

SUICIDE AWARENESS, PREVENTION AND INTERVENTION COVER SHEET

JD-MS-19 Rev. 1-20

STATE OF CONNECTICUT
JUDICIAL BRANCH
JUDICIAL MARSHAL SERVICES
www.jud.ct.gov



Instructions

1. This form must be prepared by the Judicial Marshal Lieutenant to ensure all required reports are completed and attached.
2. The Judicial Marshal Lieutenant must certify and sign that they have reviewed all required reports.
3. The Judicial Marshal Lieutenant must forward all required reports to the Chief Judicial Marshal within 24 hours of the incident or by the end of the next business day.
4. In the absence of the Judicial Marshal Lieutenant, the Judicial Marshal Sergeant must complete numbers 1-3 listed.
5. The Chief Judicial Marshal must certify and sign that they have reviewed all required reports.
6. The Chief Judicial Marshal must forward all required reports to the Director of Judicial Marshal Services, or designee, within 24 hours of receipt or by the end of the next business day.

Prisoner name	Date of birth	Incident date
Incident location	Incident number	Prepared by (Judicial Marshal Lieutenant, or Judicial Marshal Sergeant in Judicial Marshal Lieutenant's absence.)

The following attachments have been submitted for review:

- ☐ Incident Report(s) (required for suicide attempts)
- ☐ Supplemental Report(s) (required for suicide attempts)
- ☐ Prisoner Behavior Report (JD-MS-5)
- ☐ Continuous Suicide Watch Report (JD-MS-16)
- ☐ Other: _____
- ☐ Other: _____

Reviews

☐ Judicial Marshal Lieutenant
(or Judicial Marshal Sergeant in Judicial Marshal Lieutenant's absence)

**I certify that I have reviewed the information
contained in the above reports and it is accurate.**

Signed	Print name	Date reviewed
Action taken		

☐ Chief Judicial Marshal

**I certify that I have reviewed the information contained in the above reports.
The reports are complete and procedures have been followed in compliance
with Judicial Marshal Policy and Procedures.**

Signed	Print name	Date reviewed
Action taken		

☐ Judicial Marshal Services Administration

Signed	Print name	Date reviewed
Action taken		