








Booking Sheet

Waller County Sheriff's Office
701 Calvit, Hempstead, TX 77445
979-826-8282

SO NUMBER 026981	DATE BOOKED 07/10/2015	CURRENT CLASS MEDIUM ASLT/ESC	PAGE 1
CURRENT CELL 95	CUSTODY STATUS F. PRETRIAL FELONS (DO NOT INCLUDE PAROLE VIOLATORS, ETC.)		OF 1

IDENTIFICATION	NAME BLAND, SANDRA ANNETTE			PID 290684; 290684		SID 08684573		JAIL ID / BOOKING NUMBER 32038		
	ALIAS NAME(S) BLAND, SANDRA			FBI 52634OEC9						
	RACE B	SEX FEM	ETHNICITY NON HISPANIC	DATE OF BIRTH 02/07/1987	AGE 28					DL / ID NO. TX-26459733
	HEIGHT 6 FT. 0	WEIGHT 175	HAIR BLK	EYES BRO	BUILD					COMPLEXION DBR
SCARS, MARKS, TATTOOS, AMPUTATIONS TATTOO ON BACK										
ADDRESS 2101 HAYES RD # 1416 HOUSTON TX 77077			PHONE [REDACTED]		PLACE OF BIRTH CHICAGO, IL UNITED STATES					
EMER	EMERGENCY CONTACT NAME		EMERGENCY CONTACT ADDRESS & PHONE			PHONE NUMBER(S) CALLED AT BOOKING [REDACTED]			ADDITIONAL IMAGE 	
	RELATIONSHIP									
ARREST	ARRESTING AGENCY DEPARTMENT OF PUBLIC SAFETY		ARRESTING OFFICER 2547, ENCINIA, BRIAN		ARREST DATE 07/10/2015	ARREST TIME 4:27 PM	ARREST LOCATION FM 1098		THUMB PRINT 	
	VEHICLE MAKE HYUNDAI	MODEL AZERA	LICENSE NO	STATE	VEHICLE TOWED BY CROWN BODY SHOP		VEHICLE STORED AT			
PROPERTY	PROPERTY BOX Bin 6	INITIAL DEPOSIT AMT. \$0.00		QTY		ITEM DESCRIPTION		LOCATION	BIN/BOX	
		CURRENT BALANCE \$0.00		1	SANDALS, MULTI COLOR DRESS, BLK BRA, BLU UNDERWARE		Property	Bin 6		
	I certify that this is a correct list of items removed from my possession at the time I was placed in jail.  Prisoner's Signature DATE RECEIVED: 7 10 15  MAGNUS, ELSA			1	CIRCLE BAND, ROPE BELT, HAIR PIN,		Property	Bin 6		
				1	PIERCING-BELOW BELT		Property	Bin 6		
				1	TX DL, TX ID, ILLINOIS DL		Property	Bin 6		
				◀ END OF LIST ▶						

CHARGES									
HOLD REASON	WARRANT / REFERENCE NO.	OFFENSE	ISSUING AUTHORITY	BONDING STATUS	BOND AMOUNT	BOND TYPE	FINE	DISP	
WARRANTL ESS/ON- VIEW		ASSAULT PUBLIC SERVANT	DISTRICT	Not Set					

Suicide Assessment

SO # 026981 **BLAND, SANDRA ANNETTE**
 DOB 02/07/1987 Desc Black Female

Booked 07/10/2015 8:15 PM

Suicide Questionnaire

- | | |
|---|---|
| <p>1. Does arresting officer or any other person believe that the inmate is at risk? No</p> <p>2. Any current medical problems, recent hospitalizations or serious injuries or withdrawal concerns? Yes</p> <p>INMATE STATES SHE HAS EPILEPSY</p> <p>3. If female are you pregnant? No</p> <p>4. Medications? Yes</p> <p>KEPPRA</p> <p>5. Have you ever received services for mental health or mental retardation? No</p> <p>6. Do you receive a social security check? No</p> <p>7. Have you ever been in special education? No</p> <p>8. Do you have any previous military service? No</p> <p>9. Do you hear any noises or voices that other people don't seem to hear? No</p> <p>10. Have you ever been depressed? No</p> <p>11. Do you feel this way now? No</p> | <p>12. Have you had thoughts of killing yourself in the last year? No</p> <p>13. Are you thinking about killing yourself today? No</p> <p>14. Have you ever attempted suicide? If yes... When? Why? How? Yes</p> <p>IN 2015, LOST BABY, BY TAKING PILLS</p> <p>15. Have you experienced a recent loss? Yes</p> <p>GOD MOTHER PASSED IN LATE 2014</p> <p>16. Does the individual seem: confused, pre-occupied, hopeless, sad, paranoid, etc...? No</p> <p>17. Is this person's speech: rapid, hard to understand, hesitant, or childlike? No</p> <p>18. Observed to be under the influence of: Alcohol? Drugs? Withdrawals? None (No)</p> <p>19. Observed to have visible signs of harm (i.e., cuts on arms, etc.): No</p> <p>20. Does the screener suspect mental illness/mental retardation? No</p> <p>21. If yes, when was a magistrate notified? Date/Time ? How? Written/Electronic N/A</p> <p>22. Additional Comments N/A</p> |
|---|---|

Screening Officer: MAGNUS, ELSA
 Screening Date/Time: 07/10/2015 8:18 PM

Comment:

Reviewing Officer: _____

SO # 026981 BLAND, SANDRA ANNETTE
DOB 02/07/1987 Desc Black Female 175

Booked 07/10/2015 8:15 PM

Medical Intake 07/10/2015 8:17 PM

Officer MAGNUS, ELSA

Badge # EM3679

Insurance No

Carrier

Policy #

Comment

TB Test Date

by

Test Results

Date Test Read

by

Reaction

X-Rays Ordered

by

X-Ray Results

Treatment for TB Given No

Intake Questionnaire

- | | | | | | |
|--------------------------------|-----|----------------------------|----|--------------------------------|-----|
| 1. Allergies? | No | 8. Alcoholism? | No | 15. Other Conditions? | No |
| 2. Asthma? | No | 9. Mental Illness? | No | 16. Treatment Info: | N/A |
| 3. Heart Trouble? | No | 10. Venereal Disease? | No | 17. Recent Injuries: | N/A |
| 4. Hypertension? | No | 11. Tuberculosis? | No | 18. Treatment - Recent Injury: | N/A |
| 5. Diabetes? | No | 12. Attempted Suicide? | No | 19. Special Needs: | N/A |
| 6. Epilepsy? | Yes | 13. Communicable Diseases? | No | 20. Pregnant? | No |
| INMATE STATES SHE HAS EPILEPSY | | | | | |
| 7. Drug Addiction? | No | 14. Hepatitis? | No | | |

WALLER COUNTY SHERIFF'S OFFICE
INMATE INVENTORY CHECK-IN SHEET

SO#: 026981 BOOK IN DATE: 7/10/15 BOOK IN TIME: _____
LAST NAME: Bland FIRST NAME: Sandra MIDDLE NAME: Annette
AGE: _____ RACE: B SEX: F DOB: 2-7-87

ASSIGNED INVENTORY CHECK LIST

CHECK OFF INVENTORY BY PLACING A CHECK IN THE SPACE PROVIDED AFTER EACH ITEM INMATE RECEIVED
ITEMS NOT RECEIVED SHOULD BE LEFT BLANK. INMATES WILL BE HELD RESPONSIBLE FOR EACH ITEM HE/SHE SIGNS OUT

CHECK IN DATE: <u>7/10/15</u>	
1 PAIR OF ORANGE SHOES	\$2.00
1 PAIR OF ORANGE PANTS	\$8.00
1 ORANGE SHIRT	\$6.00
1 PAIR OF WHITE BOXERS	\$2.00
1 PAIR OR ORANGE SHORTS	\$8.00
1 ORANGE T-SHIRT	\$6.00
1 MATTRESS	\$40.00
1 BEDSHEET	\$6.00
1 BLANKET	\$2.00
1 TOWEL	\$10.00

CHECK OUT DATE:	
1 PAIR OF ORANGE SHOES	\$2.00
1 PAIR OF ORANGE PANTS	\$8.00
1 ORANGE SHIRT	\$6.00
1 PAIR OF WHITE BOXERS	\$2.00
1 PAIR OR ORANGE SHORTS	\$8.00
1 ORANGE T-SHIRT	\$6.00
1 MATTRESS	\$40.00
1 BEDSHEET	\$6.00
1 BLANKET	\$2.00
1 TOWEL	\$10.00

OTHER THAN NORMAL USE, ITEMS DESTROYED OR DAMAGED MUST BE PAID FOR BEFORE YOU ARE RELEASED FROM THIS FACILITY. THE REPLACEMENT COST FOR EACH ITEM IS LISTED ABOVE.

Sandra A. Bland

INMATE SIGNATURE - RECEIVING

INMATE SIGNATURE - DEPARTURE

E. Magnus

JAILER SIGNATURE

JAILER SIGNATURE

FROM: WALLER COUNTY SHERIFF'S DEPARTMENT
JAIL DIVISION
701 CALVIT STREET
HEMPSTEAD, TEXAS 77445
(979) 826-8282

DATE: ____/____/____

TO: DR. _____

SUBJECT: REQUEST OF COPIES OF MEDICAL RECORDS.

HEREBY REQUEST THAT COPIES OF THE MEDICAL RECORDS ON THE FOLLOWING INDIVIDUAL BE MAILED OR FAXED TO THE ADDRESS LISTED BELOW. THE INDIVIDUAL IS NOW INCARCERATED AT THE WALLER COUNTY JAIL AND FOR "CONTINUITY OF CARE" THE RECORDS ARE NEEDED.

INMATES NAME: Bland, Annette

SO#: 026981 FBI#: 526340EC9 ID#: 08684573

RECORDS WILL BE NEEDED ACCORDING TO THE DATES OF CARE / ILLNESS / ALL RECORDS.

ANY ADDITIONAL INFORMATION ON THE PURPOSE OF THIS REQUEST ARE AS FOLLOWS:

REQUEST RECORD TO BE RELEASED TO THE FOLLOWING:

WALLER COUNTY SHERIFF'S DEPARTMENT
C/O
MD. GLENN BERRY - MEDICAL DEPARTMENT
701 CALVIT STREET
HEMPSTEAD, TEXAS 77445
PHONE- 979-826-8282 EXT. 4044
FAX- 979-826-7781

I REQUEST THAT THE ABOVE "REQUEST FOR COPIES OF MY MEDICAL RECORDS" BE ACCOMPLISHED IN AN ACCURATE AND TIMELY MANNER FOR THE "CONTINUITY OF CARE" OF MY MEDICAL NEEDS.

INMATE

SIGNATURE: Sandra A. Bland

DATE: 7/10/15



ARREST REPORT

Waller County Sheriff's Office
701 Calvit, Hempstead, TX 77445
979-826-8282

SO NUMBER 026981	JAIL ID / BOOKING NO. 32038	PAGE 1
ARRESTING AGENCY DEPARTMENT OF PUBLIC SAFETY		OF

IDENTIFICATION	NAME BLAND, SANDRA ANNETTE									
	ALIAS NAME(S) BLAND, SANDRA									
	PID 290684; 290684		OTHER ID TYPE			OTHER ID NO		SID 08684573		
	RACE B	SEX F	ETHNICITY NON HISPANIC		DATE OF BIRTH 02/07/1987	AGE 28	DL / ID NO 26459733	STATE TX	TYPE CLASS C	FBI 526340EC9
	HEIGHT 6 FT. 0 IN.		WEIGHT 175	HAIR BLK	EYES BRO	BUILD	COMPLEXION DBR	SOCIAL SECURITY NO. [REDACTED]		MARITAL STATUS
	SCARS, MARKS, TATTOOS, AMPUTATIONS TAT.BACK									
	PLACE OF BIRTH CHICAGO, IL				OCCUPATION			EMPLOYER		
	ADDRESS 2101 HAYES RD # 1416 HOUSTON TX 77077						PHONE [REDACTED]			
	EMERGENCY CONTACT NAME					RELATIONSHIP		EMERGENCY CONTACT ADDRESS & PHONE		
	PHONE									
ARREST	ARRESTING AGENCY DEPARTMENT OF PUBLIC SAFETY				ARRESTING OFFICER 2547 ENCINIA, BRIAN					
	ARREST DATE 07/10/2015		ARREST TIME 4:27 PM		COMPLAINANT					
	ARREST LOCATION FM 1098									
	WITNESS(ES) / OTHER OFFICERS									
	VEH YR 2006									
VEHICLE	LIC	MAKE HYUNDAI		MODEL AZERA	COLOR SILVER					
	VEHICLE STORED AT		STATE		VEHICLE TOWED BY CROWN BODY SHOP					
	VEHICLE STORED AT									
CHARGES										
WARRANT/REF.	HOLD REASON		OFFENSE		CODE	ISSUING AUTHORITY	BOND STATUS	BOND AMOUNT	BOND TYPE	FINE AMOUNT
	WARRANTLESS/ON -VIEW		ASSAULT PUBLIC SERVANT		13990063	DISTRICT	Not Set			

◀ END OF LIST ▶

WALLER COUNTY SHERIFF'S DEPARTMENT

SHERIFF R. G. SMITH
701 Calvit Street - Hempstead, Texas 77445
(979)826-8282 - (979)826-7781 fax

Female Inmate Intake Form

This questionnaire is to be completed by EACH female inmate that gets booked in at the Waller County Jail facility.
Pregnancy Screening is required by Texas Commission on Jail Standards, and shall be followed.
This questionnaire is then to be sent to Medical for entry into the female inmate's medical file.

Please Print Clearly:

Name: Bland, Sandra Date of Birth: 2/7/87

1) At this time, are you pregnant? YES ☒ NO ☐ MAYBE

IF YES:

- a) Has this been verified by a doctor? YES ☐ NO ☐
- b) Date of last menstrual cycle? (approx) _____
- c) How many weeks are you currently? _____
- d) What is your expected delivery date? _____
- e) When was your LAST Prenatal Appointment? _____
- f) When is your NEXT Prenatal Appointment? _____
- g) Are you HIGH RISK per your doctor? YES ☐ NO ☐
- h) Who is your Obstetrician? _____ Location? ☒

2) Have you recently given birth (<6 months ago)? YES ☐ NO ☒

IF YES:

- a) How long ago was the birth? _____
- b) Birth Method? C-Section ☐ Vaginal ☐
- c) Any complications? _____

3) Are you CURRENTLY on any medication? YES ☐ NO ☒
(Please have your medications brought from home)

4) Are you CURRENTLY under care of MHMR/Texana? YES ☐ NO ☒

IF YES:

- a) Are you on medication? YES ☐ NO ☐
- b) When is your next appointment? _____
- c) What was your diagnosed with? _____

Inmate Signature: Sandra Bland Date: _____

PRIMARY SECURITY LEVEL ASSESSMENT

Inmate Name:

Bland, Sandra

Inmate ID:

026981

D.O.B:

2/7/87

Circle Whether Override Of Security Designation Was Recommended:

YES

NO

Written Explanation of Override:

Circle The Recommended Security Designation:

HIGH

CLOSE CUSTODY

MEDIUM ASSAULTIVE-ESCAPE

MEDIUM

LOW MEDIUM

MINIMUM

LOW MINIMUM

VERY LOW MINIMUM

Signature Of Assessment Staff Member and Date Assessment Completed:

E. Magnus

Supervisory Review Of Override:

Circle Whether Override Of Security Designation Was Approved or Disapproved
(If 'DISAPPROVED' is circled, provide a written explanation)

DISAPPROVED

APPROVED

Written Explanation of Disapproval:

Circle Final Security Designation:

HIGH

CLOSE CUSTODY

MEDIUM ASSAULTIVE-ESCAPE

MEDIUM

LOW MEDIUM

MINIMUM

LOW MINIMUM

VERY LOW MINIMUM

Signature Of Supervisor and Date Of Override Review:

Recommended Housing Assignment:

TITLE 7, CHAPTER 614, HEALTH AND SAFETY CODE

THIS RELEASE IS FOR THE CONTINUITY OF THE CARE AGENCIES ONLY AND CAN ONLY BE USED IN CONNECTION WITH THEIR DUTIES UNDER TITLE 7, CHAPTER 614, HEALTH AND SAFETY CODE. EACH AGENCY MAY NEED OTHER RELEASE FORMS FOR RELEASE OF INFORMATION TO ANY OTHER INDIVIDUAL OR ENTITY.

MY NAME IS: Blana, Annette S.O.#: 026981
BIRTH DATE: 2 / 7 / 87 CHARGE (S): Assault Public Servant

I AUTHORIZE WALLER COUNTY JAIL TO RELEASE THE FOLLOWING INFORMATION ABOUT ME.
(INITIAL THOSE THAT APPLY)

☐ INCARCERATION ☐ EMPLOYMENT HISTORY ☐ MENTAL HEALTH INFO
☐ NAME, ADDRESS ☐ SOCIAL HISTORY ☐ OTHER
☐ CRIMINAL RECORD ☐ MEDICAL INFORMATION ☒ ALL THAT IS LISTED

INFORMATION CAN BE USED FOR THE FOLLOWING PURPOSE (INITIAL THOSE THAT APPLY)

☐ LEARN ABOUT MY SOCIAL NEEDS ☐ DECIDE ON WHAT CARE I NEED
☐ DECIDE WHO WILL CARE FOR ME ☐ DECIDE HOW CARE WILL BE GIVEN
☐ OTHER (LIST) ☒ ALL THAT IS LISTED

THIS INFORMATION CAN BE RELEASED TO (INITIAL BESIDE ANY THAT APPLY)

☐ WALLER COUNTY STAFF
☐ WALLER COUNTY DOCTOR
☐ WALLER COUNTY MENTAL HEALTH AND MENTAL RETARDATION CENTERS
☐ WALLER COUNTY SUPERVISION AND CORRECTIONS DEPARTMENT
☐ WALLER COUNTY EMS PERSONEL
☐ EMERGENCY ROOM OF THE HOSPITAL, WALLER COUNTY USES
☐ TEXAS DEPARTMENT OF HEALTH
☐ TEXAS DEPARTMENT OF CRIMINAL JUSTICE
☐ TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
☐ TEXAS DEPARTMENT OF HUMAN SERVICES
☐ TEXAS COUNCIL ON OFFENDERS WITH MENTAL IMPAIRMENTS
☐ MENTAL HEALTH AND MENTAL RETARDATION CENTER OF WALLER COUNTY
☒ ANY COUNTY OR STATE LAW ENFORCEMENT CENTER I AM BEING TRANSFERRED TO

I AUTHORIZE THE AGENCIES I HAVE INITIALED BESIDE TO SHARE THE INFORMATION WITH EACH OTHER YES ☒ NO ☐ THIS CONSENT EXPIRES UPON MY RELEASE FROM WALLER COUNTY JAIL. UNDERSTANT THAT I CAN WITHDRAW MY PERMISSION AT ANY GIVEN TIME BY INFORMING THE MEDICAL STAFF, IN WRITING, EXCEPT TO THE EXTENT THAT AN AGENCY HAS ALREADY TAKEN ACTION IN RELIANCE ON THIS CONSENT. I ALSO UNDERSTAND THAT WITH OUT THIS CONSENT MY "CONTINUITY OF CARE" BETWEEN AGENCIES WILL BE FORFEITED UNLESS REQUIRED BY LAW. I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS "CONSENT FOR DISCLOSURE."

Sandra A. Blana

SIGNATURE OF INMATE OR LEGALLY AUTHORIZED REPRESENTATIVE

7/10/15
DATE

SIGNATURE OF INMATE REFUSING TO SIGN CONSENT

DATE

PHYSICIAN SIGNATURE

DATE

WALLER COUNTY SHERIFF'S OFFICE
701 CALVIT, HEMPSTEAD, TEXAS 77445
PHONE: (979) 826-8282 / FAX: (979) 826-7781
SHERIFF R. GLENN SMITH
CHIEF JAILER J. HESTER
ASST. CHIEF JAILER L. THIBODEAUX

RECEIPT OF INMATE RULES AND REGULATIONS

I HAVE BEEN PROVIDED A PRINTED COPY OF THE WALLER COUNTY SHERIFF'S "RULES AND REGULATIONS". I FULLY UNDERSTAND THAT I MAY BE SUBJECT TO DISCIPLINARY ACTION IF I VIOLATE A RULE AND/OR REGULATION.

DATE: 7/10/15

SO#: 026981

INMATE SIGNATURE: Sandra A. Black

BOOKING JAILERS SIGNATURE: E. Magnus

CLASSIFICATION NOTICE

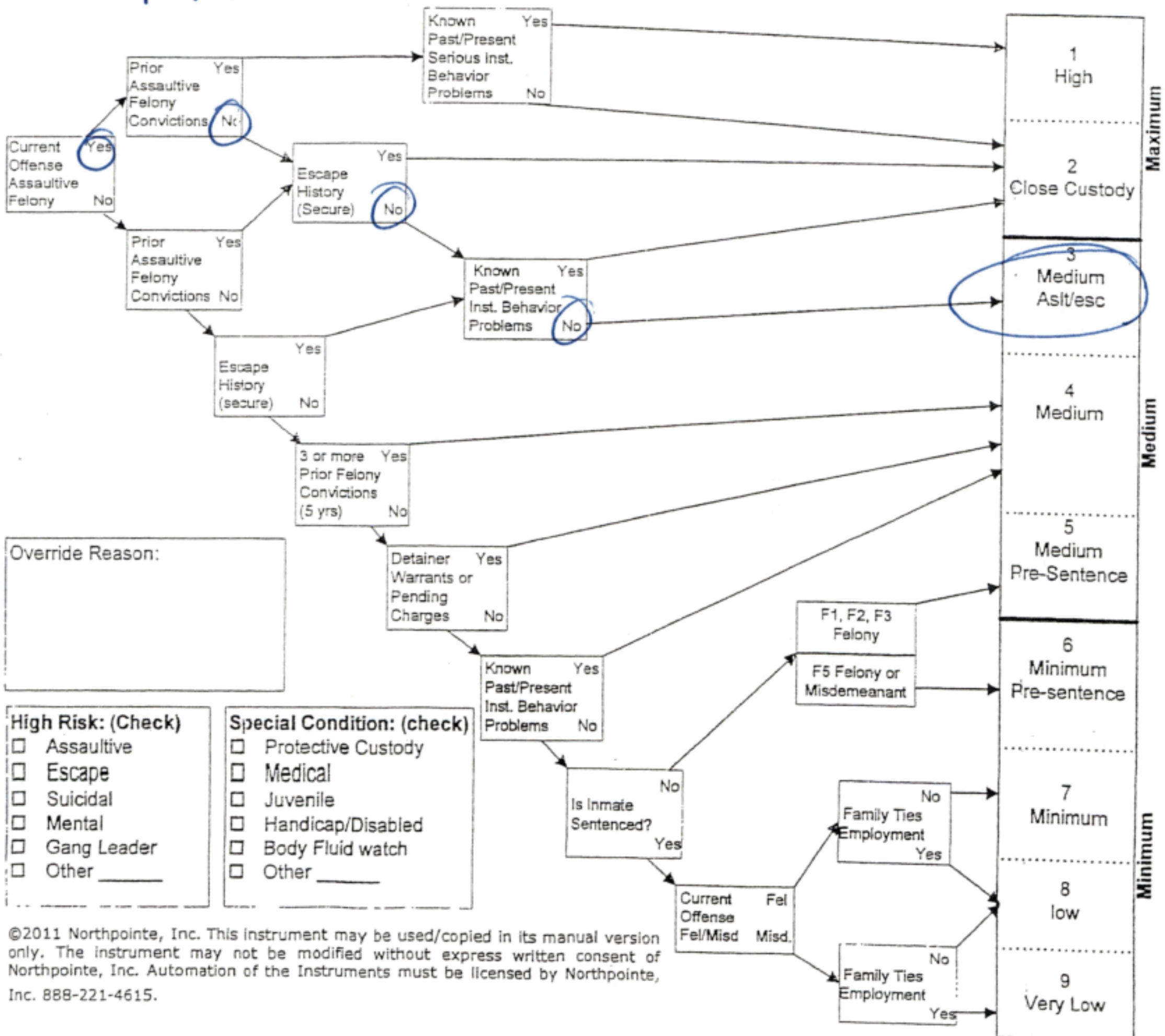
NAME: (last) Bland,	(first) Anne Sandra	(middle) Annette
JAIL NO: 026981	D.O.B. 2/7/81	RACE: B SEX: F SSN: [REDACTED]
Charge(s)	1) Asst Public Servant	2) 3)
You have been placed in the following classification: (med. Aslt/esc 95)		

This classification is determined by: current/past convictions; current/past institutional behavior; pending charges or holds in other jurisdictions (if any); sentenced or unsentenced; and/or any other information that may be deemed appropriate with regard to your personal security or the security of the facility. NOTE: Your classification can change when: charges are altered or reduced; you are sentenced; due to administrative hearings; due to regular periodic review; and / other reasons recommended by the jail staff.

Appeal Process: any inmate dissatisfied with his or her classification must appeal his / her classification, in writing, within ten (10) days of the primary classification or reclassification by addressing his/her appeal as APPEAL OF CLASSIFICATION and directing it to: the Sheriff or his designee.

Classified by: E. Magnus	Date: 7/10/15
Comments by staff:	

Booking Date: **7/10/15**



High Risk: (Check)

- ☐ Assaultive
- ☐ Escape
- ☐ Suicidal
- ☐ Mental
- ☐ Gang Leader
- ☐ Other _____

Special Condition: (check)

- ☐ Protective Custody
- ☐ Medical
- ☐ Juvenile
- ☐ Handicap/Disabled
- ☐ Body Fluid watch
- ☐ Other _____

WALLER COUNTY SHERIFF'S OFFICE JAIL DIVISION
INFLUENZA/EBOLA/COMMUNICABLE DISEASE
SCREENING ISOLATION FORM

Last Name: Bland First Name: Sandra S.O.#: _____
Temperature: 97.3 Date & Time: 7/10/15 1737 DOB: 2/07/87
Phone Number(s): _____ Country of Residency: _____ Jailer's Name: _____

Fever of 99.5° (37.5°C) or Feeling Feverish

No ☒
Yes ☐

Diarrhea

No ☒
Yes ☐

Unexplained Bleeding (bleeding from mouth, nosebleed, bloody vomit, bloody/black diarrhea, coughing blood)

No ☒
Yes ☐

Headache

No ☒
Yes ☐

Exhaustion/Intense Fatigue

No ☒
Yes ☐

Loss of Appetite

No ☒
Yes ☐

Muscle or Joint Pain

No ☒
Yes ☐

Stomach or abdominal Pain

No ☒
Yes ☐

Red Eyes (Conjunctivitis)

No ☒
Yes ☐

Has the inmate had any of the following above symptoms today OR within the past 2 days? If yes please explain..

Yes ☐ No ☒

In the last 21 days, have you experienced any of the following?

Have you been stuck with a needle used on a patient with a communicable disease? Yes

☐ Yes ☒ No

Have you had body fluids of a patient with a communicable disease in your eyes, nose or mouth? Yes

☐ Yes ☒ No

Have you taken part in a burial or funeral rites or touched the body of someone who died with a communicable disease? Yes

☐ Yes ☒ No

Did you stay in a house with or have other casual contact with a patient with a communicable disease? Yes

☐ Yes ☒ No

Have you taken care of or come in contact with body fluids of a patient with a communicable disease? Yes

☐ Yes ☒ No

If your answer was yes, did you always use a mask and gloves and other protection? Yes

☐ Yes ☒ No

If you answered yes, please explain..



Texas Department of State Health Services
Correctional Tuberculosis Program
Symptom Screening

Facility Name: WCSO
Name: Bland, Sandra Annette Employee Inmate
Person completing form: O. Prudente Title Deputy Date 7/10/15
Print Name

Upon intake, all inmates should be screened for symptoms consistent with tuberculosis. Please ask all inmates during the intake process if they have any of the symptoms listed below. Persons with symptoms should receive a chest x-ray, regardless of tuberculin skin test result.

Inmates or employees with a documented history of a positive tuberculin skin result should not receive annual chest x-rays. In lieu of annual chest x-rays, symptom screening should be performed annually to determine the presence of TB disease. Any person with symptoms should receive a chest x-ray and be evaluated for TB disease.

If an inmate or employee answers yes to any of the following questions, please document the approximate date each symptom started.

- | | | | |
|--|-------------------------------------|-----|------------|
| 1. Productive cough for 2 weeks or more. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 2. Persistent weight loss without dieting. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 3. Persistent fever above 100 degrees F. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 4. Night sweats. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 5. Loss of appetite. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 6. Swollen glands in neck or elsewhere. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 7. Coughing up blood (hemoptysis). | <input checked="" type="radio"/> No | Yes | Date _____ |
| 8. Shortness of breath. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 9. Chest pain. | <input checked="" type="radio"/> No | Yes | Date _____ |
| 10. Headaches, neck stiffness,
and/or disorientation or confusion | <input checked="" type="radio"/> No | Yes | Date _____ |

Notes: _____

Chest x-ray referral: Date: _____ Referred to: _____

Sputum collection referral: Date: _____ Referred to: _____

Medical evaluation referral: Date: _____ Referred to: _____

Inmates that have symptoms consistent with TB should be placed in isolation under negative air pressure until a diagnosis of tuberculosis can be ruled out. Employees with symptoms consistent with TB should be placed on a work stop precaution until a TB diagnosis is ruled out.

County

Screening Form for Suicide and Medical and Mental Impairments

Per Jail Standard §273.5(b): ALL Questions SHALL be Completed in Full Immediately Upon Admission of Inmate

Name: Bland, Sandra Anne He Date of Birth: 2/07/1987

State I.D. Number (if known) S.O. #:

Date/Time: 7/10/15 1732 Completed By: O. P. W. D. K. E. T. E.

Does arresting officer or any other person believe that the inmate is at risk due to medical condition
mental illness, mental retardation, or suicide concern? (Circle one or more if applicable) Nothing Applies ☒

Comments:

SELF-REPORT QUESTIONS (please elaborate as needed):

Any current medical problems, recent hospitalizations or serious injuries or concerns about withdrawal?
Yes ☒ No ☐

If female, are you pregnant? Yes ☐ No ☐ Not Sure ☐

Taking Medications? Yes ☒ No ☐

Have you ever received services for mental health or mental retardation? Yes ☐ No ☒

Do you receive a social security check? Yes ☐ No ☒

Have you ever been in special education? Yes ☐ No ☒

Do you have any previous military service? Yes ☐ No ☒

Do you hear any noises or voices that other people don't seem to hear? Yes ☐ No ☒

Have you ever been very depressed? Yes ☒ No ☐

Do you feel this way now? Yes ☒ No ☐

Have you had thoughts of killing yourself in the last year? Yes ☒ No ☐

Are you thinking about killing yourself today? Yes ☐ No ☒

Have you ever attempted suicide? Yes ☒ No ☐ When? 2014 Why? lost baby How? pills

Have you experienced a recent loss? Yes ☒ No ☐ God mother late 2014

STAFF OBSERVATIONS (please elaborate as needed):

Does the individual seem (circle all that apply): confused, pre-occupied, hopeless, sad
paranoid, in an unusually good mood or believes he/she is someone else? N/A ☒

Is this person's speech (circle all that apply): rapid, hard to understand, hesitant,
or childlike? N/A ☒

Observed to be under the influence of Alcohol? ☐ Drugs? ☐ Withdrawals? ☐ N/A ☒

Observed to have visible signs of self harm (i.e. cuts or arms, etc.): Yes ☐ No ☒

Does the screener suspect mental illness/mental retardation? Yes ☐ No ☒

If yes, when was a magistrate notified? Date/Time

How? Written / Electronic (circle)

Additional Comments:

026981

WALLER COUNTY SHERIFF'S OFFICE

J A I L

PRISONER INFORMATION

SUSPECT INFORMATION

NAME: Bland Sandra Annette
LAST FIRST MIDDLEALIAS _____ RACE: Black SEX: Female DOB: 02/07/1987DL NUMBER [REDACTED] AGENCY CASE NUMBER: TX 4DHJ0HFW1B

ARREST INFORMATION

DATE: 07-10-2015 TIME: 1627 LOCATION: FM 1098PHYSICAL CONDITION (OFFICER OBSERVATION) Good
IS PRISONER SUICIDAL OR MENTALLY ILL? No LIST FIREARMS IN POSSESSION OF PRISONER: NoneARRESTING OFFICER: B. Encinia BADGE: 14271 AGENCY: DPS

CHARGE INFORMATION

LIST EACH OFFENSE	COUNTY	WARRANT NUMBER	DATE OF OFFENSE	COURT	CLASS	CODE
Assault Public Servant	Waller		7/10/2015	District	F3	TXPC201(B)(1)
	Waller					

IF NO WARRANT / COMMITMENT WRITE BRIEF PROBABLE CAUSE STATEMENT:

traffic violation

(ADDITIONAL COMMENTS ON REVERSE SIDE)

PRISONER PROPERTY / INVENTORY

MONEY	PRISONER PROPERTY	INVENTORY
CASH \$ _____	1 Sandals / PVAMU ID card	6 black bra / blue underwear
COINS \$ _____	2 multi color dress	7 TXDL-26459733
TOTAL \$ <u>None</u>	3 11 circle bands	8 TXID-26231925
	4 rope belt / hair pin	9 ILDL-B453-7818-7638
	5 piercing (below belt)	10 ILDL-4537-8187-638B

VEHICLE INFORMATION / ARRESTED DRIVER INFORMATION

WAS THE ARRESTED SUBJECT: DRIVING A MOTOR VEHICLE YES ☒ NO ☐ COMMERCIAL VEHICLE
YES ☐ NO ☒ RESPONSIBLE FOR A VEHICLE YES ☐ NO ☒ *** IF YES SEE BELOW ***YEAR 2006 MAKE Hyundai MODEL Azera LP Illinois STATE B4537818768VIN: _____ COLOR SilverLOCATION STORED: Crown Towing⁰⁰ Fm 1488 Hempstead, Tx RELEASED TO: _____

SIGNATURES:

DEPUTY / OFFICER DELIVERING PRISONER & PROPERTY B. Encinia #14271JAILER RECEIVING PRISONER & PROPERTY MathiasDATE: 7/10/15TIME: 1755