

NON-ASSOCIATION FORM

Section I

Facility: _____ Date: _____

Choose type (All Applicable):

_____ Inmate Initiated _____ Staff Initiated _____ Special Management
 _____ Co-Defendant _____ Family Member _____ Facility Separation

If inmate initiated, has the facility head reviewed and approved the "Protective Measures Investigation," form (DOC 060106A)? If yes, complete the remaining sections of this form and submit this form along with the completed "Protective Measures Investigation" form (DOC 060106A) and supporting documentation to the Population Office.

If a staff initiated Non-Association is recommended due to being co-defendants, family, assisted in the prosecution of another or a serious documented incident complete and forward this form to the Population Office.

If non-associations are initiated due to special management or facility separation, forward the "Non-Association Form," (DOC 060106B) and supporting documents to the chief administrator of Institutions or designee for review. Upon approval from the chief administrator of Institutions or designee, forward all information to the Population Office.

Section II

ODOC #: _____ Name: _____ Location: _____ Race: _____

Non-Association Designated Name, ODOC Number and Location

1. _____ 3. _____
2. _____ 4. _____

Section III Justification

Section IV Re-assessment of Non-Association Need

I, _____ request the removal of the above listed non-association(s) for the following reason:

Section V

 Originating Staff Member Date

 Facility Head or Designee Date

 Chief Administrator of Institutions Date
 or Designee

 Inmate Signature Date

To be completed by Population Office ONLY

 Entered by Date Reviewed by