

INMATE COMMITMENT - CLARK COUNTY JAIL

FILL IN ALL BLANKS.

FAILURE TO COMPLETE ALL SPACES MAY RESULT IN REFUSAL OF PRISONER.

BOOK-IN # _____

DEFENDANT:

LAST NAME	FIRST	MIDDLE	RACE	SEX	D.O.B.	AGE	STATE OF BIRTH
ALIASES OR NICKNAMES	WT.	HT.	HAIR	EYES	S.S. #	DRIVERS LICENCE #	
HOME ADDRESS	CITY		STATE	PHONE #		EMPLOYER / CITY	
NEXT OF KIN / REALATIONSHIP	HOME ADDRESS		CITY		STATE	PHONE #	

CLARK COUNTY CHARGES:

OFFENSE	CAUSE NUMBER	COURT	BOND	FELONY	MISDEMEANOR

ARREST INFORMATION:

ARRESTING AGENCY	ARRESTING OFFICERS SIGNATURE	DATE OF ARREST	TIME OF ARREST	VEHICLE TOWED (IF YES, BY WHOM?)
LOCATION OF ARREST		TRANSPORTING OFFICER		TRANSPORTING AGENCY

PRELIMINARY MEDICAL SCREEN:

HAS SUBJECT BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT? INJURIES? _____

ARE YOU ON ANY MEDICATION WHICH SHOULD BE CONTINUALLY PRESCRIBED? (IF YES, LIST) _____

DO YOU HAVE ANY MEDICAL PROBLEMS OR INJURIES WE NEED TO BE AWARE OF? _____

TATTOOS/SCARS/MARKS:

DETAINERS/HOLDS:

REMARKS/CAUTIONS:

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**** VICTIM NOTIFICATION ****	NAME AND PHONE NUMBER (CONTACT UPON SUBJECTS RELEASE)
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