STATE OF CALIFORNIA
CDC 839 (Rev. 12/02)

CDC CLASSIFICATION SCORE SHEET

DEPARTMENT OF CORRECTIONS
Original - Central File
Canary - OIS
Green - Inmate

4. COUNTY OF LAST LEGAL RESIDENCE ____ 18

5. FORM IDENTIFICATION (ENTER X in a, b or c)
a) NEW ____ 21 b) CORRECTION ____ 22 DATE CORRECTED ____ MO ____ DAY ____ YR 23 c) DELETE ____ 29

B. BACKGROUND FACTORS

AGE AT FIRST ARREST MATRIX

POINTS		POINTS	
0 TO 17 =	12	30 TO 35 =	4
18 TO 21 =	10	36 + =	0
22 TO 29 =	8		

FIRST ARREST DATE OR AGE ____

DATE OF BIRTH ____

1. AGE AT FIRST ARREST ____ POINTS (See Matrix) = ____ 30

AGE AT RECEPTION MATRIX

POINTS		POINTS	
16 TO 20 =	8	27 TO 35 =	4
21 TO 26 =	6	36 + =	0

2. AGE AT RECEPTION ____ POINTS (See Matrix) = ____ 32

3. TERM IN YEARS ( ) x 2 (MAX 50) = ____ 33

4. STREET GANG/DISRUPTIVE GROUP + 6 = ____ 35
a) Type Code ____ 36 b) Verification Code ____ 38

5. MENTAL ILLNESS + 4 = ____ 43
Level of Care Code (Enter X)

CCCMS	EOP	MHCB	DMH
____	____	____	____
39	40	41	42

6. PRIOR JAIL OR COUNTY JUVENILE SENTENCE OF 31+ DAYS (MAX 1) + 1 = ____ 44

7. PRIOR INCARCERATION(S)
a) CYA, Juvenile State/Federal Level (MAX 1) + 1 = ____ 45
b) CDC, CRC, Adult State/Federal Level (MAX 1) + 1 = ____ 46

8. TOTAL BACKGROUND FACTORS SCORE = + ____

C. CORRECTION TO CDC 839 SCORE SHEET (Prior to Rev. 07/02)

1. Use this section to correct a CDC 839 score sheet with a form revision date prior to 07/02. **TOTAL CORRECTION =** (+ or -) ____ ____ 47

D. PRIOR INCARCERATION BEHAVIOR

1. LAST 12 MONTHS OF INCARCERATION

a) FAVORABLE - (No Serious Disciplinary) (MINUS) - 4 = ____ 50

NUMBER OF

b) UNFAVORABLE (Serious Disciplinaries) Dates: ____ x 4 = ____ 51

2. SERIOUS DISCIPLINARY HISTORY

a) Battery or Attempted Battery on a Non-Prisoner Dates: ____ x 8 = ____ 53

b) Battery or Attempted Battery on an Inmate Dates: ____ x 4 = ____ 55

c) Distribution of Drugs Dates: ____ x 4 = ____ 57

d) Possession of a Deadly Weapon (Double-weight if within last 5 years) Dates: ____ x 4 = ____ 59

e) Inciting a Disturbance Dates: ____ x 4 = ____ 61

f) Battery Causing Serious Injury Dates: ____ x 16 = ____ 63

3. TOTAL PRIOR INCARCERATION BEHAVIOR SCORE (Combine D.1. and sum of D.2.) = + / - ____

E. PLACEMENT

MANDATORY MINIMUM SCORE FACTOR CODES AND SCORES

CODE		SCORE
[A]	Condemned	52
[B]	Life Without Possibility of Parole	52
[C]	CCR 3375.2(a)(7) Life Inmate	28
[D]	History of Escape	19
[E]	Warrants "R" Suffix	19
[F]	Violence Exclusion	19
[G]	Public Interest Case	19
[H]	Other Life Sentence	19

1. PRELIMINARY SCORE (Not less than 0) (Combine Item B.8., Total Backgound Factors Score, and Item D.3., Total Prior Incarceration Behavior Score) ____ 65

2. MANDATORY MINIMUM SCORE FACTOR CODE (Assess Highest Factor) ____ 68

3. MANDATORY MINIMUM SCORE ____ 69

ENTER PRELIMINARY SCORE OR MANDATORY MINIMUM SCORE WHICHEVER IS GREATER

4. PLACEMENT SCORE ____ 71

F. SPECIAL CASE FACTORS

1. HOLDS, WANTS and DETAINERS (Enter A or P)
Felony ____ 74 USINS ____ 75

2. RESTRICTED CUSTODY SUFFIX (Enter R) ____ 76

3. CURRENT INSTITUTION AND FACILITY ____ 77

4. ELIGIBLE FOR RESTITUTION CENTER (Enter Y or N) ____ 84

5. LEVEL IV DESIGN
a) 180 Status (Y/N) ____
b) Reason Code ____

6. US ARMED FORCES (Enter Y or N) ____ 85

7. CASEWORKER'S NAME ____ FI ____ 86

G. CLASSIFICATION STAFF REPRESENTATIVE

1. LAST NAME ____ 95

2. DATE OF ACTION ____ MO ____ DAY ____ YR 103

3. LEVEL IV DESIGN
a) 180 Status (Enter Y to Apply) ____ 109 b) Reason Code ____ 110

4. MINIMUM CUSTODY
a) Eligibility (Enter E, L or P) ____ 112 b) Reason Code ____ 113

5. CCRC ELIGIBILITY (ENTER REN or REX) ____ 116

6. DEVELOPMENTAL DISABILITY PROGRAM (DDP) CODE ____ 119

7. DISABILITY PLACEMENT PROGRAM (DPP) CODE(S)
a) Primary (affects placement) ____ 122 b) ____ 125 c) ____ 128 d) ____ 131

8. ADMINISTRATIVE DETERMINANT CODE(S)
a) ____ 134 b) ____ 137 c) ____ 140 d) ____ 143 e) ____ 146

9. MENTAL HEALTH LEVEL OF CARE (Enter C or E) CCCMS EOP ____ 149

10. INSTITUTION APPROVED ____ 150

11. REASON FOR ADMINISTRATIVE OR IRREGULAR PLACEMENT ____ 157

A. IDENTIFYING INFORMATION

1. CDC NUMBER ____ 1

2. INMATE'S LAST NAME ____ 7

3. DATE RECEIVED CDC ____ MO ____ DAY ____ YR 12

OSP 03 75821