

Atlantic County Justice Facility Inmate Transport Paperwork Checklist

Arresting Authority: _____ **Date:** _____ **Time:** _____

Defendant's Name: _____ (last) _____ (first) _____ (middle)

_____ (Address) _____ (City) _____ (State) _____ (Zip code)

DOB: _____ **SBI#:** _____ **FBI#:** _____ **SS#:** _____ - _____ - _____

SEX: Male Female **AKA(S):** _____ **Gang Affiliation** Yes No
If yes, Affiliation _____

Race: White Black Hispanic
 Asian Pacific Islander American Indian-Alaska Native Other _____

Primary Warrant # _____ **Bail amount \$** _____
(check all that apply)

<input type="checkbox"/> New arrest	<input type="checkbox"/> County / Municipal Bench Warrant	<input type="checkbox"/> Parole Warrant
<input type="checkbox"/> ISP Warrant	<input type="checkbox"/> VOP Warrant	<input type="checkbox"/> ICE Warrant
<input type="checkbox"/> Other _____		

New Arrest / Indictable Charge	Indictable / Non Indictable	When Applicable
1. <input type="checkbox"/> CDR Copy	1. <input type="checkbox"/> NCIC 2000 Check	1. <input type="checkbox"/> Livescan Check
2. <input type="checkbox"/> Victim Notification Form	2. <input type="checkbox"/> ACS – ATS Check	2. <input type="checkbox"/> Medical / Psych Clearance
3. <input type="checkbox"/> CCH Summary * <small>* do not attach CCH</small>	3. <input type="checkbox"/> Copy of Warrants Found	3. <input type="checkbox"/> NLETS LESC * <small>* do not attach NLETS</small>
	4. <input type="checkbox"/> Proof of Warrant Execution	

If arrest is for an indictable crime or DWI, complete this section: United States Citizen Yes No
If not a citizen, what is Country of Birth: _____ **Note:** ICE notification must be made as required.

Does the prisoner have money on his/her person? Yes No **If yes, how much? \$** _____

I certify that all required criminal history searches have been completed and all required documents are attached:

Signature Title Telephone Number

For Atlantic County Jail Use Only

Prisoner accepted? Yes No **If No, why** _____

Fast ID Inmate? Yes No **Enter confirmed SBI #** _____

Receiving Officer: _____
Print name Signature & Employee ID #