



Santa Barbara County Sheriff's Department Temporary Holding Facility Classification and Screening Form

Inmate Name:

CID:

DOB:

Last time in custody:

Enemies / Gang Associations:

Requesting protective custody? Yes / No

Reason:

Medical problems:

Are you contemplating suicide? Yes / No

Other signs or indications of suicide? Yes / No

Mental Health Issues? Yes / No

Is special housing required? Yes / No

Reason:

Officer's Name:

Body #

Date:

Inmate was housed in: Cell 1 Cell 2