



CHECKLIST FOR SAFEKEEPER

State Form 47723 (6-96)

Date (month, day, year)

Name of offender

County

Name and title of contact

Telephone number

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What has the court determined to be the basis for requesting safekeeper status?

Is the court aware that per diem and medical expenses will be billed to the county?

Yes No

Charges pending

Cause number

Next court date (county is responsible to transport)

Any detainers from other courts / counties / states?

Yes No

Does offender have a history of escape?

Yes No

Management / disciplinary at jail?

Yes No

At alternate jail placement?

Yes No

Substantial threat to safety of others?

Yes No

Overcrowded or inadequate facility?

Yes No

Medical

Require infirmary beds?

Yes No

Yes No

Disability / impaired?

Yes No

Recent drug use or overdose?

Yes No

Current medication

Yes No

Psychiatric?

Yes No

Imminent danger of SBI or death?

Yes No

Suicidal?

Yes No

Self-mutilator?

Yes No

Violent / assaultive?

Yes No

At time of transfer to intake please bring copies of all pertinent documentation, i.e.:

Transport Order Yes No

Separatee Monitoring Information Yes No

Safekeeper Order Yes No

Psychiatrist / Doctor / Nurse / Notes / medical Log / Current Prescriptions Yes No

Probable Cause Affidavit, Court Docket, etc. Yes No

Documents or Other Precautionary Measures Taken Yes No

Other Warrant / Detainer Information / Book in Card Yes No

Jail Discipline / Conduct / Incident Report / Use of Restraints Yes No

Special management instructions (to be forwarded to Medical, Custody and Classification)

Prepared by:

Title