



Montana Request For Inmate Eligibility

To: _____

Date: _____

Fax #: _____

County Name: _____

From: Tina Crutcher/Sandra Johnson

Please *fully* complete form.

Please return by xx/xx/20xx

Inmate Name	Inmate SS#	Inmate Birthdate	Date of Service	Booking/Intake Date	Release Date	Still In Custody (√)	Are you financially responsible for charges?	Felon (F) Misdemeanor (M)	Is this a STATE inmate? Y/N	Is Inmate a "Group 1" or "Group 2" Inmate?

Group 1 Inmates are inmates that meet any of the following criteria:

- Condition/illness that was not pre-existing
- Injuries incurred by Inmate while in custody that were result of accident or assault by other Inmate
- Injuries incurred by Inmate during arrest (if Inmate was not unlawfully resisting arrest at the time)
- Infectious/contagious disease contracted in detention center
- Medical examination required by law or court order

Group 2 Inmates are inmates that meet any of the following criteria:

- Pre-existing condition (illness or condition that began or injuries sustained before Inmate was in the custody of county officers)
- Self-inflicted injury incurred by Inmate while in custody
- Injuries incurred by Inmate during commission of a crime or while unlawfully resisting arrest or attempting to avoid an arrest.
- Other (specify): _____