Oklahoma Department of Corrections Security Threat Group Membership Status Review Form

l, In	mate	, ODOC#	, deny t	hat I am an active
mem	nber of the group known as	3	I joined	this group on (date)
	in (location	on)	and	my sponsor was
	I lef			
	for the	e following reasor	1:	
I hav	ve read the above information	on and state that	it is true and correc	t.
Inma	ate Signature ODC	DC #	Date	
Staff	f Conducting Interview			Date
Initia	al box to certify inmate meet	ts each criteria:		
	Denied active membersh In the past 5 years after to a reportable incident relates assaults on staff, or othe Inmate has no active missing Inmate does not regularly as a result of housing as Photographs of all curattachment to this form)	the initial validation ted to contraband related act sconducts. It is associate with signment.	n date, inmate has d introduction, inmaintity, unless as a vicative, validated S	te assaults or fights, ctim or witness. TG members except
Staff	f Name / Title Certifying Crit	teria (print)	Staff Signatur	e Date

	Inmate was properly documented in OIG records as being affiliated with the group known as All criteria for inactive status are met, are supported by documentation, and have been reviewed by OIG staff.					
	Supplemental OIG records relevant to STG status are provided below or attached in a report as a supplement to this form:					
—— Nam	e/Title of OIG Staff (Print)	Signature of OIG Staff	Date			
Inact	ive status APPROVED □ or DENIE I	D □ by Inspector General or De	signee.			
 Nam	e/Title	Signature	Date			
If app	proved,					
	Inmate's status has been updated to inactive.					
	Requesting facility has been notified of the results of the STG Membership Status Review via memorandum from the OIG.					
	e/Title of OIG Staff (Print)	Signature of OIG Staff	Date			

OIG Use Only