

Erie County Sheriff's Office: Information for Incarceration

Prisoner's Name: _____ DOB _____ SSN _____

Residence: _____ City: _____ State: _____

Date of Arrest: _____ Time: _____ Location: _____

Arresting Officer: _____ Agency: _____ Court Date: _____ Time: _____

Document additional charges on a separate form with the prisoner's name only.

ORC Charge Code:
Offense:
Level:
Bond Amt./ Type:
Agency / Court:

ORC Charge Code:
Offense:
Level:
Bond Amt. / Type
Agency / Court:

ORC Charge Code:
Offense:
Level:
Bond Amt. / Type
Agency / Court:

Erie County Sheriff's Office: Medical Pre-Screen

1. Did the inmate ever lose consciousness?
YES - explain _____
NO
2. Did the inmate make any suicidal statements?
YES - explain _____
NO
3. Does the inmate have, or potentially have, serious medical or mental health issues that need attention?
YES - explain _____
NO
4. Was a taser, pepper spray, or any use of force used on inmate?
YES – explain _____
NO
5. Was the inmate involved in a deceleration motor vehicle crash prior to his/her arrest?
YES – explain _____
NO
6. Is the inmate being denied incarceration into the Erie County Jail?
YES – explain _____
NO

Erie County Jail Checklists

Booking Checklist

Place of Birth / Phone Number		Body Scanner	
Drivers License or ID Number		FBI Number	
Scars, Marks, Tattoos Taken / Logged		Personal Info Screen	
Booking Screen		Charge Screen	
Property Screen		Medical Screen	
Emergency Contact		Housing Screen	
Mug Shot		Money Inventory	
DNA		Fingerprints	
Wrist Band		Keep Separates	
Classification Form		Voice Recognition	
LEADS		In-House Warrants	

SGT / OIC : _____ **Date :** _____

Release Checklist

LEADS		In-House Warrants	
Charge Screen		Bond	
Appointment Screen		Property Sheet Signed	
Commissary Account Closed		Debit Card Receipt Signed	
Cell Shakedown		Outdate Screen	

SGT / OIC : _____ **Date :** _____