

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
PEN PACKET DOCUMENT CHECKLIST\***

<b>OFFENDER'S NAME:</b> _____				
(Please Print)	Last	First	MI	
Gender: _____				
M / F	SID/DPS Number	CAUSE Number(s)		
Court Number	County Name/ Number	Co. Offender/ SPN Number	TRN Number	FBI Number

**OFFENDER TYPE AND HEALTH CARE NEEDS:**

<input type="checkbox"/> SAFPF	<p><b>Indicate if the offender is regular or special needs (mark one):</b>  <input type="checkbox"/> Regular Needs    <input type="checkbox"/> Special Needs*  <i>If special needs, specify:</i> _____</p> <p>*See program exclusionary criteria on Definitions and Guidelines for Completing the TDCJ Pen Packet Document Checklist.</p>
<input type="checkbox"/> Prison <input type="checkbox"/> State Jail	<input type="checkbox"/> No Special Health Care Requirements <input type="checkbox"/> Requires Special Health Care, such as AIDS, dialysis, disabilities, infectious disease, oxygen, pregnancy, requires assistance with ADLs, wheelchair dependence, and other serious medical or mental health conditions. Call the TDCJ Office of Health Services Liaison at 936-437-3589 to coordinate intake.

**REQUIRED DOCUMENTS FOR ALL OFFENDERS:**

		CHECK
1.	Standardized Felony Judgment Form: Official certified copy, including a judge's signature and the offender's thumbprint.	
2.	Criminal history information	
3.	A written report describing each offense for which the defendant is sentenced to the TDCJ	
4.	A copy of the indictment or waiver of indictment by information for each offense the defendant is sentenced to the TDCJ	
5.	Jail Conduct Report	

**REQUIRED DOCUMENTS FOR ALL OFFENDERS (IF PREPARED OR APPLICABLE):**

		CHECK
1.	Detainers, holds, or warrants	
2.	Pre- or post-sentence investigation report	
3.	Revocation report, including any amounts owed for restitution, fines, and court costs	
4.	Psychological or psychiatric evaluation	
5.	Client supervision plan	
6.	Texas Uniform Health Status Update (TUHSU): For SAFPF offenders with special needs, a copy of the TUHSU shall be provided to the TDCJ when this checklist is submitted for admissions scheduling. For all offenders, the TUHSU shall be delivered to the unit with the offender at the time of physical admission.	
7.	Victim impact statement	

**I CERTIFY THAT ALL DOCUMENTS CHECKED ABOVE ARE ATTACHED:**

Printed Name of Person Completing Checklist	Title	Contact Information for Person Completing Checklist (area code, phone number, extension)
Signature of Person Completing Checklist	Date of Completion	

\* Companion Definitions and Guidelines Available