



Pickens Sheriff's Office

Pre-Booking Form

Incident # _____

Arresting Agency _____ Property Bag# _____

Arrest Date _____ Arrest Time _____ Inmate ID# _____

Inmate Name _____
Last _____ First _____ Middle _____

Victim Notification: Yes _____ No _____ (*Attach Victim Notification Form*)

Has Inmate been in an accident? Yes _____ No _____

If yes, Type of Accident _____ (*ex. roll over crash, head on, air bag deployed*)

Use of Force used during arrest? Yes _____ No _____

If yes, Type of Force Used? _____ (*OC spray, Taser, baton, hands*)

Is the Inmate Suicidal? Yes _____ No _____ Cleared by medical professional? Yes _____ No _____

Offense and Code Section _____ F/M _____ Warrant # /Citation #/ TBT

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If more space is needed continue on subsequent forms. (Denote on forms 1 of 2, 2 of 2, etc.)

I acknowledge my responsibility to obtain a warrant for the inmate within 48 hours of arrest. If no warrant has been delivered the inmate will be released after 48 hours from the time of arrest.

Arresting Officer _____ Badge# _____ Agency _____

Transporting Officer _____ Badge# _____ Agency _____
(If different from Arresting Officer)

Intake Deputy _____ Badge# _____

NOTICE OF POLICY

No person shall be admitted into the custody of the Pickens Sheriff's Office who: (1) is unable to walk into the facility under his/her own power; (2) has a blood/breath alcohol level greater than .28%; (3) has any open wounds. By my signature above, I acknowledge the policies of the Pickens Sheriff's Office Adult Detention Center.