

PWP Screening Form

Inmate Name _____ DOC # _____

Facility Arrival Date _____ Eligible Date: _____

County of Conviction _____

Number of Days Remaining to serve
(Include CS Cases) _____

No violent offense/sex offense/crime
against a child _____

History of Domestic Violence
 Yes No (If yes, explain) _____

Felony conviction for stalking or active
protective order in county were the crew
is housed or will be working _____

History of Escape
 Yes No _____

If yes, escape from: _____

Date of escape: _____

Date of apprehension: _____

Deemed a threat to public safety _____

Override to medium or maximum security

Any other extenuating circumstances _____

Active Misconducts _____

Health Summary for Classification _____

CREW ASSIGNMENT TYPE

DOT Crew Only

ODOC Supervised Only

Unrestricted PPW Crew

COMMENTS

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Screener

Date

Unit Manager/ Center Administrator

Date

Approval by Facility Head/Warden

Date

(R 5/19)