

[Please complete case summary and submit as outlined in policy. Instructions for certain sections are in red bracketed language below. Please delete this instruction and the red bracketed language throughout as you complete the summary.]

Certified Case Summary for State of Minnesota Incarcerated People

Date:

Personal Data:

1. Committed Name and Known Aliases:
2. Incarcerated Person Identification Number:
3. Current Place of Incarceration:
4. Date of Birth:
5. Place of Birth:
6. Nationality/Citizenship:
7. Marital Status/Children: [Indicate whether individual is single, married, widowed, separated, or divorced; number of children as well as their names and ages.]
8. History/Family: [Location of parents, siblings, spouse, and children; how often they visit the incarcerated person in prison; how long the incarcerated person has lived in the United States.]
9. Employment Prior to Incarceration:
10. Immigration Status: [Indicate status as temporary resident, permanent resident, unauthorized alien, or U.S citizen. Also state if ICE has filed a detainer or procured a removal order.]

Sentence Data and Criminal History Information:

1. Sentence Imposed:
2. Date of Sentence:
3. Sentencing Court:
4. Criminal Docket Number:
5. Current Offense(s):

6. Description and Date of Offense(s): **For conspiracies, include start/end dates, number of co-conspirators, and the incarcerated person's role. For drug offenses, include the drug type and amount and, if available, the monetary value. State whether the incarcerated person resisted or fled from arrest and whether a weapon was found on his/her person or within arm's reach, including the specific type of weapon.]**
7. Fines/Assessments/Restitution: **[Include any monetary penalties or other obligations imposed by the court. Specify the total amounts paid by the offender incarcerated person and remaining balances.]**
8. Pending Appeals/Collateral Attacks on Current Conviction(s) or Sentence(s):
9. Prior Criminal Record: **[Include incarcerated person's prior convictions, including the date and nature of the offense, the court name, and the disposition.]**
10. Detainers/Pending Charges: **[For any pending criminal charges, include the type of offense, the court name, and the case number.]**
11. Credit Received for Time in Custody Prior to Service of Sentence: **[Jail credit.]**
12. Parole/Supervised Release Eligibility Date:
13. Projected Release Date:
14. Full Term Date of Sentence: **[Expiration date.]**
15. Time Served to Date:
16. Is Incarcerated Person Testimony or Cooperation required in a Pending Investigation or Court Action?

Social Data:

1. Psychological Evaluation: **[Known psychological disorders, including names/doses/timing of any prescribed medications.]**
2. Security/Classification Level:
3. Educational Background: **[Education both before and during incarceration.]**
4. Institution Work Experience:
5. History of Alcohol/Drug Abuse:
6. Current Medical Condition: **[Known medical issues, including names/doses/timing of prescribed medications and medical restrictions/accommodations.]**

7. Incidents of Institutional Misconduct: [Type and number of violations committed by the incarcerated person. For each case of prison misconduct, include the violation date, the violation behavior, the sanctions imposed, and whether the violation was regarded as serious.]
8. Program Participation: [Treatment, work release, CIP, etc.]

Other Pertinent Information

[Include other relevant information here]

Prepared By: _____
Caseworker or Supervising Agent / Phone Number

Date

Reviewed By: _____
Supervisor / Phone Number

Date