

**OKLAHOMA DEPARTMENT OF CORRECTIONS
INITIAL SECURITY THREAT GROUP
ASSESSMENT QUESTIONNAIRE**

Inmate/Offender Name/Moniker: _____

DOC #: _____ Date: _____

Race: _____ DOB: _____ Age: _____

Gang Affiliation: _____

Set Affiliation: _____

1. How long have you been an active gang member?

_____ Years _____ Months

2. Are your current offenses gang-related crimes?

_____ Yes _____ No

3. What age did you join this group? _____

4. Where did you join this group? _____

5. Why did you join this group? _____

6. What type of process did it take to get into this group? Did you have to prove yourself? Commit any crimes? If so, what? _____

7. Do you have any rank within this group? _____

8. Does the group have an internal rank structure? If so, what? _____

9. Have you ever committed any gang-related crimes? If yes, what types? _____

10. List any gang-related tattoos: _____
