

## NON-ASSOCIATION FORM

**Section I**

Facility: \_\_\_\_\_ Date: \_\_\_\_\_

Choose type (All Applicable):

Inmate Initiated       Staff Initiated       Special Management  
 Co-Defendant       Family Member       Facility Separation

If inmate initiated, has the facility head reviewed and approved the "Protective Measures Investigation," form (DOC 060106A)? If yes, complete the remaining sections of this form and submit this form along with the completed "Protective Measures Investigation" form (DOC 060106A) and supporting documentation to the Population Office.

If a staff initiated Non-Association is recommended due to being co-defendants, family, assisted in the prosecution of another or a serious documented incident complete and forward this form to the Population Office.

If non-associations are initiated due to special management or facility separation, forward the "Non-Association Form," (DOC 060106B) and supporting documents to the chief administrator of Institutions or designee for review. Upon approval from the chief administrator of Institutions or designee, forward all information to the Population Office.

**Section II**

ODOC #: \_\_\_\_\_ Name: \_\_\_\_\_ Location: \_\_\_\_\_ Race: \_\_\_\_\_

Non-Association Designated Name, ODOC Number and Location

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**Section III**      Justification

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**Section IV**      Re-assessment of Non-Association Need

I, \_\_\_\_\_ request the removal of the above listed non-association(s) for the following reason:

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**Section V**

\_\_\_\_\_  
 Originating Staff Member      Date  
 \_\_\_\_\_  
 Facility Head or Designee      Date  
 \_\_\_\_\_  
 Chief Administrator of Institutions      Date  
 or Designee

\_\_\_\_\_  
 Inmate Signature      Date

To be completed by Population Office ONLY

\_\_\_\_\_  
 Entered by      Date      Reviewed by