LEVEL RECOMMENDATIONS:
   SECURITY LEVEL FROM 14 (N) _____(F)
   R & C RECOMMENDED CHANGE OF SECURITY LEVEL (COMMENT AT 5) _____(G)

4. EXPLANATION OF CLASSIFICATION ACTION: _____(G) _____(H) _____(I)
   - A. SECURITY LEVEL - TOO HIGH.....ENTER 1
   - B. SECURITY LEVEL - TOO LOW.....ENTER 2
   - C. ADMINISTRATIVE CONCERNS REQUIRES SPECIAL PLACEMENT.....ENTER 3
   - D. CRITICAL NEEDS REQUIRES SPECIAL PLACEMENT.....ENTER 4
   - E. INITIAL SECURITY LEVEL RAISED DUE TO INSTITUTION DISCIPLINARY ACTION DURING RECEPTION.....ENTER 5

5. WRITTEN EXPLANATION OF DISAGREEMENT:

RUN DATE: 04/14/82 RECEPTION CLASSIFICATION REPORT # 5
DWIGHT (06)

NAME: DOE, JANE IDOC NUMBER: N21235

PLACEMENT RECOMMENDATIONS:
RANK ORDER OF RECOMMENDED COTTAGE PLACEMENT — COTTAGE CODE

#1 _____ _____(J)

#2 _____ _____(K)

#3 _____ _____(L)

_____ _____
COUNSELOR'S SIGNATURE CODE R & C SUPERVISOR'S SIGNATURE

WARDEN'S ACTIONS:

1 = CONCURS WITH RECOMMENDATION
2 = DOES NOT CONCUR WITH RECOMMENDATION _____(A)

FINAL SECURITY DESIGNATION LEVEL _____(B)

COTTAGE OF ACTUAL PLACEMENT _____ _____(C)
(IF DIFFERENT FROM RECOMMENDED) DATE CODE

COMMENTS

PLACEMENT CONCERNS

In this section, cottage placement recommendations will be made on the basis of the Security Designation, Special Needs and Administrative Concerns.

Complete assessment in the medical, mental health, physical impairment and other special need areas are included in the classification process. The classification system establishes procedures to assess an inmate's Critical Special Needs. These needs may impact on final placement.

In the classification system, Administrative Concerns must also be taken into account in making the placement decision. Concerns such as gang affiliation, protective custody, and enemies are of utmost importance in the management and control of the institutional environment. In some cases these concerns may supercede the role security level plays in the placement decision, but does not change the security rating.

INSTRUCTIONS

1. Critical Special Needs

Special needs will be identified on the basis of counselor interviews, psychological reports, and medical information. If there are no Critical Special Needs, enter 0 at 1(A). If a special need is identified, enter the corresponding number (1-4) at 1(A). An identified special need must be documented in the Classification Summary Report.

2. Administrative Concerns

Administrative concerns refer to information about an inmate of concern to the management and control of the institutional situation. They are conditions which are of administrative interest in the placement of an inmate. If an administrative concern is noted, enter the corresponding number (1-9) at 2(B) through (D). If there is more than one concern, list the more serious first, then the second and finally, third. Each concern must be documented in the Classification Summary Report.

3. Security Level From Item 22(C)

R&C Recommended Change of Security Level

Enter the Security Level Designation from 22(C) at 3(E).

If the supervisor agrees with the security level designation, then enter 0 at 3(F). If the supervisor disagrees with the above Security Level Designation; then a recommended change of security level is entered at 3(F), using Code Sheet B. If a change is recommended, then a written explanation must be provided at 5. The basis of this recommendation is the supervisor's opinion that the items on the instrument have either overweighted or underweighted the security level of this case.

4. Explanation of Classification Action

There are two sets of actions recorded here. The first two items, A and B, record reasons for changes to the Security Level Designation. If there was no recommended change, then enter 0 at 3(G). If change was recommended, then indicate the direction of the change by entering either 1 or 2 at 4(G).

Items C, D and E record reasons for placement change different from security level. Indicate reasons for placement change in 3(H)-(I) in order of importance.

5. Written Explanation of Disagreement

Provide a detailed, written explanation justifying a change in Security Level Designation, based on security designation factors.

6. Placement Recommendations

If there is not a recommended change at 3(F), then the security level at 3(E) will be the recommendation. If there was a recommended change at 3(F), then the security level at 3(F) is the recommendation, subject to final approval by the Transfer Coordinator. If there are no Critical Special Needs or Administrative Concerns, use the designated/recommended security level of the inmate to locate the appropriate cottage for

placement from Code Sheet C. If there are Critical Special Needs noted in Placement Concerns, item 1, or Administrative Concerns noted in item 2, then make the appropriate cottage placement recommendation if either takes precedent over security level designation. The explanation for the placement recommendation action is provided in item 4. See 4(G) and 4(H)-(I). List in rank order recommended cottages, placing the corresponding cottage code obtained from Code Sheet C in 6(J)-(L).

7. Counselor's Signature

The counselor or supervisor completing Placement Concerns must sign at 6(M). This indicates that placement recommendations are complete, factual and accurate. The counselor will enter her designated code.

The completed, verified, CIMIS updated reports 1-4 with 5 attached are sent to the R&C Supervisor.

8. R&C Supervisor's Signature

R&C Supervisor must sign at 6(N). This indicates that the supervisor has reviewed and accepts the entire Reception Classification Report and agrees with recommended placement.

WARDEN'S ACTION ON RECOMMENDED PLACEMENT

INSTRUCTIONS

9. Warden's Action

If the Warden concurs with one of the recommended cottages, then a 1 is entered in 7(A), and one of the cottage codes from 6(J)-(L) will be entered at 7(C). If the Warden does not concur with recommended placement, then a 2 is entered at 7(A). If she overrides the security designation, then the new level must be entered at 8(B). Cottage of actual placement will be based on the new security level and entered at B. A written explanation must be provided for

the override. The Warden signs and dates the form.

The R&C Supervisor then forwards the inmate's Security Level Designation to CIMIS for input. See report /INMSEC.

Transfer requests with attached Reception Classification Report, (2 copies of Report #5) Classification Summary Report, Rap Sheet, and Statement of Fact will be forwarded to Transfer Coordinator for approval.

CODE SHEET A

CURRENT OFFENSE DANGEROUSNESS	BEHAVIOR	PAST OFFENSE DANGEROUSNESS
0	Verbal threats, directed at someone	0
1	Verbal threats, directed at someone or others (intimidation, threatening phone calls, unlawful use of weapons, MISD.) Resisting, obstructing police officer.	1
1	Non-directed physical aggression (physical aggression against property rather than people. Example: person gets angry and destroys a person's property). (Mob action, arson, criminal damage).	2
1	Physical aggression directed against another which includes actual minor physical or emotional harm. (Battery, unlawful restraint, unlawful use of weapons - felony).	2
2	Death, result of negligency (reckless homicide, involuntary manslaughter).	2

CURRENT OFFENSE DANGEROUSNESS	BEHAVIOR	PAST OFFENSE DANGEROUSNESS
2	Physical aggression directed against another which includes major physical and/or emotional harm (does not include use of weapon). (Incest, indecent liberaties with a child).	2
2	Death, direct participation by the victim (crimes of passion, voluntary manslaughter and other deaths where there is evidence of provocation at the time of the commission of the offense).	3
3	Aggression against another person where there is use of life threatening force. Death is not an outcome but there is the presence of severe trauma and/or torture (Physchological or physical). (Rape, deviate sexual assault, aggravated battery, kidnapping, armed robbery, home invasion, attempted murder, use of weapon in commission of a felony against the person, aggravated incest, arson).	3
4	Death by murder without aggravating circumstances, no excessive deliberate force or harm. (Example: Bank robber is fleeing the scene and shoots bank teller).	3

CURRENT OFFENSE DANGEROUSNESS	BEHAVIOR	PAST OFFENSE DANGEROUSNESS
4	Death or severe life threatening harm to a uniformed or known law enforcement officer.	4
4	Death by murder with severe trauma (clubbing, strangulation, multiple wounds, not resulting in immediate death: or actions calculated to induce terror in the victim).	4
4	Death by murder where victim was subjected to prolonged physical/ emotional pain through the use of excessive force prior to act resulting in death.	4
4	Death, murder for profit or personal gain.	4
4	Multiple deaths by actions of the murders described in 12, 11 or 10.	4

CODE SHEET B

SECURITY LEVEL DESIGNATION

Dwight Initial Reception Classification Matrix

Dangerousness Scale

ADJUSTMENT SCALE			Low (0 - 4) 6	Moderate (5 - 8) 3	High (9 +) 1
Low	(0-3)	6	6	4	1
Moderate	(4-8)	3	5	3	1
High	(9 +)	1	2	2	1

Maximum = 1, 2

Medium = 5, 4, 3

Minimum = 6, 7

CODE SHEET C: COTTAGES SECURITY LEVELS AND CODES

COTTAGE SECURITY LEVEL	INMATE SECURITY DESIGNATION	COTTAGE CODE
Level 1-2 - Maximum		
Cottage 9	Level 1	09
Cottage 10	Level 2	10
Cottage 14	Level 3	14
Level 3-5 - Medimum		
Cottage 3	Level 4	03
Cottage 5		05
Cottage 6	Level 5	06
Cottage 11		11
Level 6-7 - Minimum		
Cottage 1	Level 6	01
Cottage 2		02
Cottage 4	Level 7	04
Cottage 7		07
Mental Health		
Cottage 8		08
Special Unit		
Cottage 12		12

MALE CLASSIFICATION

Report 6

ASSESSMENT INSTRUMENT

1. Security Designation
   - Dangerousness Index
   - Adjustment Index
2. Critical Special Needs
3. Administrative Concerns
4. Institution Placement

UN DATE: 05/18/82 RECEPTION CLASSIFICATION REPORT # 6
JOLIET BRANCH (03)

AME: DOE, JOHN IDOC NUMBER: N21234

EVALUATION DATE: _____

*** SECURITY DESIGNATION ***

****

DJUSTMENT SCORE

70 . 00

AGE AT CURRENT ADMISSION - .
SUBTRACT CURRENT AGE FROM 70) ========== _____ . _____ (A)

1A. AGE SCORE _____ . _____ (ENTER AT A)

AGE AT CURRENT ADMISSION _____ . _____

SUBTRACT 14 FROM CURRENT AGE) - 14 . 00
==========

1B. AGE AT ADMISSION SCORE _____ . _____ (ENTER IN SPACES UNDER COLUMN B FOR 2, 3, 4)

EE CODE SHEET B FOR 2-5

CONVICTIONS X WT/ (COLUMN B)

2. NUMBER OF CONVICTIONS (INCLUDING CURRENT) _____ X 40/ _____ . _____ = _____ . _____ (B)

3. NUMBER OF CONVICTIONS FOR DRUGS/ALCOHOL _____ X 30/ _____ . _____ = _____ . _____ (C)

4. NUMBER OF CONVICTIONS FOR BURGLARY/THEFT _____ X 10/ _____ . _____ = _____ . _____ (D)

5. CURRENT OFFENSE TYPE
ENTER 5 AT (E) IF BURGLARY/THEFT OR ESCAPE,
OTHERWISE ENTER 0 (ZERO) AT (E) _____ . _____ (E)

6. MARITAL SCORE
ENTER 5 AT (F) IF NEVER MARRIED,
OTHERWISE ENTER 0 (ZERO) AT (F) _____ . _____ (F)

****

7. ADD A THROUGH F ENTER SUM _____ . _____ (G)

8. EMPLOYMENT CREDIT
ENTER 10 AT (H) IF FULLY EMPLOYED,
OTHERWISE ENTER 0 (ZERO) AT (H) _____ . _____ (H)

****

9. TOTAL ADJUSTMENT SCORE
(SUBTRACT H FROM G, ENTER DIFFERENCE AT I) _____ . _____ (I)

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E: DOE, JOHN IDOC NUMBER: N21234

****

GEROUS SCORE

70 . 00

AGE AT CURRENT ADMISSION - .
TRACT CURRENT AGE FROM 70) ========== _____ . _____ (A)

AGE SCORE _____ . _____ (ENTER AT A)

AGE AT CURRENT ADMISSION _____ . _____

(SUBTRACT 14 FROM CURRENT AGE) - 14 . 00
==========

AGE AT ADMISSION SCORE _____ . _____ (ENTER IN SPACES UNDER COLUMN B FOR 11, 12, 13)

E CODE SHEET B FOR 11-14

CONVICTIONS X WT/ (COLUMN B)

NUMBER OF CONVICTIONS RECKLESS CONDUCT _____ X 80/ _____ . _____ = _____ . _____ (B)

NUMBER OF CONVICTIONS FOR ESCAPE _____ X 40/ _____ . _____ = _____ . _____ (C)

NUMBER OF CONVICTIONS FOR BURGLARY/THEFT _____ X 30/ _____ . _____ = _____ . _____ (D)

CURRENT OFFENSE TYPE
ENTER 10 AT (E) IF VIOLENCE AGAINST PERSON,
OTHERWISE ENTER 0 (ZERO) AT (E) _____ . _____ (E)

CURRENT OFFENSE SERIOUSNESS
ENTER 10 AT (F) IF 5 OR HIGHER FROM CODE SHEET C,
OTHERWISE ENTER 0 (ZERO) AT (F) _____ . _____ (F)

PRIOR SUPERVISION OUTCOME
ENTER 10 AT (G) IF TECHNICAL VIOLATION,
OTHERWISE ENTER 0 (ZERO) AT (G) _____ . _____ (G)

****

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CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM

RUN DATE: 05/18/82 RECEPTION CLASSIFICATION REPORT # 6
JOLIET BRANCH (03)

NAME: DOE, JOHN IDOC NUMBER: N21234

****

17. ADD A THROUGH G ADD A,B,C,D,E,F,G ENTER SUM _____ . _____ (H)

18. EMPLOYMENT CREDIT
ENTER 10 AT (I) IF FULLY EMPLOYED,
OTHERWISE ENTER 0 (ZERO) AT (I) _____ . _____ (I)

19. TOTAL DANGEROUS SCORE
(SUBTRACT I FROM H, ENTER DIFFERENCE AT J) _____ . _____ (J)

****

*** INITIAL SECURITY DESIGNATION ***

****

20. ADJUSTMENT SCORE RANGE

6 = LOW 0-44
3 = MODERATE 45-75 _____(A)
1 = HIGH 76+

21. DANGEROUS SCORE RANGE

6 = LOW 0-46
3 = MODERATE 47-75 _____(B)
1 = HIGH 76+

22. SECURITY LEVEL DESIGNATION
(SEE CODE SHEET D) _____(C)

****

23. COUNSELOR'S COMMENTS:

****

24. COUNSELOR'S SIGNATURE AND DATE: _____
SIGNATURE CODE DATE

25. R & C SUPERVISOR'S REVIEW: _____
INITIALS

****

REPORT 6

MALE CLASSIFICATION - SECURITY DESIGNATION AND PLACEMENT

In this section there are two assessment indexes, one for adjustment and the other for dangerousness. The sources of information are the IBI Rap Sheet and/or any past records of incarceration from our own reception and institution files, and what is known about the individual from the State's Attorney's Statement of Fact. The indicators for each index are added for a separate score. The two scores provide initial assessments of how likely the person is to commit acts of assault/violence and/or escape and violation of rules while in the institution.

To complete Report #6, you will need the following documents:

MANDATORY

- o Reports #1, #2, #3 and #4 of Reception Classification Report
- o IBI Rap Sheet
- o Statement of Fact
- o Code Sheets A-D

OPTIONAL

These may not be substituted for the IBI rap sheet for offense history:

- o FBI (may be used for additional convictions history)
- o Chicago Rap Sheet (may be used for additional convictions history)
- o Parole or Probation Reports
- o Pre-sentence Report

The computer generated Report #6 will be manually completed by an R& C Counselor. All calculations will be checked and verified. During the validation phase, an extra copy of the instrument will be forwarded to the Transfer Coordinator. Upon transfer authorization, the data will be input into a classification subfile. Routine monitoring reports will be returned to the institution.

SECURITY DESIGNATION PROCEDURES

ADJUSTMENT SCORING	INSTRUCTIONS
1. Age at Current Admission	The value calculated for current age must be entered in 2 places. It will be used to calculate Age Score and Age at Admission Score. In order to calculate current age, use the following conversion procedures, converting months to a decimal.

First: current age is calculated by taking the current admission date (year & month), of the offense identified in Report #1, and subtracting the birthdate (year & month) found in Record Identification Section of Report #1. This will yield a current age in years and months. The current admission date for violators must be obtained from the flimsy.

NOTE: For all months less than 10, place a zero in front of month. Thus, January = 01; February = 02, etc.

Example: For a person born in June, 1948, and admitted in June, 1981, the calculation is:

```
Admit    8106
Birth   -4806
         3300
```

Thus, the current age is 33 years and no (00) months.

NOTE: When the birthdate month is larger than the admit date month, you must do the following: reduce the admit date year by 1 and add 12 (months) to admit date month.

Example: For a person born September, 1948 and admitted June, 1981, the dates are:

Admit 8106
Birth 4809

In order to do the calculation, convert the admit date to 8018 and subtract 4809:

```
  8018
- 4809
  3209
```

Thus, the current age is 32 years and 9 months.

Second: convert months to a decimal as shown in the following table:

Conversion Table of Months to Decimals

Month	Decimal Equivalent
1	.08
2	.17
3	.25
4	.33
5	.42
6	.50
7	.58
8	.67
9	.75
10	.83
11	.92

Thus, for the above examples:
33 years 00 months = 33.00 years
32 years 09 months = 32.75 years

This decimal current age is entered at 1. Age at Current Admission. Use two decimal places for your calculations: 32.75 years.

a. Age Score	To calculate the Age Score, subtract the Current Age at Admission from 70.00. Do this by entering current age in years in the appropriate spaces and subtracting. This will yield Age Score to be entered at line (A) on the right hand side of the form.

NOTE: for ages 17-35, the Age Score can be obtained directly from the table on Code Sheet A-1.

b. Age at Admission Score

To calculate Age at Admission Score, subtract 14.00 from the current age. Do this by entering current age in the appropriate spaces and subtracting. This will yield the Age at Admission Score.

NOTE: For ages 17-35, Age at Admission Score can be obtained directly from the table on Code Sheet A-2.

Enter Age at Admission Score under column B in the lines provided at items 2, 3 and 4.

CRITERIA FOR COUNTING CONVICTIONS

NOTE: For items 2, 3, 4, 5, 11, 12, 13 and 14, refer to Code Sheet B. For detailed offense information, see Sentencing Code Book or CIMIS Table 50. Count an offense as a conviction only if it resulted in one of the following:

- o Restitution
- o Fine
- o Conditional Discharge
- o Probation
- o Parole
- o Some Other Form of Supervision
- o Periodic Imprisonment
- o Jail Sentence
- o Prison Sentence

Instructions on what to count: Count all felonies as convictions. All counts will be counted as independent convictions. Where specified count all misdemeanants in Code Sheet B for items 2, 3, 4, 5, 11, 12, 13, and 14, including fines and restitution. In item 2 you should count misdemeanants also found in Table 50 if the conviction resulted in a jail sentence of greater than 30 days. (Note additional instructions for item 11.)

Attempts are covered under the same statute as completed crimes, but a class lower. For example, Attempted Murder is under the same statute as Murder. The difference is that Attempted is Class X, whereas Murder is Class M. So, for counting purposes, count "Attempts" as if it was a completed crime.

2. Number of Convictions (including current) (See Code Sheet B and CIMIS Table 50)

The number of prior convictions using the IBI Rap Sheet for priors and Report #2 for current. Using the criteria, each conviction may be counted only once. Enter the total number of convictions in appropriate space provided and multiply by 40. Misdemeanants included on Code Sheet B must be counted, plus misdemeanants which resulted in a jail sentence of over 30 days. Then divide by Age at Admission Score. Enter result at (B) on right hand side of line 2.

3. Number of Convictions for Drug/Alcohol (See Code Sheet B Pages 133-137)

Using Report #2, Rap Sheets and Criteria for Convictions, count the number of drug and alcohol convictions. The following offense conviction, both felony and misdemeanant, should be counted using Code Sheet B, which provides a detailed breakdown of offenses:

- o Cannabis
- o Controlled Substances
- o Driving Under Influence of Drugs/ Alcohol
- o Hypodermic Syringes/Needles Act
- o Liquor
- o Manufacture, Delivery, Sale
- o Possession of Alcohol by Minor
- o Minor Misrepresenation of Age

Enter total number of convictions in the appropriate spaces, multiply by 30. Then divide by Age at Admission Score. Enter results at (C) on right hand side of item 3.

4. Number of Convictions for Burglary/Theft (See Code Sheet B Pages 131-132)

Using Report #2, Rap Sheets and Criteria for Convictions, count the number of burglary/theft convictions. The following offenses should be counted using Code Sheet B, which provides a detailed breakdown of offenses:

- o Burglary (all classes)
- o Theft (all classes)
- o Deceptive Practices (all classes)
- o Forgery (all classes)

- o Inducements to Sell/Purchase Realty
- o Looting
- o Criminal Housing Management
- o Criminal Misrepresentation of Factoring
- o Criminal Trespass to State Institution
- o Criminal Trespass to a Vehicle
- o Criminal Usury

Enter total number of convictions in appropriate spaces, multiply by 10, and divide by Age at Admission Score. Enter result at (D) on right hand side of item 4.

5. Current Offense Type (See Code Sheet B or offense code listings in Table 50. Pages 131-132 and 138-139)

Determine whether any of the current admitting offenses are either burglary/theft or escape; if so, enter 5 at E. If none of current admitting offenses are either burglary/theft or escape, enter 0 at E of line 5.

6. Marital Score (Never Married)

From Report #4, "Marital Status," identify whether the inmate has ever been legally married. If the inmate has <u>never been married</u>, enter 5 at (F) on right hand side of line 6.

7. <u>Add</u> A through F

Add the scores from lines A, B, C, D, E and F, and enter the total score at line G.

8. Employment Credit

Full employment means working for at least 6 months at a minimum of 35 hours a week prior to the commission of the offense. This information will be obtained through the counselor interview. Employment <u>must be documented</u> to receive credit. This may be verified through a confirmation phone call or letter to the employer by the counselor. Date, person, and outcome of contact must be noted underneath the last employer address on Report #4. The pre-sentence report may provide

verification. Enter appropriate credit next to (H) at right hand side of line 7.

9. Total Adjustment Score

Subtract H from G, and enter difference next to (I) on right hand side of line 9. This gives the Total Adjustment Score. This score will be used on the adjustment scale to establish the likelihood of the offender having institutional adjustment behavior problem tickets.

SECURITY DESIGNATION DANGEROUSNESS SCORE

INSTRUCTIONS

10. Age at Current Admission

The first three calculations are the same procedure and numbers as you obtained for the Adjustment Scoring items 1A and 1B. These Age Scores can be copied from there.

a. Age Score

Take the Age Score found in item 1 at (A) and place in (A) of item 10.

b. Age at Admission Score

Take the score found in item 1B and enter under <u>column B</u> for items 11, 12 and 13.

NOTE: For calculations on lines 11, 12 and 13, use the same Code Sheet B and the same conviction criteria as used for Adjustment Scoring.

11. Number of Convictions Reckless Conduct (See Code Sheet B Reckless Conduct Page 138)

NOTE: Use the Rap Sheet and the same definitions of convictions used previously. In addition, you must <u>count all misdemeanant convictions for reckless and disorderly conduct</u>, listed on Code Sheet B and Table 50, whether a jail sentence was received or not. Using Report #2, the Rap Sheet, Table 50, and Code Sheet B, count convictions for the following offenses:

- o Disorderly Conduct (all classes)
- o Interfering With an Institution of Higher Learning
- o Intimidation
- o Mob Action (all classes)
- o Reckless Conduct
- o Resisting/Obstructing Peace Officer

Enter number of convictions in appropriate spaces, multiply by 80, and divide by Age at Admission Score. Enter result at (B) on right hand side of item 11.

12. Number of Convictions for Escape (See Code Sheet B Escapes, Pages 138-139)

From Report #2 and the Rap Sheet, count convictions (felony and misdemeanant) for following offenses, using Code Sheet B.

- o Escape (all classes)
- o Aiding Escape (all classes)
- o Bail Bond, Violation

Enter number of convictions, multiply by 40, divide by Age at Admission Score. Enter result at (C) on right hand side of line 12.

13. Number of Convictions for Burglary/Theft (See Code Sheet B Pages 131-132)

From Report #2 and the Rap Sheet, count all convictions (felony and misdemeanant) for following offenses using Code Sheet B:

- o Burglary (all classes)
- o Theft (all classes)
- o Deceptive Practices (all classes)
- o Forgery (all classes)
- o Inducement to Sell/Purchase Realty
- o Looting
- o Criminal Housing Management
- o Criminal Misrepresentation of Factoring
- o Criminal Trespass to State Land
- o Criminal Trespass to a Vehicle
- o Criminal Usury

Enter number of convictions, multiply by 30, divide by Age at Admission Score. Enter result at (D) on right hand side of line 13.

NOTE: The total here should be same as found at item 4. <u>You should check to make sure the total convictions for items 4 and 13 agree.</u>

14. Current Offense Type (See Code Sheet B Violence Against Person Pages 129-130)

This item is concerned with whether the current offense as identified in Item 5 is a conviction for violence against a person. From the Statement of Fact, BOI and Report #2, use Code Sheet B to check the following list for an offense of violence against a person (felony and misdemeanant):

- o Armed Violence (all classes)
- o Aggravated Arson
- o Aggravated Assault
- o Battery (all classes)
- o Child Abduction
- o Compelling Confession by Force/Threat
- o Compelling Organization Membership of a Person Under 17 Years Old
- o Criminal Abortion, Committing
- o Cruelty to Children
- o Deviate Sexual Assault
- o Forceble Detention
- o Aggravated Incest
- o Indecent Liberties With a Child
- o Indecent Solicitation of a Child
- o Involuntary Manslaughter
- o Kidnapping
- o Aggravated Kidnapping (all classes)
- o Murder
- o Rape
- o Reckless Homicide
- o Attempted Murder
- o Robbery
- o Armed Robbery
- o Threatening Telephone Calls
- o Unlawful Restraint
- o Voluntary Manslaughter

Enter score of 10 next to (E) on right hand side of line 14, if the current offense is for a violent offense against a

person. If not, enter 0 at (E) of line 14.

15. Current Offense Seriousness (See Code Sheet C)

From the Statement of Fact, review the description of the offense provided. Use the description and Code Sheet C to determine the seriousness of current offense as identified in Item 5. Based on the results of your assessment of the facts, determine the seriousness of the offense using Code Sheet C. Enter 10, if the offense description rates 5 or higher on Code Sheet D. Otherwise, enter a zero (0) at (F) on right hand side of item 15.

16. Prior Supervision Outcome

Check the following documents to determine prior supervision outcome:

- o IBI Rap Sheet
- o FBI Rap Sheet
- o Chicago Rap Sheet
- o Parole or Probation Reports
- o Report #2, "Offense History"
- o Pre-sentence Report

If the inmate has any record of technical violation or revocation to jail or prison on any probation or other parole community MSR supervision, enter 10 at G of line 16; otherwise, enter 0.

17. Add A thru G

Add the scores from lines A, B, C, D, E, F and G, and place the total at (H) of item 17.

18. Employment Credit

Take the employment credit from the adjustment score line 8, item H, and enter at line I of 18.

19. Total Dangerousness Score

Subtract I from H and enter result at (J) on right hand side of item 19. This gives the Total Dangerous Score. This

score will be used on the dangerous scale to establish the initial assessment of the likelihood of the offender having dangerous violations/tickets in the institution.

INITIAL SECURITY DESIGNATION

The Total Adjustment Score and the Total Dangerous Score will now be used to complete the initial security designation.

INSTRUCTIONS

20. Adjustment Score Range (See Code Sheet D)

    6 = Low 0 - 44
    3 = Moderate 45 - 75
    1 = High 76 +

    Using the Adjustment Score found at line 9(I) of page 1, determine whether the score falls in the low, moderate or high part of the scale. Enter the proper code on line 20(A).

21. Dangerous Score Range (See Code Sheet D)

    6 = Low 0 - 46
    3 = Moderate 47 - 75
    1 = High 76 +

    Using the Dangerous Score found at line 19(J), determine whether the score falls in the low, moderate or high part of the scale. Enter the code on line 21(B).

22. Security Level Designation (See Code Sheet D)

    Use Code Sheet D. Take the Adjustment Score Range (low, moderate, or high) from Item 20 and locate on Adjustment Scale of Code Sheet D. Take the Dangerous Score Range (low, moderate or high) from item 21 and locate on the Dangerousness Scale of Code Sheet D. Draw a line down from the proper range of the Dangerousness Scale until it intersects with the proper range of the Adjustment Scale. The number in the box where the lines cross is the Security Designation Score. Enter the Security Designation Level Score from the cell in the matrix at item 22(C). The Security Designations Levels may range from 1 to 7. See matrix.

23. Counselor's Signature and Comment

    The counselor completing pages 1-3 of Report #6, must sign and date item 23. This indicates that the assessment is complete, factual, and accurate. Any comments concerning placement should be made in the space provided. The counselor will enter his designated code number.

24. Supervisor's Initials

    The supervisor, after reviewing the Security Designation section of Report #6 for completion and accuracy, initials item 24. This indicates that the supervisor has checked the form and finds all calculations and recommendations to be correct.

*** PLACEMENT CONCERNS ***

1. CRITICAL SPECIAL NEEDS REQUIRING PLACEMENT CONSIDERATION: _____(A)
   - A. NONE.....ENTER 0
   - B. MEDICAL PLACEMENT.....ENTER 1
   - C. MENTAL HEALTH PLACEMENT.....ENTER 2
   - D. PHYSICAL IMPAIRMENT.....ENTER 3
   - E. OTHER SPECIAL NEED WHICH AFFECTS PLACEMENT..ENTER 4
     (MUST DOCUMENT IN SUMMARY REPORT)

2. ADMINISTRATIVE CONCERNS REQUIRING PLACEMENT CONSIDERATIONS: _____-_____-_____ (B) (C) (D)
   - A. NONE.....ENTER 0
   - B. KEEP SEPARATE FROM.....ENTER 1
   - C. KNOWN GANG AFFILIATION.....ENTER 2
   - D. MAJOR CRIMINAL CHARGES PENDING.....ENTER 3
   - E. PROTECTIVE CUSTODY/SAFEKEEPING.....ENTER 4
   - F. THREAT TO INSTITUTION SECURITY.....ENTER 5
   - G. UNDERRATED SECURITY DESIGNATION SCORE.....ENTER 6
   - H. OTHER ADMINISTRATIVE CONCERN.....ENTER 7
     (MUST DOCUMENT IN SUMMARY REPORT)

3. SECURITY LEVEL RECOMMENDATIONS:
   SECURITY LEVEL FROM 22 (C) _____(E)
   R & C RECOMMENDED CHANGE OF SECURITY LEVEL (COMMENT AT 5) _____(F)

4. EXPLANATION OF CLASSIFICATION ACTION: _____(G) _____(H) _____(I)
   - A. SECURITY LEVEL - TOO HIGH.....ENTER 1
   - B. SECURITY LEVEL - TOO LOW.....ENTER 2
   - C. ADMINISTRATIVE CONCERNS REQUIRES SPECIAL PLACEMENT.....ENTER 3
   - D. CRITICAL NEEDS REQUIRES SPECIAL PLACEMENT.....ENTER 4
   - E. INITIAL SECURITY LEVEL RAISED DUE TO INSTITUTION DISCIPLINARY ACTION DURING RECEPTION.....ENTER 5

5. WRITTEN EXPLANATION OF DISAGREEMENT:

COUNSELOR'S SIGNATURE _____ CODE _____

PLACEMENT RECOMMENDATIONS:
RANK ORDER OF RECOMMENDED INSTITUTION PLACEMENT — INSTITUTION CODE

#1 _____ _____(J)

#2 _____ _____(K)

#3 _____ _____(L)

_____(M) _____(N)
COUNSELOR'S SIGNATURE CODE R & C SUPERVISOR'S SIGNATURE

TRANSFER COORDINATOR'S ACTION: _____(A)

1 = CONCURS 2 = DOES NOT CONCUR

INSTITUTIONAL PLACEMENT _____ _____(B)
CODE

ANATION OR SEE ATTACHED MEMO _____(C)

CRITICAL NEEDS, ADMINISTRATIVE CONCERNS AND PLACEMENT PROCEDURES:

In this section, placement recommendations will be made on the basis of the Security Designation, Special Needs, and Administrative Concerns.

Complete assessment in the medical, mental health, physical impairment and other special needs areas are included in the classification process. The classification system establishes procedures to assess an inmate's Critical Special Needs. These needs may impact on final placement.

In the classification system, Administrative Concerns must also be taken into account when making the placement decision. Concerns, such as gang affiliation, protective custody, and enemies, are of utmost importance in the management and control of the institutional environment. In some cases these concerns may supercede the role security plays in the placement decision, but does not change the security rating.

INSTRUCTIONS

1. Critical Special Needs

Special Needs will be identified on the basis of counselor interviews, psychological reports, and medical information. If there are no special needs, enter 0 at 1(A). If a special need is identified, enter the corresponding number (1-4) at 1(A). An identified special need must be documented in the Classification Summary Report.

2. Administrative Concerns

Administrative Concerns refer to information about an inmate essential to the management and control of institutional situations. They are conditions which are of administrative interest in the placement of an inmate. If no Administrative Concern is noted, enter 0 at 2B, otherwise enter the corresponding number (1-7) at 2(B) thru (D). If there is more than one Administrative Concern, list the more serious first, then the second and finally, the third. Each concern must be documented in the Classification Summary Report.

3. Security Level From Item 22(C)

Enter the Security Level Designation from 22(C) at 3(E).

R&C Recommended Change of Security Level

If the counselor agrees with the Security Level Designation, then enter 0 at 3(F). If the counselor disagrees with the above Security Level Designation, then a recommended change of security level is entered at 3(F), using Code Sheet D. If a change is recommended, then a written explanation must be provided at 5. Recommended change is based on the counselor's opinion that the factors on the instrument have either overweighted or underweighted the security level in this case.

4. Explanation of Classification Actions

There are two sets of actions recorded here. The first two items, A and B, record reasons for changes to the Security Designation Level. If there was no recommended change, then enter 0 at 4(G). If change was recommended, then indicate the direction of the change by entering either 1 or 2 at 4(G).

Items C, D and E record reasons for placement change different from security level. Indicate these reasons in order of importance in 4(H)-(1).

5. Written Explanation of Disagreement

Provide a detailed, written explanation justifying a change in Security Designation Level. Justification for the change must be based on factors that impact Security Level. The author of this explanation must sign in the designated area.

6. Placement Recommendations

If there is not a recommended change at 3(F), then the Security Level at 3(E) will be the recommendation. If there was a recommended change at 3(F), then the Security Level at 3(F) is the recommendation subject to final approval by the Transfer Coordinator. If there are no Critical Special Needs or Administrative Concerns, use the designated/recommended security level of the inmate to locate the appropriate institution for placement from Code Sheet E. If there

are Critical Special Needs noted in Placement Concerns, item 1, or Administrative Concerns noted in item 2, then make the appropriate institution placement recommendation if either takes precedent over security level designation. The explanation for the placement recommendation action is provided in item 4. See 4(G) and 4(H)-(I). List in rank order recommended institutions, placing the corresponding institution code obtained from Code Sheet E in 6(J)-(L).

7. Counselor's Signature

The counselor or supervisor completing Placement Concerns must sign at 6(M). This indicates that placement recommendations are complete, factual and accurate. The counselor will enter designated code.

The completed, verified, CIMIS updated reports 1-4 with 5 attached are sent to the R&C Supervisor.

8. R&C Supervisor's Signature

R&C Supervisor must sign at 6(N). This indicates that the supervisor has reviewed and accepts the entire Reception Classification Report and agrees with recommended placement.

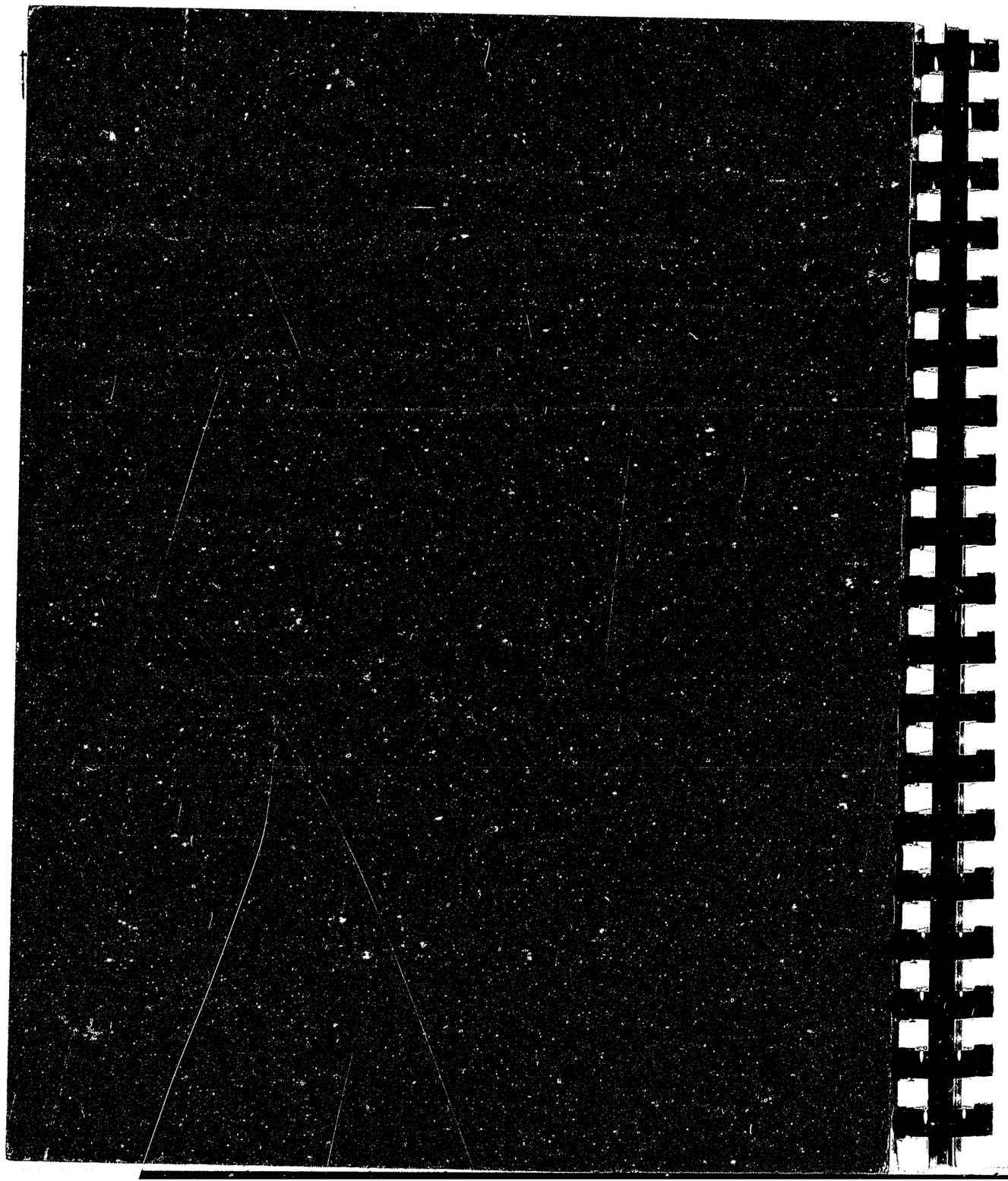
Transfer requests, with attached Reception Classification Report, (2 copies of Report #5), Classification Summary Report, Rap Sheet, and Statement of Fact, will be forwarded to Transfer Coordinator for approval. Copies of the above are also sent to the Prisoner Review Board. The original Reception Classification Report is kept in the inmate's master file.

CODE SHEET A-1: AGE SCORE (70.0 - Current Age)

Years	Months	1	2	3	4	5	6	7	8	9	10	11
	0	.08	.17	.25	.33	.42	.50	.58	.67	.75	.83	.92
17	53.00	52.92	52.83	52.75	52.67	52.58	52.50	52.42	52.33	52.25	52.17	52.08
18	52.00	51.92	51.83	51.75	51.67	51.58	51.50	51.42	51.33	51.25	51.17	51.08
19	51.00	50.92	50.83	50.75	50.67	50.58	50.50	50.42	50.33	50.25	50.17	50.08
20	50.00	49.92	49.83	49.75	49.67	49.58	49.50	49.42	49.33	49.25	49.17	49.08
21	49.00	48.92	48.83	48.75	48.67	48.58	48.50	48.42	48.33	48.25	48.17	48.08
22	48.00	47.92	47.83	47.75	47.67	47.58	47.50	47.42	47.33	47.25	47.17	47.08
23	47.00	46.92	46.83	46.75	46.67	46.58	46.50	46.42	46.33	46.25	46.17	46.08
24	46.00	45.92	45.83	45.75	45.67	45.58	45.50	45.42	45.33	45.25	45.17	45.08
25	45.00	44.92	44.83	44.75	44.67	44.58	44.50	44.42	44.33	44.25	44.17	44.08
26	44.00	43.92	43.83	43.75	43.67	43.58	43.50	43.42	43.33	43.25	43.17	43.08
27	43.00	42.92	42.83	42.75	42.67	42.58	42.50	42.42	42.33	42.25	42.17	42.08
28	42.00	41.92	41.83	41.75	41.67	41.58	41.50	41.42	41.33	41.25	41.17	41.08
29	41.00	40.92	40.83	40.75	40.67	40.58	40.50	40.42	40.33	40.25	40.17	40.08
30	40.00	39.92	39.83	39.75	39.67	39.58	39.50	39.42	39.33	39.25	39.17	39.08
31	39.00	38.92	38.83	38.75	38.67	38.58	38.50	38.42	38.33	38.25	38.17	38.08
32	38.00	37.92	37.83	37.75	37.67	37.58	37.50	37.42	37.33	37.25	37.17	37.08
33	37.00	36.92	36.83	36.75	36.67	36.58	36.50	36.42	36.33	36.25	36.17	36.08
34	36.00	35.92	35.83	35.75	35.67	35.58	35.50	35.42	35.33	35.25	35.17	35.08
35	35.00	34.92	34.83	34.75	34.67	34.58	34.50	34.42	34.33	34.25	34.17	34.08

CODE SHEET A-2: AGE SCORE (Current Age 14.0)

Years	Months	1	2	3	4	5	6	7	8	9	10	11
	0	.08	.17	.25	.33	.42	.50	.58	.67	.75	.83	.92
17	3.00	3.08	3.17	3.25	3.33	3.42	3.50	3.58	3.67	3.75	3.83	3.92
18	4.00	4.08	4.17	4.25	4.33	4.42	4.50	4.58	4.67	4.75	4.83	4.92
19	5.00	5.08	5.17	5.25	5.33	5.42	5.50	5.58	5.67	5.75	5.83	5.92
20	6.00	6.08	6.17	6.25	6.33	6.42	6.50	6.58	6.67	6.75	6.83	6.92
21	7.00	7.08	7.17	7.25	7.33	7.42	7.50	7.58	7.67	7.75	7.83	7.92
22	8.00	8.08	8.17	8.25	8.33	8.42	8.50	8.58	8.67	8.75	8.83	8.92
23	9.00	9.08	9.17	9.25	9.33	9.42	9.50	9.58	9.67	9.75	9.83	9.92
24	10.00	10.08	10.17	10.25	10.33	10.42	10.50	10.58	10.67	10.75	10.83	10.92
25	11.00	11.08	11.17	11.25	11.33	11.42	11.50	11.58	11.67	11.75	11.83	11.92
26	12.00	12.08	12.17	12.25	12.33	12.42	12.50	12.58	12.67	12.75	12.83	12.92
27	13.00	13.08	13.17	13.25	13.33	13.42	13.50	13.58	13.67	13.75	13.83	13.92
28	14.00	14.08	14.17	14.25	14.33	14.42	14.50	14.58	14.67	14.75	14.83	14.92
29	15.00	15.08	15.17	15.25	15.33	15.42	15.50	15.58	15.67	15.75	15.83	15.92
30	16.00	16.08	16.17	16.25	16.33	16.42	16.50	16.58	16.67	16.75	16.83	16.92
31	17.00	17.08	17.17	17.25	17.33	17.42	17.50	17.58	17.67	17.75	17.83	17.92
32	18.00	18.08	18.17	18.25	18.33	18.42	18.50	18.58	18.67	18.75	18.83	18.92
33	19.00	19.08	19.17	19.25	19.33	19.42	19.50	19.58	19.67	19.75	19.83	19.92
34	20.00	20.08	20.17	20.25	20.33	20.42	20.50	20.58	20.67	20.75	20.83	20.92
35	21.00	21.08	21.17	21.25	21.33	21.42	21.50	21.58	21.67	21.75	21.83	21.92



CODE SHEET B

OFFENSE TYPE AND CONVICTION CRITERIA

The following 3 digit offense codes refer to the listing of Illinois Offices in Appendix B.

OFFENSE TYPE	CODES
Reckless Conduct	316-318, 414, 423-424, 504-505, 702, 706
Violence Against Person	9-11, 13-17, 126, 123-134, 242, 260, 261, 349, 419-420, 425, 427-429, 506, 701, 704, 708-709, 814, 819, 905
Burglary/Theft	27-28, 255-259, 301-312, 350, 421-422, 435, 802-813
Escape	325-338
Drug/Alcohol	101-125, 207-240, 320, 415-416, 431-434

CONVICTION CRITERIA

An offense is counted as a conviction only if it resulted in one of the following:

- o Restitution
- o Fine
- o Conditional Discharge
- o Probation
- o Parole
- o Other Type of Supervision
- o Periodic Imprisonment
- o Jail Sentence
- o Prison Sentence

For detail listing of Offense Types, see following pages.

What to Count:

- o Count all felonies and misdemeanants on Code Sheet B or Table 50 where noted. For total number of convictions, count all felony convictions, plus all misdemeanant convictions resulting in at least a 30 day jail sentence.
- o All counts will be counted as independent convictions.

CODE SHEET B

BURGLARY/THEFT

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
027	38/19-1	Burglary	2	3-7 (7-14)	2
028	38/19-2	Burglary Tools (Possession Of)	4	1-3 (3-6)	1
255	38/12-5.1	Criminal Housing Management	A	LT 1	NA
256	38/40-3	Criminal Misrepresentation of Factoring	3	2-5 (5-10)	1
257	38/21-5	Criminal Trespass to State Land	A	LT 1	NA
258	38/21-2	Criminal Trespass to Vehicle	A	LT 1	NA
259	38/39-2	Criminal Usury	4	1-3 (3-6)	1
301	38/17-4	Deceptive Altering or Sale of Coins	A	LT 1	NA
302	38/17-1B(a-d)	Deceptive Practices, General Deception	A	LT 1	NA
303	38/17-1B(d)	Deceptive Practices, Second or Subsequent Act	4	1-3 (3-6)	1
304	38/17-1(d)	Deceptive Practices, Over $150 (single or separate transactions within 90 day period)	4	1-3 (3-6)	1
305	38/17-1(c)(1)	Deceptive Practices, Bank/Financial Institution (in order to obtain an account/credit)	A	LT 1	NA
306	38/17-1(c)(2)	Deceptive Practices, Bank/Financial Institution (possesses check for another)	A	LT 1	NA
307	38/17-1(c)(2)	Deceptive Practices, Bank/Financial Institution (occurs 3 times within 12 month period)	4	1-3 (3-6)	1
308	38/17-1(c)(3)	Deceptive Practices, Bank/Financial Institution (possession of Implements of Check Fraud)	A	LT 1	NA
309	38/17-1(c)(3)	Deceptive Practices, Bank/Financial Institution (Possesses 3 devices or 3 occurences)	4	1-3 (3-6)	1
310	38/17-1(c)(4)	Deceptive Practices, Bank/Financial Institution (Possesses cash dispensing machine card)	A	LT 1	NA
311	38/17-1(c)(4)	Deceptive Practices, Bank/Financial Institution (Possesses 3 or more cards or violates 3 times within 12 months)	4	1-3 (3-6)	1
312	38/17-1(c)(4)	Deceptive Practices, Bank/Financial Institution (Over $150, 3 transactions in 90 days) (single or separate)	4	1-3 (3-6)	1
350	38/17-3	Forgery	3	2-5 (5-10)	1

CODE SHEET B

BURGLARY/THEFT

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
421	38/70-52(a)	Inducement to Sell/Purchase Realty	A	LT 1	NA
422	38/70-52(b)	Inducement to Sell/Purchase Realty (Subsequent Act)	4	1-3 (3-6)	1
435	38/42-2	Looting	4	1-3 (3-6)	1
802	38/16-1(e)(1)	Theft, (Not from Person, Under $150)	A	LT 1	NA
803	38/16-1(e)(1)	Theft, (Not from Person, Under $150, Subsequent Act)	4	1-3 (3-6)	1
804	38/16-1(e)(3)	Theft, (Property From Person or Exceeding $150)	3	2-5 (5-10)	1
805	38/16-1(e)(2)	Theft, (Firearm, not from A Person, Any Value)	4	1-3 (3-6)	1
807	38/16-5	Theft From Coin Operated Machine	A	LT 1	NA
808	38/16-5	Theft From Coin Operated Machine (Subsequent Act)	4	1-3 (3-6)	1
809	38/16-3(b)	Theft of Labor/Services (Fails to Return a Rented or Leased Vehicle)	4	1-3 (3-6)	1
810	38/16-3(a)	Theft of Labor/Services (Obtain Use Without Consent)	A	LT 1	NA
811	38/16A-10(1)	Theft, Retail (Value Not Exceeding $150)	A	LT 1	NA
812	38/16A-10(2)	Theft, Retail (Value Not Exceeding $150, Subsequent Act)	4	1-3 (3-6)	1
813	38/16A-10(3)	Theft, Retail (Value Exceeding $150)	3	2-5 (5-10)	1

CODE SHEET B

DRUGS/ALCOHOL

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
101	56½/709(a)	Cannabis, Calculated Conspiracy	3	2-5 (5-10)	1
102	56½/709(a)	Cannabis, Calculated Conspiracy (Subsequent Act)	1	4-15 (15-30)	3
103	56½/706	Cannabis, Casual Delivery of 2.5-10 grams	B	NMT 6 mos.	NA
104	56½/706	Cannabis, Casual Delivery of 10-30 grams	A	LT 1	NA
105	56½/706	Cannabis, Casual Delivery of 10-30 grams (Subsequent Act)	4	1-3 (3-6)	1
106	56½/706	Cannabis, Casual Delivery of 30-500 grams	4	L-3 (3-6)	1
107	56½/706	Cannabis, Casual Delivery of 30-500 grams (Subsequent Act)	3	2-5 (5-10)	1
108	56½/706	Cannabis, Casual Delivery of Over 500 grams	3	2-5 (5-10)	1
109	56½/707(a)	Cannabis, Delivery to Person Under 18 of 0-2.5 grams, Delivery must be to person over 18 who is at least three years senior to the former.	B		
110	56½/707(a)	Cannabis, Delivery to Person Under 18 of 2.5-10 grams	A	May Be Twice Max For Class A	NA
111	56½/707(a)	Cannabis, Delivery to Person Under 18 of 10-30 grams	4	May Be Twice Max For Class 4	1
112	56½/707(a)	Cannabis, Delivery to Person Under 18 of 30-500 grams	3	May Be Twice Max For Class 3	1
113	56½/707(a)	Cannabis, Delivery to Person Under 18 of Over 500 grams	2	May Be Twice Max For Class 2	2
114	56½/705(a)	Cannabis, Manufacturing/Delivery 0-2.5 grams	B	NMT 6 mos.	NA
115	56½/705(b)	Cannabis, Manufacturing/Delivery 2.5-10 grams	A	LT 1	NA
116	56½/705(c)	Cannabis, Manufacturing/Delivery 10-30 grams	4	1-3 (3-6)	1
117	56½/705(d)	Cannabis, Manufacturing/Delivery 30-500 grams	3	2-5 (5-10)	1
118	56½/705(e)	Cannabis, Manufacturing/Delivery Over 500 grams	2	3-7 (7-14)	2
119	56½/704(b)	Cannabis, Possession of 2.5-10 grams	B	NMT 6 Mos.	NA
120	56½/704(c)	Cannabis, Possession of 10-30 grams	A	LT 1	NA
121	56½/704(c)	Cannabis, Possession of 10-30 grams (Subsequent Act)	4	1-3 (3-6)	1
122	56½/704(d)	Cannabis, Possession of 30-500 grams	4	1-3 (3-6)	1

CODE SHEET B

DRUGS/ALCOHOL

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
123	56½/704(d)	Cannabis, Possession of 30-500 grams (Subsequent Act)	3	2-5 (5-10)	1
124	56½/704(e)	Cannabis, Possession of Over 500 grams	3	2-5 (5-10)	1
125	56½/708	Cannabis, Production of Cannabis Sativa Plant	A	LT 1	NA
207	56½/1405	Controlled Substance Calculated Criminal Drug Conspiracy	X	6-30 (30-60)	3
208	56½/1405	Controlled Substance Calculated Criminal Drug Conspiracy, (Subsequent Act)	X	May Be Twice Max For Class X	3
209	56½/1407	Controlled Substance Delivery to Person Under 18 (By a person over 18 who is at least 2 years the senior) Violation of 3401 Article IV	X 2 3 4	Twice Max/Cl X Twice Max/Cl 2 Twice Max/Cl 3 Twice Max/Cl 4	3 2 1 1
210	56½/1401(a)	Controlled Substance, Manufacture or Delivery	X	6-30 (30-60)	3
211	56½/1408	Controlled Substance, Manufacture or Delivery (Subsequent Violation of 1401 (a))		May Be Twice Max For Class X	3
212	56½/1401(b)	Controlled Substance, Manufacture or Delivery, (Any Other Amount of Controlled Substance in Schedules I & II).	2	3-7 (7-14)	2
213	56½/1408	Controlled Substance, Manufacture or Delivery, (Subsequent Violation of 1401 (b))	2	May Be Twice Max For Class 2	2
214	56½/1401(c)	Controlled Substance, Manufacturer or Delivery, (Any Other Amounts of Schedule I & II, Not a Narcotic Drug)	3	2-5	1
215	56½/1401(c)	Controlled Substance, Manufacturer or Delivery, (Subsequent Violation)	3	May Be Twice Max For Class 3	1
216	56½/1401(d)	Controlled Substance, Manufacturer or Delivery, (Any Other Amount of Controlled Substance in Schedule III)	3	2-5	1
217	56½/1408	Controlled Substance, Manufacturer or Delivery, (Subsequent Violation of 1401(d))	3	May Be Twice Max For Class 3	1
218	56½/1401(e)	Controlled Substance, Manufacturer or Delivery, (Any Other Amount of Controlled Substance in Schedule IV)	4	1-3 (3-6)	1

CODE SHEET B

DRUGS/ALCOHOL

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
219	56½/1408	Controlled Substance, Manufacturer or Delivery, (Subsequent Violation of 1401(e))	4	May Be Twice Max For Class 4	1
220	56½/4101(f)	Controlled Substance, Manufacturer or Delivery, (Any Other Amount of Controlled Substance in Schedule V)	4	1-3 (3-6)	1
221	56½/1408	Controlled Substance, Manufacturer or Delivery, (Subsequent Violation of 1401(f))	4	May Be Twice Max	1
222	56½/1403(a)	Controlled Substance, Manufacturer or Delivery Counterfeit Substance (Schedule I and II which is a narcotic drug - See preceding chart of Schedule I and II)	2	3-7 (7-14)	2
223	56½/1408	Controlled Substance, Manufacturer/Delivery Counterfeit Substance, (Subsequent Violation of 1403(a))	2	May Be Twice Max For Class 2	2
224	56½/1408(b)	Controlled Substance, Manufacturer/Delivery Counterfeit Substance, (Schedule I and II, Non-Narcotic, See Preceding Chart)	3	2-5 (5-10)	1
225	56½/1408	Controlled Substance, Manufacturer/Delivery Counterfeit Substance, (Subsequent Violation of 1403(b))	3	May Be Twice Max For Class 3	1
226	56½/1403(c)	Controlled Substance, Manufacturer/Delivery Counterfeit Substance, (Schedule III - See Preceding Chart)	4	1-3 (3-6)	1
227	56½/1403(d)	Controlled Substance, Manufacturer/Delivery Counterfeit Substance, (Schedule IV - See Preceding Chart)	A	LT 1	NA
228	56½/1408	Controlled Substance, Manufacturer/Delivery Counterfeit Substance, (Subsequent Violation 1403(d)	4	1-3 (3-6)	1
229	56½/1403(e)	Controlled Substance, Manufacturer/Delivery Counterfeit Substance, (Schedule V - See Preceding Chart)	A	LT 1	NA

CODE SHEET B

DRUGS/ALCOHOL

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
230	56½/1403(e)-1408	Controlled Substance, Manufacturer/Delivery Counterfeit Substance (Subsequent Violation 1403(e)	A	May Be Twice Max For Class A	NA
231	56½/1406(a)	Controlled Substance, Misc. Violation Article III, (Failure to keep record)	A	LT 1	NA
232	56½/1406(a)	Controlled Substance, Misc. Violation, (Subsequent Violation)	4	1-3 (3-6)	1
233	56½/1406(b)	Controlled Substance, Misc. Violation, (Licensed Operator, Register, Possession of Prescription Forms)	A	LT 1	NA
234	56½/1406(b)	Controlled Substance, Misc. Violation, (Subsequent Violation)	4	L-3 (3-6)	1
235	56½/1402(a)	Controlled Substance, Possession	1	4-15	3
236	56½/1408	Controlled Substance, Possession, (Subsequent Violation of 1402(a))	1	May Be Twice Max For Class 1	3
237	56½/1402(b)	Controlled Substance, Possession, (Any other amount)	3	2-5	1
238	56½/1408	Controlled Substance, Possession, (Subsequent Violation of 1402(b))	4	May Be Twice Max For Class 3	1
239	56½/1404	Controlled Substance, Substance Represented As a Counterfeit Possession or Delivery of Represented Controlled Substance	3	2-5 (5-10)	1
240	56½/1408	Controlled Substance, Substance Represented as b. Controlled Substance (Subsequent Violation of 1404)	3	May Be Twice Max For Class 3	1
320	95½/11-501	Driving Under Influence of Alcohol/Drugs	A	LT 1	NA
415	38/22-53	Hypodermic Syringes and Needless Act	A	LT 1	NA
416	38/22-53	Hypodermic Syringes and Needles Act, (Subsequent Act)	4	1-3 (3-6)	1
431	43/183	Liquor Manufacture/Delivery and Sale (Subsequent Offense)	B	NMT 6 mos.	NA

CODE SHEET B

DRUGS/ALCOHOL

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
432	43/131	Liquor, Minor Presenting Fradulent Identification	B	NMT 6 mos.	NA
433	43/183	Liquor, Minors Misrepresent Age	A	LT 1	NA
434	43/131	Liquor, Possession by Minors	B	NMT 6 mos.	NA

CODE SHEET B

VIOLENCE AGAINST PERSON

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
009	38/33A-3(a)	Armed Violence, (With Category I weapon)	X	6-30 (30-60)	3
010	38/33A-3(b)	Armed Violence, (With Category II weapon, 1st act)	2*	3-7 (7-14)	2
011	38/33A-3(b)	Armed Violence, (With Category II weapon, Subsequent act)	1*	4-15 (15-30)	2
013	38/20-1.1	Arson, Aggravated	X	6-30 (30-60)	3
014	38/12-2	Assault, Aggravated	A	LT 1	NA
015	38/12-3	Battery	A	LT 1	NA
016	38/12-4	Battery, Aggravated (disfigure, with weapons, sub.)	3	2-5 (5-10)	1
017	38/12-4.1	Battery, Heinous (disfigure with caustic substance)	X	6-30 (30-60)	3
126	38/10-5	Child Abduction	4	1-3 (3-6)	1
133	38/12-7	Compelling Confession by Force or Threat	4	1-3 (3-6)	1
134	38/12-6.1	Compelling Organization Membership of Person Under 17 Years	4	1-10 in Prison	1
242	38/8131(a)-38/17(a)	Criminal Abortion, Commits	2	3-7 (7-14)	2
260	23/2368	Cruelty to Children	4	1-3 (3-6)	1
261	38/11-3	Deviate Sexual Assault	X	6-30(30-60)	3
349	38/10-4	Forcible Detention	2	3-7 (7-14)	2
419	38/11-4	Indecent Liberties with a Child	1	4-15 (15-30)	2
420	38/11-6	Indecent Solicitation of a Child	A	LT 1	NA
425	38/9-3(b)(1)	Involuntary Manslaughter	3	2-5	1
427	38/10-1	Kidnapping	2	3-7 (7-14)	2
428	38/10-2(b)(1)	Kidnapping, Aggravated For Ransom	X	6-30 (30-60)	3
429	38/10-2(b)(2)	Kidnapping, Aggravated, Not For Ransom	1	4-15 (15-30)	2
506	38/9-1-38/1005-8-1	Murder	M	Death, Natural Life 20-40 (40-80)	NA NA 3

CODE SHEET B

VIOLENCE AGAINST PERSON

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
701	38/11-1	Rape	X	6-30 (30-60)	3
704	38/9-3(b)(2)	Reckless Homocide	4	1-3 (3-6)	1
708	38/18-1	Robbery	2	3-7 (7-14)	2
709	38/18-2	Robbery, Armed	X	6-30 (30-60)	3
814	134/16.5	Threatening Telephone Calls	B	NMT 6 mos.	NA
819	38/10-3	Unlawful Restraint	4	1-3 (3-6)	NA
905	38/9-2	Voluntary Manslaughter	2	3-7 (7-14)	NA

CODE SHEET B

RECKLESS CONDUCT

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
316	38/26-1(a)(3)	Disorderly Conduct, Bomb Threat, (False Alarm)	A	LT 1	NA
317	38/26-1(a)(2)	Disorderly Conduct, False Alarm	4	1-3 (3-6)	1
318	38/26-1(a)(4&5)	Disorderly Conduct, False Police Report/Peeping	B	NMT 6 mos.	NA
414	38/12-11	Home Invasion	X	6-30 (30-60)	3
423	38/21.2-4	Interference With Public Institution Higher Learning (Subsequent Act)	B	NMT 6 mos.	NA
424	38/12-6	Intimidation	3	2-5 (5-10)	1
504	38/25-1(c)	Mob Action, Inflict Injury	4	1-3 (3-6)	1
505	38/25-1(d)	Mob Action, Refuse to Withdraw	A	LT 1	NA
702	38/12-5	Reckless Conduct	A	LT 1	NA
706	38/31-1	Resisting/Obstructing Peace Officer	A	LT 1	NA

ESCAPE

325	38/32-10	Bail Bond, Violation (felony) (misdemeanor)	4 A	1-3 (3-6) LT1	1 NA
326	38/1003-6-4(a)	Escape (Any person who escapes or attempts escape from Adult Division facility), (mandatory consecutive sentence)	2	3-7 (7-14)	2
327	38/1003-6-4(a)	Escape (Failure to return from furlough or work release)	3	2-5 (5-10)	1
328	38/31-6(a)	Escape (Felon)	2	3-7 (7-14)	2
329	38/31-6(c)	Escape (From Peace Officer)	A	LT 1	NA
330	38/31-6(b)	Escape (misdemeanant)	A	LT 1	NA
331	38/31-6(d)	Escape using weapon with b or c	2	3-7 (7-14)	2
332	38/31-7(b)	Escape, Aiding (Aides felon from penal institution or from custody of employee)	2	3-7 (7-14)	2
333	38/31-7(c)	Escape, Aiding (Aides Misdemeanant from institution or custody)	A	LT 1	NA

CODE SHEET B

CODE	STATUTE CITATION	DESCRIPTION OF THE OFFENSE	CLASS	SENTENCE RANGE	MSR
		ESCAPE			
334	38/31-7(d)	Escape, Aiding (Aides person to escape facility or custody of employee other than penal institution)	A	LT 1	NA
335	38/31-7(e)	Escape, Aiding (Aides person to escape peace officer)	A	LT 1	NA
336	38/31-7(a)	Escape, Aiding (Conveys anything for use in escape)	A	LT 1	NA
337	38/31-7(f)	Escape, Aiding (Employee recklessly permits)	A	LT 1	NA
338	38/31-7(g)	Escape, Aiding (Using weapon with c, d, e)	2	3-7 (7-14)	2

CODE SHEET C

CURRENT OFFENSE SERIOUSNESS

00 = No dangerousness --- No Statement of Facts.

01 = Verbal threats, directed at someone or others (Intimidation, threatening phone calls, unlawful use of weapons, Misdemeanant) Resisting, obstructing police officer.

02 = Non-directed physical aggression (physical aggression against property rather than people. Example: Person gets angry and destroys a person's property; mob action, arson, criminal damage).

03 = Physical aggression directed against another which includes actual minor physical or emotional harm. (Battery, unlawful restraint, unlawful use of weapons - felony).

04 = Death, result of negligency (reckless homicide, involuntary manslaughter).

05 = Physical aggression directed against another which includes major physical and/or emotional harm (does not include use of weapon). (Incest, indecent liberties with a child.)

06 = Death, direct participation by the victim (crimes of passion, voluntary manslaughter and other deaths where there is evidence of provocation at the time of the commission of the offense.)

07 = Aggression against another person where there is use of life threatening force. Death is not an outcome but there is the presence of severe trauma and/or torture (psychological or physical). (Rape, deviate sexual assault, aggravated battery, kidnapping, armed robbery, home invasion, attempted murder, use of weapon in commission of a felony against the person, aggravated incest, arson.)

08 = Death by murder without aggravating circumstances, no excessive deliberate force or harm. (Example: Bank robber is fleeing the scene and shoots bank teller.)

09 = Death or severe life threatening harm to a uniformed or known law enforcement officer.

10 = Death by murder with severe trauma (actions calculated to induce terror in the victim and not resulting in immediate death; clubbing, strangulation, multiple wounds).

11 = Death by murder where victim was subjected to prolonged physical/emotional pain through the use of excessive force prior to act resulting in death.

12 = Death, murder for profit or personal gain.

13 = Multiple deaths by actions of the murders described in 12, 11, or 10.

CODE SHEET D

SECURITY LEVEL DESIGNATION

Initial Reception Classification Matrix

Dangerous Scale

ADJUSTMENT SCALE	Low (0 - 46) 6	Moderate (47 - 75) 3	High (76 +) 1
Low (0-44) 6	6	4	1
Moderate (45-75) 3	5	3	1
High (76 +) 1	2	2	1

Maximum = 1, 2

Medium = 5, 4, 3

Minimum = 6, 7

CODE SHEET E

PLACEMENT OF INMATES BY THEIR CLASSIFICATION SECURITY DESIGNATION

Institution Security Level	Name of Institution	Inmate Security Level	CIMIS Institution Code
Maximum/Maximum	Pontiac	Level 1	07
Maximum	Stateville	Level 2	01
Maximum	Menard	Level 2	02
Maximum	Joliet	Level 2	03
Maximum	Pontiac	Level 2	07
High Medium	Centralia	Level 3	12
High Medium	Graham	Level 3	11
Medium	Logan	Level 4	08 WC
Medium	Menard Special Unit	Level 4	02 C
Medium	Sheridan	Level 4	05
Low Medium	Pontiac Medium Security Unit	Level 5	07 A
Low Medium	Vandalia	Level 5	04
Low Medium	East Moline	Level 5	13
Minimum	Vienna	Level 6	10
Minimum	Stateville Minimum Security Unit	Level 6	01 T
Minimum	Vandalia Work Camp	Level 6	04 WC
Minimum	Hardin County Work Camp	Level 6	10 WC
Minimum	Menard Farm	Level 6	02 F
Community	Springfield Work Camp	Level 7	08 WC
Special Units	Menard Psych		09

CODE SHEET E (Cont'd)

PLACEMENT OF INMATES
BY THEIR CLASSIFICATION SECURITY DESIGNATION

Institution Security Level	Name of Center	Inmate Security Level	CIMIS Institution Code
Community	Aurora Work Release	Level 7	71
Community	Carbondale Work Release	Level 7	20
Community	Chicago Community Work Release	Level 7	25
Community	Chicago Inner City Work Release	Level 7	23
Community	Decatur Community Correctional Center	Level 7	24
Community	East St. Louis Work Release	Level 7	21
Community	FREE Community Correctional Center	Level 7	34
Community	Jesse 'MA' Houston	Level 7	37
Community	Joe Hall Work Release	Level 7	35
Community	Joliet Work Release	Level 7	22
Community	Lake County Work Release	Level 7	29
Community	Metro Community Correctional Center	Level 7	19
Community	New Life Community Correctional Center	Level 7	26
Community	Peoria Work Release	Level 7	28
Community	River Bend Community Correctional Center	Level 7	16
Community	Salvation Army (WIND)	Level 7	38
Community	Salvation Army Work Release	Level 7	27
Community	Sojourn House	Level 7	36
Community	Urbana Community Correctional Center	Level 7	30
Community	Wave Community Correctional Center	Level 7	39
Community	Winnebago Community Correctional Center	Level 7	31

CLASSIFICATION SUMMARY REPORT

Report 1

Inmate Security Designation

CLASSIFICATION SUMMARY REPORT - R&C

The Summary Report contains relevant data about placement that cannot be automated. This information should be obtained during the interview process. The Classification Summary Report must contain a discussion of Special Needs and Administrative Concerns impacting on placement.

State of Illinois - Department of Corrections
RECEPTION AND CLASSIFICATION UNIT

CLASSIFICATION SUMMARY REPORT

RESIDENT NAME _____ NUMBER _____

PHYSCHOLOGICAL:

Psychologist's Signature _____

INMATES VERSION OF OFFENSE

ENEMIES:

GANG:

SUMMARY: In this section will be a short social history of the resident. There also will be any impressions of the resident that the counselor needs to indicate and any special problems. (All Critical Special Needs and Administrative Concerns must be documented below).

Counselor's Signature _____

R&C Supervisor's Signature _____

CLASSIFICATION SUMMARY REPORT - R&C

INSTRUCTIONS

Psychological

In this section a brief summary of the resident's psychological profile is provided by the psychologist. The psychological summary profile is based on a more detailed psychological profile which is kept in the master file. The psychologist must sign indicating the that psychological summary is accurate.

Inmate's Version of the Offense

Through the interview process, the counselor will obtain the inmate's version of the offense.

Enemies

The resident will provide a list of enemies to the counselor.

Gang

Gang affiliations will be determined by the counselor. Sources may include pre-sentence, previous PCRs, and self-report.

Summary

In this section will be a short social history of the resident. There also will be any impressions of the resident that the counselor needs to indicate and any special problems. Also any Critical Special Needs, Administrative Concerns, and changes in Placement Recommendations will be documented here.

The psychologist and counselor will dictate this information for typing. Upon review of the typed version, the counselor will sign, indicating that the information is accurate.

R&C Supervisor will also sign the Classification Summary Report.

Reports #1-5/6, Summary Report, Statement of Fact, and Rap Sheet are forwarded to the Transfer Coordinator.

Resident's name, number, and security level are sent to CIMIS.

RECEPTION CLASSIFICATION UNIT

Report 1

o INMATE SECURITY DESIGNATION

CONTINUED

2 OF 3

REPORT 1

INMATE SECURITY DESIGNATION SECTION

Security designation cannot be entered until the classification process is completed. Upon the completion of the classification process the R&C Unit will forward the inmate's security designation to the CIMIS Office.

I/O PROCEDURES

The CIMIS Operator will use the INMSEC transaction to input the security designation following these instructions. The /INMSEC transaction is used to enter and update the status of an inmate's security grade.

INITIATOR:

/INMSEC, [IDOC number]
[@]

/INMSEC, [IDOC Number] ... <<SEND>>
Initiates form for entering security and grade status for inmate with specified IDOC number.

/INMSEC, [@] ...<<SEND>>
Initiates form for entering security and grade status for inmate with IDOC number last accessed by the terminal.

PARAMETER VALIDATION:

IDOC number is checked to make sure it is a valid number for the institution, and that it belongs to an imate of the institution.

EXAMPLES:

/INMSEC, AB001B <<SEND>>

/INMSEC, @ <<SEND>>

INITIATOR ERROR MESSAGE:

INVALID IDOC NUMBER

Either nothing was entered, what was entered is in the wrong form, or it doesn't belong to an inmate of the institution. Try typing prefix letter, or correct the whole IDOC number, and re-send the initiator.

FORM 430 ILLINOIS DEPARTMENT OF CORRECTIONS 03/30/8- 11:26
CORRECTIONAL INSTITUTION MANAGEMENT INFORMATION SYSTEM
RESIDENT SECURITY

NUMBER: A00317 1 NAME: 2 LIVING UNIT: C-11-2-18-0 3
ADMIT DATE: 07/15/80 4

SECURITY CODE	DESC	EFFECTIVE DATE
2	MAXIMUM	04/03/81
5	6	7

CURRENT GRADE CODE	DESC	EFFECTIVE DATE	CURRENT GOOD EXIT DATE
C	CLASS C	11/10/81	08/09/82
8	9	10	11

D NEXT
EXIT DATE
11/09/82

CLASSIFICATION CODE	DESC	EFFECTIVE DATE
	UNKNOWN	/ /

SCREEN: RESIDENT SECURITY

INSTRUCTIONS

1. NUMBER — This field displays the IDOC number of the inmate whose security and grade status codes are to be entered or updated. This is the same IDOC number as the one entered on the initiator.

2. NAME — This field displays the name of the inmate whose security and grade status codes are to be entered or updated.

3. LIVING UNIT — This field contains the living unit number of the inmate whose security and grade status codes are to be entered or updated.

4. ADMIT DATE — This field contains the Admit Date of the inmate whose security and grade status codes are to be entered or updated.

5. SECURITY CODE — This field contains the inmate's security status code. Enter a new code in the unprotected area beneath the display field. Use the following table to enter the correct code.

SECURITY TABLE

CODE	DESCRIPTION
1	MAXIMUM/MAX
2	MAXIMUM
3	HIGH MEDIUM
4	MEDIUM
5	LOW MEDIUM
6	MINIMUM
7	COMMUNITY

6. SECURITY DESC — This field contains the security status code description, as listed on the table above.

7. EFFECTIVE DATE — This field contains the effective date of the inmate's security status. Enter a new date (MM/DD/YY) in the unprotected area beneath the display field. This must be a valid date not before Admit Date and not after today's date. Default is today's date.

8-11. — Disregard at this time.

TRANSFER COORDINATOR

PLACEMENT ACTION

TRANSFER COORDINATOR'S ACTION ON RECOMMENDED PLACEMENT

INSTRUCTIONS

7. Transfer Coordinator's Action

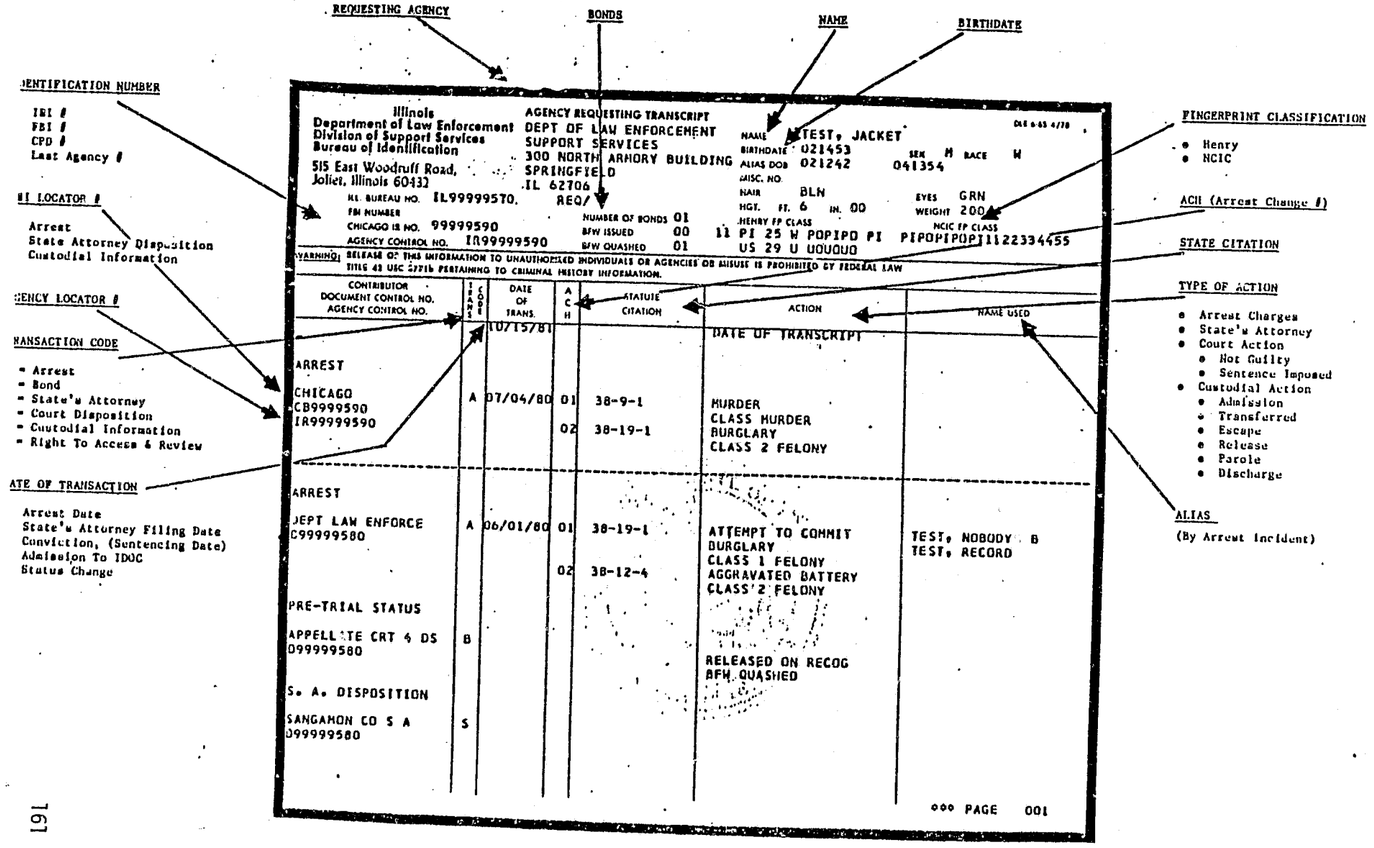
If the Coordinator concurs with one of the recommended institutions, then a 1 is entered in 7(A), and one of the institutional codes from 6(J)-(L) will be entered at 7(B). If the Coordinator does not concur with recommended placement, then a 2 is entered at 7(A). If the coordinator concurs with the first placement recommendation the Transfer Orders are signed. If he is in disagreement with the first placement recommendation, he will respond in one of two ways: 1) He may indicate in writing on the Classification Report #6 why he is in disagreement and change the placement recommendation on the Classification Report to the second or third choice. However, if this occurs, he will also indicate, in writing on the Transfer Order, why the second or third choice was made. 2) The Transfer Coordinator may deny the transfer in its entirety and provide a written rationale to the submitting facility.

8. Data Entry of Report #5 and #6

An additional copy of Classification Report #5/6 will be provided to the Transfer Coordinator. The Transfer Coordinator, if he approves the transfer, will forward a copy of this report with no additional comments to the Manager of Research and Evaluation Unit. Should the Transfer Coordinator not be in concurrence with the recommended classification, the Transfer Coordinator will indicate on Classification Report #5/6 the disagreement and final placement recommendation prior to sending this to the Research and Evaluation Unit. The instruments will be forwarded to ISU for input into a separate classification subfile for analysis.

APPENDIX A

Documentation of Criminal History


REQUESTING AGENCY
BONDS
NAME
BIRTHDATE
IDENTIFICATION NUMBER
IBI #
FBI #
CPD #
Last Agency #
SI LOCATOR #
Arrest
State Attorney Disposition
Custodial Information
GENCY LOCATOR #
TRANSACTION CODE
= Arrest
= Bond
= State's Attorney
= Court Disposition
= Custodial Information
= Right To Access & Review
ATE OF TRANSACTION
Arrest Date
State's Attorney Filing Date
Conviction, (Sentencing Date)
Admission To IDOC
Status Change
FINGERPRINT CLASSIFICATION
• Henry
• NCIC
ACII (Arrest Change #)
STATE CITATION
TYPE OF ACTION
• Arrest Charges
• State's Attorney
• Court Action
• Not Guilty
• Sentence Imposed
• Custodial Action
• Admission
• Transferred
• Escape
• Release
• Parole
• Discharge
ALIAS
(By Arrest Incident)
Illinois
Department of Law Enforcement
Division of Support Services
Bureau of Identification
515 East Woodruff Road,
Joliet, Illinois 60432
AGENCY REQUESTING TRANSCRIPT
DEPT OF LAW ENFORCEMENT
SUPPORT SERVICES
300 NORTH ARMORY BUILDING
SPRINGFIELD
IL 62706
REQ/
DLE 6-65 4/70
NAME TEST, JACKET
BIRTHDATE 021453 SEX M RACE W
ALIAS DOB 021242 041354
MISC. NO.
HAIR BLN EYES GRN
HGT. FT. 6 IN. 00 WEIGHT 200
HENRY FP CLASS NCIC FP CLASS
11 PI 25 W POPIPO PI PIPOPIPOPI1122334455
US 29 U UOUOUO
IL BUREAU NO. IL99999570.
FBI NUMBER
CHICAGO IS NO. 99999590
AGENCY CONTROL NO. IR99999590
NUMBER OF BONDS 01
BFW ISSUED 00
BFW QUASHED 01
WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.
CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.
TRANSACTION
DATE OF TRANS.
ACH
STATUTE CITATION
ACTION
NAME USED
10/15/81
DATE OF TRANSCRIPT
ARREST
CHICAGO
CB9999590
IR99999590
A 07/04/80 01 38-9-1
02 38-19-1
MURDER
CLASS MURDER
BURGLARY
CLASS 2 FELONY
ARREST
DEPT LAW ENFORCE
C99999580
A 06/01/80 01 38-19-1
02 38-12-4
ATTEMPT TO COMMIT
BURGLARY
CLASS 1 FELONY
AGGRAVATED BATTERY
CLASS 2 FELONY
TEST, NOBODY B
TEST, RECORD
PRE-TRIAL STATUS
APPELLATE CRT 4 DS
D99999580
B
RELEASED ON RECOG
BFW QUASHED
S. A. DISPOSITION
SANGAMON CO S A
D99999580
S
000 PAGE 001

Illinois
Department of Law Enforcement
Division of Support Services
Bureau of Identification

515 East Woodruff Road,
Joliet, Illinois 60432

ILL BUREAU NO IL99999570
FBI NUMBER
CHICAGO IR NO 99999590
AGENCY CONTROL NO IR99999590

AGENCY REQUESTING TRANSCRIPT
DEPT OF LAW ENFORCEMENT
SUPPORT SERVICES
300 NORTH ARMORY BUILDING
SPRINGFIELD
IL 62706
REQ/

NUMBER OF BONDS 01
BFW ISSUED 00
BFW QUASHED 01

DLE 6 65 4/79

NAME TEST, JACKET
BIRTHDATE 021453 SEX M RACE W
ALIAS DOB 021242 041354
MISC. NO.
HAIR BLN EYES GRN
HGT FT. 6 IN. 00 WEIGHT 200
HENRY FP CLASS 11 PI 25 W POPIPO PI NCIC FP CLASS PIPOPIPOPI1122334455
US 29 U UOUOUO

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.

CONTRIBUTOR DOCUMENT CONTROL NO AGENCY CONTROL NO	TRANS	CODE	DATE OF TRANS.	ACH	STATUTE CITATION	ACTION	NAME USED
			10/15/81			DATE OF TRANSCRIPT	
			09/10/80	01	38-19-1	FILED BURGLARY	
			09/10/80	02	38-12-4	FILED AGGRAVATED BATTERY	
COURT DISPOSITION							
APPELLATE CRT 4 DS D99999580	J		10/10/80	01	38-19-1	CONVICTED OF BURGLARY SENTENCED TO IMPRISONMENT FOR 2Y6M RESTITUTION AMOUNT $200	
			10/10/80	02	38-12-4	ACQUITTED AGGRAVATED BATTERY	
CUSTODIAL INFORMATION							
AGENCY C99999580	C		12/01/80			RECEIVED	

DLE 6 65 4/78

Illinois
Department of Law Enforcement
Division of Support Services
Bureau of Identification

515 East Woodruff Road.
Joliet, Illinois 60432

ILL BUREAU NO. IL99999570

FBI NUMBER

CHICAGO IR NO 99999590

AGENCY CONTROL NO. IR99999590

AGENCY REQUESTING TRANSCRIPT
DEPT OF LAW ENFORCEMENT
SUPPORT SERVICES
300 NORTH ARMORY BUILDING
SPRINGFIELD
IL 62706
REQ/

NUMBER OF BONDS 01
BFW ISSUED 00
BFW QUASHED 01

NAME TEST, JACKET
BIRTHDATE 021453 SEX M RACE W
ALIAS DOB 021242 041354
MISC. NO.
HAIR BLN EYES GRN
HGT. FT. 6 IN. 00 WEIGHT 200
HENRY FP CLASS NCIC FP CLASS
11 PI 25 W POPIPO PI PIPOPIPOPI122334455
US 29 U UOUGUO

WARNING: RELEASE OF THIS INFORMATION TO UNAUTHORIZED INDIVIDUALS OR AGENCIES OR MISUSE IS PROHIBITED BY FEDERAL LAW TITLE 42 USC 3771b PERTAINING TO CRIMINAL HISTORY INFORMATION.

CONTRIBUTOR DOCUMENT CONTROL NO. AGENCY CONTROL NO.	TRANS CODE	DATE OF TRANS.	ACH	STATUTE CITATION	ACTION	NAME USED
		10/15/81			DATE OF TRANSCRIPT	
CUSTODIAL INFORMATION						
AGENCY C99999580	C	12/25/80			COMMUTED/RESCINDED	

THIS RECORD IS TOTALLY ON ILLINOIS CCH

CONFIDENTIAL-THIS INFORMATION IS TO BE UTILIZED SOLELY IN THE DUE ADMINISTRATION OF CRIMINAL LAWS AS PROVIDED BY ILLINOIS REVISED STATUTES CHAPTER 38, SECTION 206-3.

THE BUREAU OF IDENTIFICATION MUST BE QUERIED BEFORE DISSEMINATION.

STATE'S ATTORNEY
SANGAMON COUNTY
8TH AND MONROE ROOM 404
SPRINGFIELD
IL 62701

*** PAGE 003 FINAL PAGE OF TRANSCRIPT

APPENDIX B

Reception Classification Report

Run Instruction

RUN INSTRUCTIONS

The three transactions involved in running the Reception Classification Report are CLASSADD, CLASSINQ and SUBMIT.

The CLASSADD transaction will enable you to input the selection criteria for the Classification Report (DOC number and desired report number). The CLASSINQ will enable you to view your report request before running the reports. Upon successful completion of the above, you will be ready to submit the report for processing and printing.

```
                    ILLINOIS DEPARTMENT OF CORRECTIONS          ##/##/## ##:##
FORM 714   CIMIS CLASSIFICATION REPORT      --- ADDITION  FORM  ---

---------- R E S I D E N T S   F O R   R E P O R T ----------------
                                          ENTER "Y" FOR REPORT SECTIONS DESIRED

DOC NUMBER                                1  2  3  4  5 OR 6
     1                2
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
??????????  ####################  ?  ?  ?  ?    ?
```


RUN INSTRUCTIONS - CLASS ADD

The CLASSADD transaction will tell the system which classification reports are desired. Report information is generated, based on DOC number. Up to 10 DOC numbers can be entered on the CIMIS Classification Report - Additional Form Screen. To continue, just press send key and 10 more DOC numbers can be entered.

I/O PROCEDURES:

INITIATOR:

/CLASSADD <<SEND>>

	INSTRUCTIONS
1. DOC NUMBER	Enter the DOC number for the report you wish to generate.
2. ERROR MESSAGE	Skip. These are systems generated error messages.
3. REPORT SECTIONS	Enter "Y" under report sections desired for IDOC number entered.

ILLINOIS DEPARTMENT OF CORRECTIONS ##/##/## ##:##
FORM 715 CIMIS CLASSIFICATION REPORT --- INQUIRY/DELETE FORM ---

---------- R E S I D E N T S F O R R E P O R T ---- ----------

1	2	REQUESTED SECTIONS 1 2 3 4 5 OR 6		3	REQUESTED SECTIONS 1 2 3 4 5 OR 6
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #
?	##########	# # # # #	?	##########	# # # # #

RUN INSTRUCTIONS - CLASS INQ

The CLASSINQ transactions will list all DOC numbers for which a Classification Report is being requested. Numbers can be deleted by keying a "D" in front of the DOC number on the CIMIS Classification Report - Inquiry/Delete Form. Note for each inquiry screen of data you will do 1 submit.

I/O PROCEDURE:

INITIATOR:

/CLASSINQ <<SEND>>

	INSTRUCTIONS
1. DELETE FIELD	Enter "D" to delete IDOC number to right of unprotected area.
2. DOC NUMBER	Displays IDOC number for which a Reception Classification Report was requested.
3. REPORT SECTION	Displays reports requested.

RUN INSTRUCTIONS - SUBMIT

To submit the Classification Report, use the SUBMIT transaction:

/SUBMIT, CLASSRPT,MM,DD,YY

MM,DD,YY is defined as follows:.

MM - is a 2 digit month
DD - is a 2 digit day
YY - is a 2 digit year
IE: May 2, 1982 is 05,02,82

Each submission of the Classification Report, CLASSRPT, will report for up to 20 IDOC numbers requested, using the /CLASSADD transaction.*

*Note for each inquiry screen of data, you will do 1 submit.

END