

Time Agent Called: \_\_\_\_\_  
Time Called FPD: \_\_\_\_\_  
Time Called USPO: \_\_\_\_\_

**PSA INTAKE SHEET  
& CLETS REQUEST FORM**

USM ID #: \_\_\_\_\_

NAME: [L] \_\_\_\_\_ [F] \_\_\_\_\_ [M] \_\_\_\_\_  
AKA (S): \_\_\_\_\_ GANG AFFILIATION/MONIKER: \_\_\_\_\_  
DOB: \_\_\_\_\_ POB: \_\_\_\_\_ SEX: M F RACE: \_\_\_\_\_  
HT. \_\_\_\_\_ WT. \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_ SS# \_\_\_\_\_  
FBI# \_\_\_\_\_ CII# \_\_\_\_\_ CDL# \_\_\_\_\_ ICE# \_\_\_\_\_  
\*\*\*\*\*  
ARRESTING/CASE AGENT: \_\_\_\_\_ AGENCY \_\_\_\_\_ PHONE # \_\_\_\_\_  
ARRESTED FOR: \_\_\_\_\_

Codefendant(s): \_\_\_\_\_

ARREST DATE:	ARREST TIME:	ARREST PLACE:	OFFENSE DATE:
AWA: <input type="checkbox"/> Yes <input type="checkbox"/> No Weapons: <input type="checkbox"/> Yes <input type="checkbox"/> No Drug use: <input type="checkbox"/> Yes <input type="checkbox"/> No Culpability/role: _____		Deport dates: _____ Amt of drugs: _____ Total loss: _____ Resisted: <input type="checkbox"/> Yes <input type="checkbox"/> No Injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical/psychological problems: _____ Danger: <input type="checkbox"/> Yes <input type="checkbox"/> No Nonappearance: <input type="checkbox"/> Yes <input type="checkbox"/> No	

[ ] U.S. citizen [ ] Legal [ ] -Illegal Language spoken \_\_\_\_\_ Interp. notified at: \_\_\_\_\_ am pm  
On [ ] Probation [ ] Parole Office: \_\_\_\_\_ P.O. \_\_\_\_\_ Phone # \_\_\_\_\_

[ ] CENTRAL DISTRICT	[ ] OUT OF DISTRICT
[ ] Arrested with a warrant...Date issued _____ [ ] Arrested without a warrant [ ] Self surrender [ ] Have [ ] Complaint or [ ] Indictment [ ] Fax [ ] Walk-in or [ ] Unable to provide [ ] Working on complaint Docket No. _____ [ ] Should be on calendar at _____ am pm Bail recommendation \$ _____ AUSA working case: _____ Ext: _____	District: _____ Comp/Indict warrant Date: _____ Their docket # _____ Bail rec. \$ _____ [ ] Judge [ ] Mag. Judge _____ [ ] Prob. Viol. [ ] Supv. Rel. Viol [ ] Escape [ ] UFAP [ ] FTA for: _____ PSA contacted _____ [ ] Should be on calendar at _____ am pm Bail recommendation \$ _____ AUSA in other district: _____ Ph #: _____ Case agent: _____ Ph#: _____

O.D. CHECK LIST	
[ ] Here now & ready to interview [ ] ETA _____ Case assigned to: _____ Date: _____ Time assigned: _____ Intake information taken by: _____	[ ] PACTS searched [ ] No record New # added _____ [ ] Name found Existing # _____ Docushare file created <input type="checkbox"/> Yes <input type="checkbox"/> No Verified by: _____