**IDAHO DEPARTMENT OF CORRECTION**

**Retained Jurisdiction Placement Evaluation Form**

Offender’s Full Name, (Last, First, Middle Initial):

Offender’s IDOC #:

DOB (MM/DD/YYYY):

Current Age:

Reception Facility:

Parole Commission Retained Jurisdiction

Court Retained Jurisdiction

**Complete this section for Court Retained Jurisdiction**

District: Judge: Retained Jurisdiction Ends:

Crime: Length of Jurisdiction: Completion Ordered:

Judge’s Recommendations:

Full Term Release Date:

First Retained Jurisdiction? Yes No If not, where and when?

First Incarceration? Yes No If not, where and when?

Significant Prior Criminal History: (e.g. Escape, Arson, Violence, and Juvenile Corrections):

Significant Behavioral History: (e.g. Violence, Prior Incarceration, or County Jail Disciplinary):

Medical or Mental Health Concerns?

Staffing Comments:

**Retained Jurisdiction Types**

CAPP CAPP CRP Sex Offender  Traditional Therapeutic Mental Health

**Recommended Housing**

CAPP-Boise NICI SBWCC ISCI PWCC CWC Other:

Report Prepared by: Date:

RDU Manager: Date: