

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) __B__W__A__I	Sex (Check) __M__F	Ethnic Origin (Check) __Hispanic or __Other		D.O.B.	SSN:	FBI: INS: Other:	
CHARGES CHECK CATEGORY OF CHARGES(S): ____FELONY____MISDEMEANOR____CIVIL CONTEMPT____MATERIAL WITNESS							
OTHER 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	
Height Ft:____In:____	Weight	Hair	Eyes	Scars / Marks / Tattoos			
Injuries / Medication				Emergency Contact: (Name, Address, Phone Number)			
Arrested __Y__N	Sentenced __Y__N	Special Handling: __Y or __N Remarks:					
IN		IN		IN		IN	
Remanding Official (Name) Sign		Agency/District		Phone/24 Hour Number			
Print							
OUT		OUT		OUT		OUT	
Removing Official (Name) Sign		Agency/District		Phone/24 Hour Number			
Print							
FOR BOP USE ONLY							
Receiving Official (Name) Sign		Date / Time		Releasing Official (Name) Sign		Date / Time	
Print				Print			
Sentry Load Data: (Must Initial) Name Search Completed by:		(OPTIONAL USE) ARS Code____Staff Init.____ Add AKA's____ Create Cash Account____ Deposit Cash____Amt.____ Detainers____ Court____ Clothing Bag #____				RIGHT THUMBPRINT	
Clearance/Separate Checked by:							

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.