



**Department of Public Safety and Correctional Services
Office of the Director of Programs and Services**

**Local Reentry Program (LRP)
Classification Factors Form for Inmates Transferring to Local Detention Centers**

Date Packet Sent: _____

Name of Receiving Detention Center: _____
(Howard, Montgomery or Talbot County)

Sending Facility from DOC: _____

SECTION A: Offender Information

Offender Name: _____

Offender CL/DOC N^o: _____ Age: _____ DOB: _____

Current Offense: _____

Total term of Confinement/Sentence: _____

Mandatory Release Date: _____

Projected Release Date: _____
(Parole/ Delayed Release)

Security Level: _____
(Pre-release or Minimum)

Escape history: _____

Parole status: _____

Pending charges/detainers: _____

SECTION B: Disciplinary and Intel Information

Housing status (administrative/disciplinary) and (why): _____

Gang affiliation: _____

(Name of Group)

Enemies: _____

Separation issues: _____

(Any separation issues with other inmates housed in at the Local Detention Center)

SECTION C: Medical Information

Medical status: _____

(Chronic condition/meds/PPD results)

Psychological assessment: _____

SECTION D: Brief summary of offender's current offense *(Pre -Sentence Investigation-PSI)*

Statement of charges: _____

All facility Liaisons: please complete form in its entirety to avoid delays in processing. If you have any questions, please feel free to contact David Greene, Chief of Case Management at 410-585-3435; email david.greene@maryland.gov or contact Leroy Mills, Local Reentry Coordinator at 410.585.3814; email leroy.mills@maryland.gov.