



# 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

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.