

Facility  
CRISIS FORM

PART I: INITIAL CONTACT INFORMATION

1. Date \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_
2. Name of Staff Member Taking Information: \_\_\_\_\_
3. Name of Chaplain/Counselor: \_\_\_\_\_
4. Offender's Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Dorm: \_\_\_\_\_
5. Detail: \_\_\_\_\_
6. Name of Deceased/Ill: \_\_\_\_\_ Phone #: \_\_\_\_\_
7. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Relationship to Offender: \_\_\_\_\_ Nature of Crisis: \_\_\_\_\_
9. Name of Person Contacting Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_
10. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
11. Relationship to Offender: \_\_\_\_\_

IN CASES OF DEATH:

12. Funeral Home: \_\_\_\_\_ Phone #: \_\_\_\_\_
13. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
14. Location of Funeral: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

TRANSPORTATION TO FUNERAL:

15. Sheriff's Department: \_\_\_\_\_ Contact: \_\_\_\_\_ Ph.: \_\_\_\_\_
16. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

IN CASES OF ILLNESS/HOSPITAL:

17. Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_
18. Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

IF AFTER 4:30 P.M.:

19. Duty Officer Notified \_\_\_\_\_: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**VICTIM SERVICES: SHALL BE CONTACTED AT THIS POINT.**  
**(See Attachment 3, The Office of Victim Services Critical Contact List)**

20. Designee Contacted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
21. Contacted by (Printed Name/Title): \_\_\_\_\_ Email \_\_\_\_\_ Phone # \_\_\_\_\_
22. Recommendation: Support: \_\_\_\_\_ Oppose: \_\_\_\_\_ See Attached Email from Victim Services.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: ALL INFORMATION FROM VICTIM SERVICES, SHALL BE CONFIDENTIAL**

**PART II: CONTACT WITH OFFENDER AND FAMILY**

1. Offender Seen by Chaplain/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
2. Emotional State: \_\_\_\_\_
3. Family Contacted by Chaplain/Counselor: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
4. Family Informed of Procedure Requesting:
  - a. Reprieve from Parole Board: \_\_\_\_\_ Sheriff's Escort: \_\_\_\_\_
5. Name of Family Member Informed: \_\_\_\_\_ Phone #: \_\_\_\_\_
6. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART III: INFORMATION FROM FILE**

1. Relationship of Ill/Deceased Verified: \_\_\_\_\_
2. Security of Offender: Close \_\_\_\_\_ Medium \_\_\_\_\_ Minimum \_\_\_\_\_
3. Offender on Mental Health? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Medication: \_\_\_\_\_
5. Nature of Offense: \_\_\_\_\_  
\_\_\_\_\_  
a. Past Violent Offenses/Sex Offenses: \_\_\_\_\_  
\_\_\_\_\_
6. Length of Sentence: \_\_\_\_\_ TPM or MAX Release Date: \_\_\_\_\_
7. Institution Behavior: (Escape, Detainer, D.R., Attitude, Work Performance) \_\_\_\_\_  
\_\_\_\_\_

**PART IV: RECOMMENDATIONS**

1. Chaplain's/Counselor's Recommendation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature
2. Deputy Warden of Care and Treatment/Chief Counselor/ Senior Counselor Recommendation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature
3. Deputy Warden of Security/Assistant Superintendent Recommendation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature
4. Warden/Superintendent needs additional information before making decision? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, state information needed: \_\_\_\_\_  
\_\_\_\_\_
5. Warden's/Superintendent's Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature