

**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:

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**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

### Booking Checklist

Place of Birth		Phone Number	
Drivers License or ID Number		FBI Number	
Scars, Marks, Tattoos Jamin Logged		Scars, Marks, Tattoos Picture Taken	
Personal Info Screen		Booking Screen	
Charge Screen		Property Screen	
Medical Screen		Emergency Contact	
Housing Screen		Mug Shot	
DNA		Fingerprints	
Money Inventory		Classification Form	
Visitation List		Keep Separates	
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	
	Outdate Screen		

**SGT / OIC :** \_\_\_\_\_ **Date :** \_\_\_\_\_

### Released to Other Agency

Date		Time	
Agency Released To		Officer Released To	