

Douglas County Sheriff's Office
Work Release Program
Information Packet

Bring this information packet with you when turning yourself in to start your sentence. It is recommended that you contact the Work Release Coordinator one week prior to turning yourself in.

The Douglas County Sheriff's Office Work Release Program is designed to assist the courts by giving an alternate placement for sentencing. It also assists you by allowing the opportunity to provide for yourself and your family. The Work Release Program allows you to continue employment while serving out your sentence at the Douglas County Jail.

If you were granted work release by a Judge, it does not automatically mean the Douglas County Sheriff's Office will place you on the program. There are criminal convictions *and/or* charges that will exclude you from the work release program. There are certain jobs the Douglas County Sheriff's Office will not allow work release participants to be employed in while in the program. The Detention Division commander *or their designee* has the authority to approve or disapprove participation for each inmate.

TO BE CONSIDERED FOR WORK RELEASE YOU MUST MEET THE FOLLOWING MINIMUM REQUIREMENTS:

- Court approval.
- Minimum of 15 day sentence.
- Acceptable criminal history. Weapon offenses and crimes that fall under Colorado's Victim Rights Act, such as Assault, Kidnapping, Domestic Violence, Menacing, Robbery, or any Sex crimes may exclude you from the program.
- No outstanding warrants. If you have charges, you must be on bond or set for a hearing.
- Acceptable and verifiable employment within the Denver metro area and/or the Colorado Springs area. You will not be allowed to work in an establishment whose primary service is the distribution or sale of alcohol (bars, sports bars, liquor store, etc.) or any establishment associated with the marijuana industry. No door to door sales.
- Working from home will be considered on a case by case basis and work hours may be limited to Monday thru Friday 8 am to 5 pm.
- Adequate funds at time of processing to pay work release fees (this includes one week paid upon entry, \$75.00 GPS hook-up fee and \$30.00 booking fee).
- Good health.
- Acceptable past behavior in the detention facility and while on pretrial.
- A valid means for transportation (No Taxi or Uber rides).
- Health insurance/coverage (privately or from place of employment). *****If you are currently covered by Medicaid you are not insured while incarcerated, if any questions kite Medicaid while in custody*****
- Cell phone.

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YOU MUST ALSO AGREE TO THE FOLLOWING:

- Obey all rules of the detention facility and work release program.
- Obey all local, state and federal laws.
- Abide by staff directives within the facility.
- Do not consume or possess any alcohol or illegal drugs.
- Report directly to and from work or appointments.
- Maintain a positive account balance.
- Maintain proper hygiene and room cleanliness.
- Submit to substance abuse testing.
- Submit to strip searches of person and search of property.
- Wear a GPS tracking system.

EMPLOYMENT WITHIN WALKING DISTANCE OF THE JAIL:

There are employment opportunities within walking distance of the detention facility. There are automotive shops, retail, restaurants and the Castle Rock Outlet Mall all within walking distance. If you are unable to secure daily transportation to your current employer, then these locations can be a viable option for income while you are in work release. These places generally need you to be sentenced a minimum of 90 days or longer to be considered for employment. You will be responsible for securing any employment at these establishments prior to incarceration, the Work Release Program does not allow for job search.

Castle Rock does not have any local or regional transportation. Any and all daily transportation must be provided by you. You will not be allowed to use an Uber or Taxi.

COST:

You will pay between \$15.00 and \$71.00 per day (\$105.00 and \$497.00 per week) to participate in the Work Release Program. If you are serving a sentence from another county, you will pay \$55.00 per day (\$385.00 per week). Your contribution is based on a fixed percentage of your annual gross income set by the Douglas County Board of Commissioners. (Working at the current minimum wage [\$12.00], will place you at \$31.00 per day according to the sliding scale.) The work release coordinator will figure your payment during your entry into the program.

HOW DOES WORK RELEASE WORK?

You are allowed to go to work and return directly to the detention facility according to a pre-approved schedule. Medical care and transportation are your responsibility. If you are using a private vehicle, you must have a valid driver's license, proof of insurance and a registration slip. If the vehicle is registered to someone else, they must give you written permission to use it. You must bring the registration slip and insurance card of the vehicle (regardless of whether it belong to you or someone else) on the date of your scheduled incarceration. If someone is transporting you to and from work you must provide a copy of their driver's license, insurance and registration.

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You must always advise the work release staff of your location while out of the facility. Expect phone calls and visits by work release staff and know that you will be required account for your location on daily tracking sheets.

PERSONAL PARKING FOR WORK RELEASE INMATES:

If you have a valid driver's license and provide all the proper documents you will be permitted to park your vehicle in the lower south west parking lot of the Justice Center, this area is marked as work release parking. The Douglas County Sheriff's Office is not liable for any damage or loss to any vehicle used while participating in the Work Release Program.

WORK CLOTHES:

You will be issued a half-size locker. Work clothes may be washed in the pod after staff has checked them for contraband. You must place your laundry back into your locker immediately after laundering. Only bring in clothes you will use to go to work. Do not bring in extra clothing, hygiene items, tobacco products, lighters or matches, make-up, large purses, iPods, etc.

MONEY:

Your first financial responsibility is the payment to the work release program. The Douglas County Detention Facility will not serve as your bank. The payment of private bills, family support, restitution, etc. will be your responsibility. You must keep a minimum of one full week payment in your account at all times. If you order commissary, you must replenish your account for work release fees. All deposits into your account will be in cash and will be deposited into your account in the Sheriff's Office lobby on the second floor. Failure to maintain funds needed for fees will result in your account being frozen to all commissary purchases and possible removal from the program. Do not incur any additional financial obligations while in the work release program.

WORK SCHEDULES:

Your weekly schedule must be completed by noon on Thursday. You are allowed to work a maximum of 10 hours per day or 60 hours per week, not including travel time. Your time out of the facility cannot exceed 12 hours with travel time. You are required to spend one full day in the facility per week. Your hours may be limited to Monday thru Friday 8 am to 5 pm if you work from home or are self-employed.

HOLIDAYS:

You will not be allowed to work the following Holiday's:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

If you work in retail and your employer is open on these holiday's, the Work Release Coordinator will need to verify your hours, then an exception could be made. You will not be allowed to work from home during any holiday- no exceptions.

MEALS:

Sack lunches are provided at no extra cost for you to take to work. In order to receive a sack lunch, you must ask staff for one when you are leaving or coming in after evening meals (breakfast, lunch or dinner.) If you are in the facility during mealtime you will receive a jail meal.

SPECIAL REQUESTS:

All special requests are to be submitted on the kite system within the facility at least 48 hours in advance. An exception may be made for emergencies. All requests are subject to verification and approval. It is your responsibility to verify that a pass has been approved. You must leave and return at the specified time stated. Failure to comply with all work release rules while out on pass will result in your being removed from the work release program.

WORK SITE CHECKS:

Sheriff's Office personnel will conduct random checks at your work either by phone or in person. You are required to be at work unless other arrangements have been approved by the work release coordinator. Unauthorized absences constitute an escape under Colorado law and appropriate additional charges will be filed against you as well as your removal from the program.

IDENTIFICATION CARDS:

You will be issued a work release identification card and an inmate identification card. The work release card will be kept in your possession when you are outside of the facility. The identification card will be worn and visible while on the Justice Center property. The inmate identification card will be taped on your cell door window for headcount purposes.

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MEDICATION/MEDICAL PROBLEMS:

Participants in the Work Release Program are responsible for their own medical care, including costs incurred with any medical needs. You are to schedule your own appointments with a medical or dental service of your choice within your work day. You will need to notify the work release coordinator utilizing the kite system of these appointments in advance. If an emergency arises, contact with work release staff as soon as possible.

If you are on prescribed medication, this must be disclosed to the work release staff. Prescribed medications that contain alcohol, narcotics or benzodiazepines will not be allowed. You may be subject to medical withdrawal protocol and medical clearance prior to Work Release processing for certain prescribed medications, if medical deems it is necessary. It is your responsibility to fill the prescription and pay any and all costs. All prescriptions must be immediately turned over to the detention medical staff for verification and authorization, including any additional prescriptions acquired during the program. The detention staff will walk you to your locker and observe you take your medication if you are in the facility.

No over the counter medications will be allowed in the facility, these can be purchased on commissary for in facility use.

THERAPY/COUNSELING:

If you are *required by the courts* to complete special classes, you must get the times approved by the work release coordinator and a therapy confirmation form must be signed by a counselor or doctor for verification that you were there and returned to the work release coordinator for verification. This will be limited to Schedule II, or Track D Education that is necessary to maintain your driver's license, and MOP therapy. Any approved classes **MUST** be in conjunction with your work hours. You will not be allowed to begin Community Service hours or other Probation mandated classes while on work release.

WORK RELEASE POD CLEANLINESS:

The cleanliness of the pod is the responsibility of all inmates assigned to that pod. You will be required to keep your cell clean and participate in the cleaning of the pod lounge and surrounding areas. You must request cleaning supplies to accomplish these tasks. Refusal to participate in this function may result in disciplinary action, including dismissal from the program.

FUNDS FOR PERSONAL AND ACCOUNT NEEDS:

You may have in your possession a limited amount of money (\$75.00) for your personal needs. This money is to be kept in your locker when you are in the facility. In your account at the jail, you must keep at minimum, the weekly amount that you and the Work Release Coordinator have agreed on for payment of fees in the program.

ADDITIONAL INFORMATION

OVERTIME:

Your *supervisor* must contact the work release coordinator at (303)814-7073 to obtain permission to keep you for additional hours past your scheduled time to report back to the jail. Your supervisor must provide how much additional time they will need to keep you. Your supervisor must obtain permission from the work release coordinator prior to you being authorized to work overtime. Inform your supervisor that a phone call will be returned later to verify the overtime and that you are still present at work.

EMERGENCIES:

You will be issued an emergency contact card with phone numbers to call in the event of an emergency. This card will contain the numbers of the work release coordinator, and the on-duty shift supervisor. You should provide these numbers to your supervisor or family so that notification may be made in the event you have an emergency. This will avoid any problems or possible escape charges.

DRESS CODE:

While in the jail you are to be fully dressed in your uniform when outside your cell.

LAUNDRY:

You are responsible for your own laundry needs. The pod has a washer and dryer available to you.

COMMISSARY:

If you are out of the facility when commissary is delivered, the pod deputy will accept your commissary from the vendor and give it to you when you return to the facility. It is your responsibility to make sure you have enough funds in your account to cover commissary and your weekly work release fees.

NOTE:

Any violation of the law while in the work release program could result in your immediate removal from the Work Release Program and reclassified into a different pod. Violation of facility rules may result in administrative action and/or removal from the program. You will receive a urinalysis and breathalyzer test when you arrive at the detention facility and randomly throughout your sentence. A positive result on any test may result in your removal from the program. An exception may be granted if you test positive on the intake test which could be residual drugs in your body.

You will be denied work release if it is determined that you have just consumed drugs or alcohol prior to your admittance and/or do not turn yourself in by the time ordered by the Judge.

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HOW TO APPLY:

The day you are scheduled to begin your sentence, you will report to the Douglas County Justice Center. Upon your arrival, you will be processed as all other inmates into the facility. You will be housed in the intake pod between 24-72 hours until classified. *Unless prior arrangements have been made with the Work Release Coordinator, plan on not working for at least three days.* At the time of your classification meeting, or while you are in the intake pod, you will need to request to be placed into work release. Arrangements will be made to meet with the Work Release Coordinator. Processing for work release can only occur during business hours, Monday thru Friday.

You must bring the following items with you on the day you arrive at the detention facility.

- Valid identification/driver's license.
- Copy of your vehicle registration and insurance.
- Copy of your Interlock agreement (*if applicable*).
- If you do not have a valid license you must bring in a copy of the driver's license, registration, and insurance for the person and the vehicle that will be transporting you.
- Copy of your sentencing mittimus.
- Funds to cover the booking fees (\$30.00), GPS hook-up (\$75.00) and work release fees (determined by sliding scale) for the first week.
- You should also bring employment information; i.e. name, address and phone number of employer, your supervisors name and phone number, work schedule of days and hours that you work and your last two pay stubs.
- **Do not bring extra clothing unless approved by the work release coordinator prior to your arrival. No large suitcases, large bags or large purses will be accepted. Any of these extra items can be left in your vehicle so you can access them when leaving for work.**

Towels and institutional uniforms will be provided for you. Other items for hygiene can be purchased through commissary to include underwear and socks.

Douglas County Sheriff's Office
Application for Work Release Program

**** ALL FIELDS MUST BE COMPLETED IF APPLICABLE ****

Inmate's Name: _____

Date: _____

DC Number: _____

Date of Birth: _____

CURRENT HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE # _____

CELL PHONE # _____

PRIMARY WORK ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE # _____

SUPERVISOR PHONE# _____

SECONDARY WORK ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE# _____

SUPERVISOR PHONE# _____

The following members of my family live in the Denver Metro area:

Name	Address	Phone	Relationship

Douglas County Sheriff's Office Application for Work Release Program

PRIOR ARRESTS

<u>Charge</u>	<u>Location</u>	<u>Date</u>

RESTITUTION

I owe the following in court-ordered restitution: _____

The restitution is owed to: _____

The restitution is paid to: _____

I owe the following in Court fines/costs: _____

Amount owed to Community Services: _____

PROBATION/PAROLE INFORMATION

My Parole/Probation Officer is: _____

Agency: _____ Phone #: _____

Conditions: _____

UNRESOLVED CHARGES

I have the following charges that are unresolved (include agency and court date):

METHOD OF TRANSPORTATION

Driver's Name: _____ Driver's License #: _____

Vehicle License: _____ Color: _____ Year: _____

Make: _____ Model: _____

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EMPLOYMENT INFORMATION

Employer:
Address:
Phone: Pager #: Cell Phone:
Occupation: Title:
Supervisor: Phone #:
Length of Employment: Rate of Pay: Annual Income:
Paydays: Paid by: Cash Check Direct Deposit
Number of Hours worked per week: Work Hours (general) to
Number of Dependents: Amount of Alimony Paid:
Medical Insurance Carrier: Policy#:

If you are currently covered by Medicaid you are not insured while incarcerated, if any questions kite Medicaid while in custody

I certify that the information I have provided on this document is true, complete, and accurate to the best of my knowledge. I agree to provide statements and original bills if so requested. If any of this information changes, I will notify the Work Release Coordinator by the end of the next working day.

Inmate's Name DC Number Date

TO BE COMPLETED BY DETENTION STAFF

EMPLOYMENT VERIFICATION

Person Contacted: Title:
Date: Time:
Daily Assessed Fee: Additional Comments:

Staff Member's Signature OSN Date

Douglas County Sheriff's Office

Work Release Program

PAYMENT AGREEMENT

I understand that while housed at the Douglas County Sheriff's Office, in the Work Release Program, I will be charged a daily fee for my room and board. This amount will be no less than \$15.00 per day and no more than \$71.00 per day. The exact amount will be based on my projected gross annual earnings and is subject to modification should my financial position change. Any excess funds paid by me upon the completion of my sentence or in the event that I am no longer participating in the program, will be refunded by the facility.

I understand that failure to meet my financial obligations as set forth in this agreement and under C.R.S. 18-1.3-106 *County jail sentencing alternatives – work, educational, and medical release – home detention – day reporting - definition* is a violation of the work release rules and will result in permanent termination from the program and will cause my immediate return to the Detention Facility where I will be immediately reclassified.

My current Gross Pay is \$ _____ per _____

Based on the above wage, I agree to pay \$ _____ per day.

Scheduled Release Date: _____

\$ _____ .00 x 7 days = Total Paid per week \$ _____.

I further agree that the outstanding balance will be paid in full prior to my release. I also agree to pay the accumulated balance in the event that I am terminated from the program.

Failure to pay may result in further legal action, including placement with a collection agency. Once your account is turned over for collection, the collection agency will add their fees to the amount owed to the facility. This will increase the amount of your total liability. The Sheriff's Office reserves the right to use any legal remedies to collect any unpaid amounts.

Inmate's Signature

DC Number

Date

Detention Member's Signature

OSN

Date

Douglas County Sheriff's Office
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RELEASE OF CLAIMS

The undersigned hereby releases and forever discharges the Douglas County Sheriff's Office and its employees from any and all claims, actions, causes of action, damages, losses, expenses and compensation whatsoever which the undersigned now has or which may hereafter accrue on account of the use, driving, parking, maintenance, and storage of a motor vehicle including its contents, which is operated by me or any other person in connection with my participation in the Douglas County Work Release Program.

Signature of Inmate

DC Number

Date

Detention Member's Signature

OSN

Date

I, _____ will agree to the following terms and conditions of the Douglas County Work Release Program:

1. I will not work more than six (6) consecutive days in any seven (7) day period, nor will I work more than sixty hours, (60), in any six-day period. I understand I cannot exceed 12 hours outside of the facility daily. Self-employed participants may be limited to business hours of Monday thru Friday 8am to 5pm.
2. I will not possess more than seventy-five (\$75) in cash while on the Program.
3. I will work only the job approved by the Work Release Coordinator and will notify the Work Release Staff of my job location and any changes in job status as they occur.
4. I will travel DIRECTLY from the Detention Facility to my scheduled work location or approved destination. I will then return from my scheduled work location or approved destinations DIRECTLY back to the Detention Facility. If I travel to more than one location for work purposes during my work day, I will fill out a Multiple Location Log and turn this in daily.
5. I understand that I must have prior approval and verification of my mode of transportation. (Taxi's and Uber are not approved types of transportation.)
6. I will not consume any Alcohol or Drugs while assigned to this program to include prescribed medications that are alcohol, narcotic (including marijuana), or benzodiazepine based. I will not take any medications unless authorized by a physician. I understand that a positive test for alcohol, marijuana, drugs, or benzodiazepine-based medication will result in immediate removal from the program and I will not be eligible to return to Work Release.
7. I will submit to any type of Drug/Alcohol abuse screening test immediately upon request by Work Release Staff or their designee. I understand am financially responsible for all subsequent urine tests after the initial base line test at \$9.75 per test. My initial test of urine and breath will show:

NEGATIVE POSITIVE

If positive; list substance, last use, and frequency:

8. I will obey all the laws of the United States of America and the State of Colorado including its counties and municipalities. I will immediately report any Law Enforcement contact to the Work Release Coordinator.
9. I will obey all Detention Facility rules and regulations, and all orders given by any Deputy Sheriff or civilian staff of the Douglas County Sheriff's Office.
10. I will obey all the rules and regulations of the Work Release Program as stated in the Work Release informational packet I was given upon entry into the program.

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11. I understand that removal from the program will be done in addition to any disciplinary actions/sanctions that may be imposed by the Douglas County Detention Facility through the internal disciplinary process.
 12. Minor violations of the work release program may result in sanctions such as loss of a day(s) work and removal of other privileges at the discretion of the Work Release Coordinator.
 13. I understand I am responsible for charging my GPS unit to a FULL CHARGE twice daily. (GPS is fully charged when the audible message states "Battery Charged").
 14. I understand I will be financially responsible for any loss or damage of the Electronic Monitoring equipment issued to me for use while participating in Work Release.
 15. I agree to pay the calculated daily-assessed fee as designated by the Douglas County Board of Commissioners and to maintain adequate funds on my account to cover the fees, with one week always paid in advance.
 16. Removal from the work release program will constitute losing one week in fees.
 17. I agree that I will be responsible for all my own health care needs and costs.
 - A. If I have an emergency medical situation, I will notify a Deputy as soon as possible.
 - B. If I need to see a Doctor, I will arrange for the appointment and advise the work release staff through a special pass request.
 - C. I will give my Doctor notice that I am not allowed medication containing any NARCOTIC/ALCOHOL/BENZODIAZEPINE agent.
 - D. I will truthfully complete the Health Information Form in my packet and will surrender all current medications for verification/approval by nursing staff. I will notify the Work Release Coordinator of any new prescriptions while on the program.
 18. I will submit my weekly schedule prior to 12:00 (NOON) on Thursdays. Failing to do so will result in not being allowed out to work until the schedule is approved.
 19. I fully understand that a violation of the terms and conditions as stated herein, or any information given to the Detentions Staff, either written or verbally, found to be untruthful, shall be grounds for immediate removal from the program.
 20. If you are going to be late and may not return by your scheduled time you must call booking at 303-663-6262. You will tell them you are late and the estimated time of return. This information will be verified by all means necessary.
 21. Failure to report as scheduled will result in Escape charges pursuant to CRS 18-8-208.

I have read the above terms and conditions as well as had them explained to me and have had the opportunity ask questions about them. I agree to all terms and conditions.

Inmate's Signature

Inmate Number

Date

Work Release Coordinator

OSN

Date

***** RULES ARE SUBJECT TO CHANGE WITHOUT NOTICE*****

All inmates accepted into the Douglas County Work Release Program must understand that this program is a **PRIVILEGE** and **NOT** a **RIGHT**. You can be removed from this program at any time or be disciplined depending on the severity of the violation or violations you commit. This is a list of the most common rules for the mudroom that you as a work release client must follow. You must **INITIAL** beside every rule after reading them.

1. Absolutely no electronic devices other than your cell phone (NO nooks, kindles, iPads, laptops, etc.) may be brought in.
2. No books, magazines, 3 ring binders or newspapers are allowed to be brought in.
3. No food or drinks of any kind can be brought in.
4. No tobacco products of any kind are permitted into the facility including matches, lighters and electronic cigarettes.
5. No tools of the trade including knives, box cutters, scissors, screw drivers etc.
6. No large purses, bags, or backpacks are permitted. A small purse or wallet_only large enough to carry your I.D, credit cards and money.
7. No nail files, nail clippers, lotions, make up, nail polish, hair products or any hygiene products can be brought into the facility. These items need to be kept in your car or at your work. If you are not driving a car to work, ask the work release coordinator about use of an outdoor locker.
8. No over the counter medications of any kind can be brought in. These items need to be purchased through the jail commissary system. All prescription medications must be in the original prescription bottles.
9. No loitering in the public parking lot at any time. You **MUST** turn yourself back in as soon as you return to the Justice Center property.
10. No talking on your cell phone while on Justice Center property. Phone must always be off while in the parking lot, in the building, or while on any walk ways. *ONLY EXCEPTION:* If you get rides to work from friends / family and they are not here when you go to leave. Once you are on the public side of the parking lot, you are allowed to quickly **CALL** them to see if they are coming.

Work Release Coordinator **Douglas County Sheriff's Office**
(303)814-7073 **Work Release Program**
workrelease@dcsheriff.net **Inmate Mudroom Rules**

Jail Supervisor
(303)663-6262
Fax (303)688-2986

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11. You will be given a PBT test every night upon return to the jail. IF staff gives you a PBT tube for testing keep this tube in your locker for nightly reuse.
 12. You will submit to a strip search when returning to the facility after work.
 13. Introduction of any contraband into the facility/mudroom will result in Felony Charges pursuant to CRS 18-8-204/18-8-203.

By signing this document, you are agreeing that you fully understand each rule. You also understand any violation you commit can result in a verbal warning, sanction, possible removal from the program or criminal charges.

Refusing to sign this document will be grounds to disqualify you from entering the program.

Print Name

Inmate Signature

DC#

Date

Work Release Coordinator

OSN

Date

Work Release Health Information Form

Name: _____

Inmate # _____ DOB: _____

All information on this form will remain confidential and used only for medical purpose. While enrolled in the work release program you will be responsible to obtain your own healthcare and medications. This form will be used in the event of a medical emergency.

Allergies:

Chronic Diseases (circle all that apply):

Hypertension (High Blood Pressure)

Hyperlipidemia (high cholesterol)

Diabetes

HIV/ AIDS

Asthma

Hepatitis C

COPD

Seizures

Other: _____

Chronic Medical Problems (list all chronic medical problems):

Medications (please list all prescription and over the counter medications and dosages that you currently take):

Social History:

- * Tobacco Products: Yes No ; Type: _____ Frequency: _____
- * Substance Abuse: Alcohol Heroin Cocaine Other: _____

Mental Health:

Yes No History of Mental Health Treatment? Past Current

In-patient: _____

Out-patient: _____

Diagnosis: _____

Yes No Active Suicidal Ideation

Yes No History of Suicide Attempts

Yes No History of Sexual Offenses

Yes No History of Victimization

Yes No Special Education

Yes No History of Head Trauma or Seizures

Yes No History of Violent Behavior

Female Only:

Date of Last Menstrual Period: _____

Yes No Pregnant Expected Delivery Date: _____