

**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 Protective Measures Investigation, OP-060106 Form A? If yes, complete the remaining sections of this form and submit the completed OP-060106 Form A, OP-060106 Form B, and supporting documentation to the Population Office.

If staff initiated due to special management or facility separation, forward non-association form and supporting documents to the director of Institutions or designee for review. Upon approval from the director of Institutions or designee, forward all information to the Population Office.

If a staff initiated non-association is recommended due to being co-defendants or family, forward the completed non-association form to the Population Office.

**Section II**

DOC #: \_\_\_\_\_ Name: \_\_\_\_\_ Location: \_\_\_\_\_ Race: \_\_\_\_\_

Non-Association Designated Name, DOC Number and Location

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

**Section III** Justification

\_\_\_\_\_  
 \_\_\_\_\_

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

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

\_\_\_\_\_

**Section V**

Originating Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Facility Head or Designee \_\_\_\_\_ Date \_\_\_\_\_

Director of Institutions or Designee \_\_\_\_\_ Date \_\_\_\_\_

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

To be completed by Population Office ONLY

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