

Marshals Service Booking Form (USM-129 & USM-312)

USM-129 Prisoner Intake:

USMS NO. LAST NAME FIRST NAME MIDDLE NAME

SEX RACE

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

BIRTH DATE

AGE

PLACE OF BIRTH

COUNTRY/STATE

CITIZENSHIP

FBI NO.

SOCIAL SECURITY NO.

ALIEN NO.

STATE/LOCAL NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NO.

MARITAL STATUS

EDUCATION

ARRESTING AGENCY

LOCATION OF ARREST

ARREST DATE

CASE NO.

1.

NCIC OFFENSE CODE

USC TITLE OFFENSE CODE

DESCRIPTION OF OFFENSE

REMARKS

2.

NCIC OFFENSE CODE

USC TITLE OFFENSE CODE

DESCRIPTION OF OFFENSE

REMARKS

3.

NCIC OFFENSE CODE

USC TITLE OFFENSE CODE

DESCRIPTION OF OFFENSE

SPECIAL HANDLING REMARKS

NO YES, please specify:

TUBERCULOSIS (TB) HISTORY LOG

NO YES, please specify:

ASSESSMENT DATE

EXPIRATION DATE

History of, but not currently ACTIVE

REMARKS _____

STREET ADDRESS _____

CITY _____ STATE _____ PHONE NO. _____

LAST NAME _____ FIRST NAME _____ BIRTH DATE _____

REMARKS _____

STREET ADDRESS _____

CITY _____ STATE _____ PHONE NO. _____

LAST NAME _____ FIRST NAME _____ BIRTH DATE _____

ASSOCIATES

1. _____

2. _____

3. _____

4. _____

5. _____

ALIASES

LAST NAME _____ FIRST NAME _____ REMARK _____

USM-312 Prisoner Background Information:

REMARKS _____

MAILED TO: _____

LAST NAME _____ FIRST NAME _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DATE MAILED _____ CERTIFIED MAIL / FED EX TRACKING NO. _____ AGENT NAME _____

No Property Property Kept w/ Arresting Agent Property Mailed, please fill in below:

PROPERTY

REMARKS

START DATE

END DATE

POINT OF CONTACT / PHONE NO.

EMPLOYER NAME

STREET ADDRESS

CITY

STATE

ZIP

OCCUPATION

EMPLOYER

2. Visa No. Passport No.

Military ID State No.

County Jail No.

1. Visa No. Passport No.

Military ID State No.

County Jail No.

NUMBER

OTHER NUMBERS

1. LICENSE NO.

STATE

Regular Drivers Commercial Drivers

Medical State ID

Regular Drivers Commercial Drivers

Medical State ID

LICENSES

REMARKS

2.

1.

YEAR

MAKE

MODEL

COLOR

PLATE

STATE

YEAR REGISTERED

VEHICLES

Tattoo Scar Mark

Tattoo Scar Mark

Tattoo Scar Mark

Tattoo Scar Mark

SCARS, MARKS, TATTOOS & PARTICULARS

REMARKS

2.

1.

LOCAL NAME

ADDRESS

CITY

STATE

ZIP

LOCALS (places known to frequent)

GENERAL REMARKS

REMARKS

2. STREET ADDRESS CITY STATE BIRTH DATE
LAST NAME FIRST NAME RELATION PHONE NO.

REMARKS

1. STREET ADDRESS CITY STATE BIRTH DATE

LAST NAME FIRST NAME RELATION PHONE NO.

RELATIVES

REMARKS

BRANCH OF SERVICE MONTH/YEAR ENTRY MONTH/YEAR DISCHG TYPE OF DISCHARGE RANK AT DISCHG

MILITARY INFORMATION

CITY STATE REMARKS

FINANCIAL INFORMATION

BANK ACCOUNT TYPE ACCOUNT NO.

INTAKE SURVEY (complete by Intake DUSM)			Yes	No
1.	Is the Defendant likely to be released on bond?			
2.	Does the Defendant have any active detainers			
Describe:				
3.	Was Force Used during the Arrest?			
4.	Has Defendant been violent or exhibited aggression against others/himself?			
5.	Are there any separate issues?			
6.	Is the Defendant a member or associate of a gang?			
Affiliation and Status:				
Validated:				
7.	Does the Defendant have any mental health conditions?			
8.	Does the Defendant take medication? If so, what, how often, and when was the last dose?			
9.	Has the Defendant requested medical assistance?			
Reason:				

ARREST INFORMATION (Completed by Agent)			
Date of Arrest	Location of Arrest (Street, City, St)	Location Description	
Arresting Agent	Agency	Contact Phone Number	
CONFINEMENT INFORMATION (If Defendant was confined prior to Initial Appearance or Remand):			
Place of Confinement	Dates of Confinement	Jail Number (if known)	