

Boot Camp


The boot camp module tracks inmate participation in the program with screens for class participation, work assignment, physical training, testing, peer review, inmates training schedule, counseling notes and classes.

Boot Camp
Find Exit
Platoon Info Print Screen

Inmate #:

Booking #:

Alias: <input type="text"/>	Education: <input type="text"/>	Occupation: <input type="text"/>
Address: <input type="text" value="2284 LONGFELLOW"/>	Height: <input type="text" value="6'04"/>	Employer: <input type="text"/>
City/State/Zip: <input type="text" value="DETROIT, MI 48206"/>	Weight: <input type="text" value="210"/>	Employer #: <input type="text"/>
Phone #: <input type="text" value="(313) 869-3134"/>	Hair: <input type="text" value="BLK"/>	Booking Date: <input type="text" value="4/26/2005"/>
DOB: <input type="text" value="11/8/1975"/>	Eyes: <input type="text" value="BRO"/>	Release Date: <input type="text"/>
Dependents: <input type="text" value="0"/>	Emergency Contact: <input type="text" value="HAMPTON, VELMA"/>	Repeat Offender: <input checked="" type="checkbox"/>
Marital Status: <input type="text" value="SINGLE"/>	Contact Relationship: <input type="text" value="GRANDPARENT"/>	
Military: <input type="text"/>	Contact Phone #: <input type="text" value="(313) 869-3134"/>	



Defendant Charges:

Case Number:	Sentence Judge:	Docket #	Charge Description:	Days Sentenced:	Release Date:
<input type="text" value="0000048101301"/>	<input type="text"/>	<input type="text" value="0420411SM"/>	<input type="text" value="Retail Fraud, Theft 3rd Degree"/>	<input type="text" value="93"/>	<input type="text" value="7/10/2005"/>

<input checked="" type="checkbox"/> Classification Notified	Program Entry Date: <input type="text" value="8/2/2012"/>	Boot Size: <input type="text" value="12.0"/>
<input checked="" type="checkbox"/> Eligibility Verified	Platoon: <input type="text" value="07-01"/>	Shoe Size: <input type="text" value="11.5"/>
<input checked="" type="checkbox"/> Interview Conducted	Housing: <input type="text" value="M/HLD"/>	Physical Training: <input type="text" value="REMEDIAL PT-RUN"/>
<input checked="" type="checkbox"/> Medical Questionnaire Sent	Roster #: <input type="text"/>	Diet Trainee: <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Program Accepted	Weight: <input type="text"/>	Light Duty: <input checked="" type="checkbox"/>
<input type="checkbox"/> Program Declined because <input type="text"/>	Waist: <input type="text"/>	Discharged on: <input type="text"/> because <input type="text"/>
<input type="checkbox"/> Obtaining GED	Allergies: <input type="text"/>	Discharged by: <input type="text"/>
		Discharge Note: <input type="text"/>

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