

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

ARRESTING OFFICER WILL COMPLETE ALL REQUIRED DATA ON THIS FORM PRIOR TO COMMITTING TO MCC/MDCs.					Register Number		P I C T U R E
Name: Last		First		Middle			
AKAs:							
Race (Check) __B__W__A__I	Sex (Check) __M__F	Ethnic Origin (Check) __Hispanic or __Other		D.O.B.	SSN:	FBI: INS: Other:	

CHARGES
CHECK CATEGORY OF CHARGES(S):
 ____ FELONY ____ MISDEMEANOR ____ CIVIL CONTEMPT ____ MATERIAL WITNESS

OTHER
 NARRATIVE:
 Title: _____ USC: _____
 NARRATIVE:
 Title: _____ USC: _____

Date of Offense: _____ Date of Arrest: _____ Place of Arrest: _____

State of Birth	Country of Birth	Citizenship	Current Address	Zip Code
Height Ft: In:	Weight	Hair	Eyes	Scars / Marks / Tattoos
Injuries / Medication				Emergency Contact: (Name, Address, Phone Number)

Arraigned __Y__N	Sentenced __Y__N	Special Handling: __Y or __N Remarks:
---------------------	---------------------	--

IN	IN	IN	IN	IN
Remanding Official (Name) Sign		Agency/District	Phone/24 Hour Number	
Print				
OUT	OUT	OUT	OUT	OUT
Removing Official (Name) Sign		Agency/District	Phone/24 Hour Number	
Print				

FOR BOP USE ONLY			
Receiving Official (Name) Sign		Date / Time	Releasing Official (Name) Sign
Print			Print
Sentry Load Data: (Must Initial) Name Search Completed by: _____		(OPTIONAL USE) ARS Code _____ Staff Init. _____ Add AKA's _____ Create Cash Account _____ Deposit Cash _____ Amt. _____ Detainers _____ Court _____ Clothing Bag # _____	
Clearance/Separate Checked by: _____		RIGHT THUMBPRINT	

Original-for ISM as Remanding-Removal receipt; Copy-for Control as Removal Receipt (NCIC); Copy-For Removing Official; Copy-for Control as Remanding Receipt (Inmate); Copy-INS-Alien in Custody.

(This form may be replicated via WP)

This form replaces BP-S377(58) and BP-377(58) of JUL 91