

**TEXAS DEPARTMENT OF CORRECTIONS  
UNIT CLASSIFICATION REVIEW FORM  
(UCR FORM)**

INMATE NAME: DE LUNA CARLOS \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

TIX NUMBER: 744 \_\_\_\_\_

**NOTE:** Use of the UCR Form and Action by the Unit Classification Officer of the Unit Classification Committee is not required for inmates who are in Transient Status.

**I. CUSTODY HOUSING ASSIGNMENT**

**Purpose of Classification Review Codes**

- 01 - Assignment to Unit
- 02 - Safekeping Status Review (Non Admin. Seg.)
- 03 - Medical Status Change
- 04 - Mental Health Status Change
- 05 - Intellectual Impairment Status Change
- 06 - SAI Promotion
- 07 - Furlough Completion
- 08 - Incident Report
- 09 - Use of Force Report
- 10 - Injury Report
- 11 - Disciplinary Report
- 12 - Admin. Seg. Review
- 13 - Six Month Disciplinary Status Review
- 14 - Review Request by Unit Class. Officer
- 15 - Annual Report
- 16 - Other Review (Specify)

**Custody Codes**

- CC - Close Custody
- ME - Medium Custody
- MI - Minimum Custody
- AS - Admin. Seg. (Max) Custody
- PR - Safekeping Status
- MD - Medical Status
- MH - Mental Health Status
- II - Intellectual Impairment
- OC - Other Custody (Specify) **DEATH ROW**

Date of Review	Purpose of Classification Review Code	Custody Code	TDC Unit	Unit Housing Assignment	Staff Initials
4-3-84	16	OC CC	EMU 9	Cell Block C 8	RFA
Comments (Optional) <u>WORK CAPABLE DEATH ROW WORK</u>					
<u>PREPARED - HOUSES IN GENERAL POPULATION</u>					
Comments (Optional) _____					