

BP-A377_PRISONER REMAND

PRISONER REMAND

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.			Register Number:	P I C T U R E
Name: Last	First	Middle		
AKAs:				

Race (Check one) B W A I	Sex (Check one) M F	Ethnic Origin (Check one) Hispanic or Other	D.O.B	SSN:	FBI: INS: Other:
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CHARGES
 NARRATIVE:
 Title: _____ USC: _____
 NARRATIVE:
 Title: _____ USC: _____

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

State of Birth	Country of Birth	Citizenship	Current Address	Zip Code
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Height Ft: In:	Weight	Hair	Eyes	Scars / Marks / Tattoos
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Injuries / Medication	Emergency Contact: (Name, Address, Phone Number)
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Arrested Y N	Sentenced Y N	Special Handling: Y or N	Remarks:
IN	IN	IN	IN

Remanding Official (Name) Sign Print	Agency / District	Phone / 24 Hour Number
OUT	OUT	OUT

Removing Official (Name) Sign Print	Agency / District	Phone / 24 Hour Number
OUT	OUT	OUT

FOR BOP USE ONLY

Receiving Official (Name) Sign Print	Date / Time	Releasing Official (Name) Sign Print	Date / Time
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Sentry Load Data: (Must Initial) Name Search Completed by: _____ Clearance/Separate Checked by: _____	(OPTIONAL USE) ARS Code _____ Staff Init. _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	RIGHT THUMBPRINT
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