

DEFINITIONS AND GUIDELINES FOR COMPLETING THE TDCJ PEN PACKET DOCUMENT CHECKLIST

In accordance with state law, the TDCJ cannot accept defendants into its custody until all required documents are received.

OFFENDER INFORMATION:

- Indicate **which type of TDCJ facility** the defendant is committed to by checking the appropriate box. **Note:** TDCJ prisons are referred to as Correctional Institutions Division in Texas state law, and separate pen packets are required for an offender with BOTH an institutional division and state jail sentence. **Required**
- **Name:** List the offender's name as it appears on the judgment and sentence or commitment documents. **Required**
- **Gender:** Write only M (for male) or F (for female). **Required**
- **SID Number:** State identification number issued to the defendant by the DPS. **Required**
- **Cause Number(s):** The number that the court clerk assigns to a case on the court's docket. It identifies the judgment and sentence. If the court issues concurrent sentences for more than one offense, list each cause number separately on the checklist. **Required**
- **Court:** Indicate the district court number in which the commitment was issued. **Required**
- **County:** The jurisdiction of the court where the offender was sentenced. **Required**
- **County Offender/SPN#:** The offender number issued by the county.
- **TRN Number:** The incident tracking number issued by the DPS and assigned by the county for a defendant at the time of the offense.
- **FBI Number:** Identifying number (1-9 characters) assigned by the FBI.

OFFENDER TYPE AND HEALTH CARE NEEDS: *Required*

SAFPF: Indicate if the defendant is regular or special needs by marking one of the boxes. Indicate whether the defendant has special medical or mental health needs. If special, briefly specify the nature of the need; for example, diabetic, blind, or taking psychotropic medications. **Required.** Offenders who take certain psychotropic medications, have a significant mobility impairment, are pregnant, blind, deaf, or have any medical condition requiring ongoing specialty medical services require assignment to **Special Needs SAFP** and shall have their Texas Uniform Health Status Update screened by the Rehabilitations Programs Division prior to placement.

Prison or State Jail: Indicate if the defendant has been sentenced to an ID or State Jail by marking one of the boxes. Indicate whether the defendant requires specialized care for conditions such as AIDS; Alzheimer's Disease or dementia; dialysis; disability, including blind, deaf, severe mobility impairment requiring wheelchair, walker or crutches; hospitalization, current or in the last 30 days; nursing needs, such as infirmary care, isolation, supplemental oxygen, unable to perform any activity of daily living, including bathing, dressing, or remembering to take medications; active infectious diseases, such as chicken pox, measles, or tuberculosis; severe mental illness, including suicidal or psychotic; mental retardation; ongoing specialty medical treatment, such as cancer, heart problems, or recent surgery; pregnancy; and any other medical or mental health condition deemed serious. **Required.** Contact the TDCJ Office of Health Services Liaison at 936-437-3589 to coordinate the intake of these offenders.

REQUIRED DOCUMENTS FOR ALL OFFENDERS:

1. **Standardized Felony Judgment Form:** (TCCP arts. 38.33, 42.01, 42.09 § 8) A certified judgment or commitment document for each cause for which the defendant is sentenced to the TDCJ, including the Penal Code citation, judge's signature, and offender's thumbprint. (Examples: Judgment of conviction by court, judgment of conviction by Jury, order of deferred adjudication, judgment adjudicating guilt, and judgment revoking community supervision.) Only use forms provided by the Office of Court Administration at www.courts.state.tx.us/oca/FelonyForms/index.asp.

If there is a change in venue: A statement regarding the venue change is required including the names of the county prosecuting the offense and county in which the case was tried. This information can be completed on the Standardized Felony Judgment Form.

2. **Criminal History:** (TCCP art. 42.09 § 8) A current report which contains the defendant's history of criminal activity, including all arrests and dispositions. This requirement may be met through a current NCIC/TCIC II-DPS-FBI.

3. **Written Report Describing Each Offense:** (TCCP art. 42.09 § 8) A report containing greater detail about each commitment offense than would be found in court documents, such as a police offense or incident report. Each report should state the citation to the provisions of the Penal Code or other law under which the defendant was committed to the TDCJ.
4. **Indictment or Information for Each Offense:** (TCCP art. 42.09 § 8) A formal charge issued by a grand jury. Other information that may satisfy this requirement includes documents issued by district or county attorneys, or a waiver of indictment submitted by the defendant.
5. **Jail Conduct Report:** (TCCP art. 42.03) A report prepared by the sheriff that describes the defendant's behavior while housed in jail.

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

1. **Detainers, Holds, or Warrants:** (TCCP art. 42.09 § 8) A written order issued by an agency of the federal government authorizing the defendant to remain in custody for an extended period, or a written description of a hold or warrant issued by any other jurisdiction of which the county is aware.
- 2-5. **Pre- or Post-Sentence Investigation, Revocation Report, Psychological/Psychiatric Evaluation of the Defendant, Client Supervision Plan,** or any relevant information contained in the criminal prosecutor's file upon which the judge or jury bases the punishment decision. (TCCP art. 56.03, art. 42.12 § 9, and art. 42.09 § 8)
 2. **Pre- or Post-Sentence (PSI) Investigation Report:** A report usually ordered by the court that details specific information about the defendant. The report is usually prepared by the community supervision officer (CSO).
 3. **Revocation Report:** A narrative that details the alleged violations of the conditions of community supervision, including any amounts owed for restitution, fines, and court costs. (May also be called probation violation report or community supervision violation report.)
 4. **Psychological/Psychiatric Evaluation:** A report prepared by a qualified mental health professional or any other social or psychological document used by the judge or jury to determine the defendant's emotional or mental status. This may also include an evaluation prepared for the juvenile court before transferring the defendant to criminal court.
 5. **Client Supervision Plan:** A document prepared for the defendant by the CSO that describes the treatment or behavior strategies for successful reintegration into the community.
6. **Texas Uniform Health Status Update (TUHSU) Form:** (TCCP art. 42.09 § 9) A report of any special medical or mental health needs of the offender. Submit a copy with the Pen Packet Document Checklist when requesting admission for SAFPF offenders with special needs. Deliver a copy with all offenders at the time of physical admission to the TDCJ.
7. **Victim Impact Statement:** (TCCP arts. 42.09 § 8, 56.03) A document completed by a victim of an offense, close relative of a deceased victim, guardian of a victim, or other family member providing a detailed account of the emotional, physical, and financial effects of the offense on the victim or family member.

**DO NOT RETURN THESE GUIDELINES WITH THE
PEN PACKETS**

ADDITIONAL INFORMATION CONTACT NUMBERS:

For prison offenders: (936) 437-6137

For state jail and SAFPF offenders: (936) 437-6104