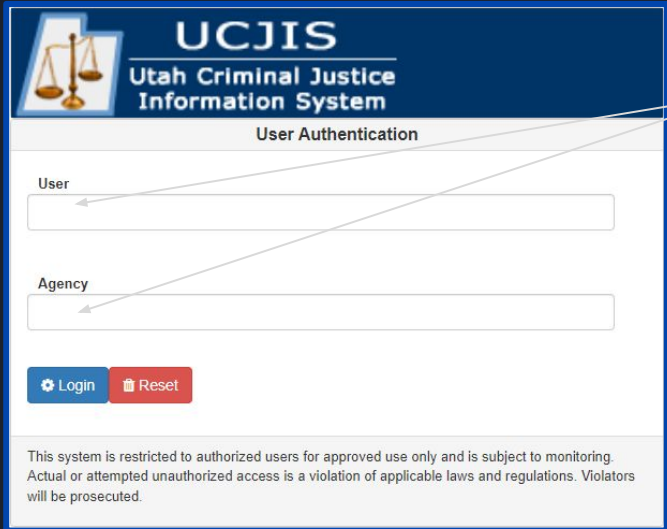




# Death in Custody Entry Screen

# Login Screen



The image shows the UCJIS User Authentication login screen. At the top left is the UCJIS logo featuring a scale of justice. The text reads "UCJIS Utah Criminal Justice Information System". Below this is the heading "User Authentication". There are two input fields: "User" and "Agency". At the bottom left are "Login" and "Reset" buttons. A disclaimer at the bottom states: "This system is restricted to authorized users for approved use only and is subject to monitoring. Actual or attempted unauthorized access is a violation of applicable laws and regulations. Violators will be prosecuted."

Login to UCJIS with User ID and Agency ID



The image shows a UCJIS transaction code entry screen. It features the UCJIS logo and text "UCJIS Utah Criminal Justice Information System". A text input field contains the code "DECUL". Below the input field is a blue "Close All" button. At the bottom left, there is a "UCJIS Home" button.

Enter DECUL in Transaction Code

*\*Your TAC/Alt TAC will need to contact CIC to request access for you*

# Inmate/Offender Personal Information

Inmate/Offender Personal Information

1. Inmate/Offender Name.

Last Name: \*  First Name: \*

Middle Initial:

2. Date of Inmate/Offender Death.

Date of Offender Death: \*

3. Inmate/Offender Date of Birth.

Inmate/Offender DOB Undisclosed:  Date of Birth:

4. Inmate/Offender Gender.

Gender: \*

5. Was the Inmate/Offender of Hispanic, Latino, or Spanish Origin?

Ethnicity: \*

6. What was the Inmate/Offender's race?

Race: \*

- Input the Inmate/Offender personal information
- All required fields are indicated (\*)

For Date of Death, death date can be anytime during the current year.

If death occurred in the previous year it may still be submitted until 6/30 of the current year.

# Facility Information

Facility Information

7. What date was the Inmate/Offender admitted to a facility under your jurisdiction?

Inmate/Offender DOA Undisclosed:

Date of Admittance:

8. Was the Inmate/Offender being held for another agency?

Yes  No

Other Law Enforcement:

- U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
- U.S. MARSHALS SERVICE
- STATE OR FEDERAL PRISON, BUREAU OF INDIAN AFFAIRS, OR ANY OTHER JAIL JURISDICTION

- Inmate/Offender DOA Undisclosed will grey out Date of Admittance
- Selecting 'Yes' on Q8 will show dropdown for Other Law Enforcement for selection

# Charge Information

Charge Information

9. For what offense(s) was the Inmate/Offender being held?

Charge #1

Offense Date:  Gov Code: \*

Statute: \*  Keyword:


Description:

Severity:

**Statute Lookup Results**

Gov Code	Statute	Description	Default Severity
UT	13-2-6(2)	VIOLATION OF FINAL CEASE AND DESIST ORDER	F3
UT	13-2-6(2)	VIOLATION OF FINAL CEASE AND DESIST ORDER	F3
UT	20A-11-1605(4)(A)	REGULATED OFFICEHOLDER FAIL TO FILE FINANCIAL DISCLOSURE	MB
UT	20A-11-1605(4)(A)	REGULATED OFFICEHOLDER FAIL TO FILE FINANCIAL DISCLOSURE	MB
UT	20A-11-603(1)(A)	FAIL TO FILE PAC FINANCIAL STATEMENT BEFORE DEADLINE	MB
UT	20A-11-603(1)(A)	FAIL TO FILE PAC FINANCIAL STATEMENT BEFORE DEADLINE	MB
UT	20A-11-803(1)(A)	FAIL TO FILE PIC FINANCIAL STATEMENT BEFORE DEADLINE	MB
UT	20A-11-803(1)(A)	FAIL TO FILE PIC FINANCIAL STATEMENT BEFORE DEADLINE	MB
UT	26-28-117	FOR FINANCIAL GAIN FALSIFY/FORGE/CONCEAL DOCUMENT OF GIFT	F3
UT	26-28-117	FOR FINANCIAL GAIN FALSIFY/FORGE/CONCEAL DOCUMENT OF GIFT	F3






« 1 2 3 4 5 6 7 8 »


- Input the Offense Date and the Statute or Keyword and click Lookup
- Statute Lookup Results will display
- Click on the corresponding Statute for the Inmate/Offender
- If there are duplicate charges, click the 'Duplicate' button
- If there are additional charges, click the  button
- All required fields are indicated (\*)


# Charge Information (pt. 2)

Charge Information

9. For what offense(s) was the Inmate/Offender being held?

Charge #1	Offense Date: 03/29/2020	Gov Code:* UT - STATE OF UTA	
	Statute:* ENTER CODE	Keyword: FIN 	
	Description:		
	Severity:*	NCIC Code:* ENTER CODE	
Charge #2	Offense Date: ENTER MMDDYYYY	Gov Code:* UT - STATE OF UTA	 
	Statute:* ENTER CODE	Keyword: ENTER KEYWORD 	
	Description:		
	Severity:*	NCIC Code:* ENTER CODE	



If additional charge(s) need to be removed, click the  button

# Legal and Health Information

## Legal and Health Information

10. What was the Inmate/Offender's legal status at the time of death? (For inmate/offenders with more than one status, report the status associated with the most serious offense.)

Legal Status:

- CONVICTED - NEW COURT COMMITMENT
- CONVICTED - RETURNED PROBATION/ PAROLE VIOLATION
- UNCONVICTED
- OTHER

## Legal and Health Information

10. What was the Inmate/Offender's legal status at the time of death? (For inmate/offenders with more than one status, report the status associated with the most serious offense.)

Legal Status:

Legal Status Other:

- Select the Inmate/Offender's Legal Status
- If 'Other' is selected, an additional field will display for input

# Legal and Health Information

## Mental Health & Place of Death

11. Since admission, did the Inmate/Offender ever stay overnight in a mental health observation unit or an outside mental health facility?

Yes  No  Unknown

12. Where did the Inmate/Offender die?

Place Of Death:

IN A GENERAL HOUSING UNIT WITHIN THE FACILITY OR IN A GENERAL HOUSING UNIT ON THE GROUNDS  
IN A SEGREGATION UNIT  
IN A SPECIAL MEDICAL UNIT/INFIRMARY WITHIN THE FACILITY  
IN A SPECIAL MENTAL HEALTH SERVICES UNIT WITHIN THE FACILITY  
IN A MEDICAL CENTER OUTSIDE THE FACILITY  
IN A MENTAL HEALTH CENTER OUTSIDE THE FACILITY  
WHILE IN TRANSIT  
ELSEWHERE

12. Where did the Inmate/Offender die?

Place Of Death:

ELSEWHERE

Place Of Death Other:

PLACE OF DEATH OT

- Indicate selection for whether the Inmate/Offender ever spent time in a mental health observation unit
- Select where Inmate/Offender died
- If 'Elsewhere' is selected, an additional field will display for input



# Legal and Health Information Medical Examiner's Information

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

Yes  No  Evaluation Complete

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

Yes  No  Evaluation Complete

14. What is the cause of death?

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

Yes  No  Evaluation Complete

Official Cause Of Death:

14. What is the cause of death?

Cause Of Death:

15. Where did the incident causing the death take place?

Official Cause Of Death:

Yes  No

15. Where did the incident causing the death take place?

Incident Location Main:

- Select the ME/Coroner's evaluation results
- If 'Yes' or 'No' is selected, question 14 and 15 will appear
- See next slide for Evaluation Complete

# Legal and Health Information Medical Examiner's Information (pt. 2)

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

Yes  No  Evaluation Complete



TRANSACTION CODE

Close All

ucjis-test.ps.utah.gov says

You will be contacted at a later time for the cause of death. Please indicate any additional comments below if applicable.

OK

UCJIS Home DECUL x

Entry

12. Where did the Inmate/Offender die?

Place Of Death:

13. Are the results of a medical examiner's or coroner's evaluation (such as autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

Yes  No  Evaluation Complete

- Select Evaluation Complete for the ME/Coroner's evaluation results
- Message will display at the top of the screen
- If you see this popup, please move forward to question 18, enter comments if necessary and then submit the entry.

# Legal and Health Information

## Cause of Death

14. What is the cause of death?

Cause Of Death:

ILLNESS - EXCLUDE AIDS-RELATED DEATHS  
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)  
ACCIDENTAL ALCOHOL/DRUG INTOXICATION  
ACCIDENTAL INJURY TO SELF  
ACCIDENTAL INJURY BY OTHER  
SUICIDE  
HOMICIDE  
OTHER CAUSE(S)

- Select the Cause of Death from the dropdown
- See the following slides for additional actions based on selection

# Legal and Health Information

## Cause of Death (pt. 2)

14. What is the cause of death?

Cause Of Death:

Official Cause Of Death:  Yes  No

15. Where did the incident causing the death take place?

Incident Location Main:

16. Excluding emergency care provided at the time of death, did the Inmate/Offender receive any of the following medical services for the medical condition that caused his/her death after admission to the facility?

Evaluation by physical/medical staff:  Yes  No

Diagnostic tests (x-rays, MRI, etc.):  Yes  No

Medications:  Yes  No

Treatments/care other than medications:  Yes  No

Surgery:  Yes  No

Confinement in special medical unit:  Yes  No

17. Was the cause of death the result of a pre-existing medical condition or did the Inmate/Offender develop the condition after admission? (if multiple conditions caused death and any of the conditions were pre-existing, select pre-existing medical condition)

Preexisting Condition:

- For the following selections, Question 16 and 17 will appear
  - Illness - Exclude AIDS-Related Deaths
  - Acquired Immune Deficiency Syndrome (AIDS)
  - Other Causes
    - Additional field will display for input
- See the following slides for additional actions based on selection

# Legal and Health Information

## Cause of Death (pt. 3)

14. What is the cause of death?

Cause Of Death:

Official Cause Of Death:  Yes  No

15. Where did the incident causing the death take place?

Incident Location Main:

18. Additional comments regarding the death

- For the following selections, questions 16 and 17 are not required and will be hidden
  - Accidental alcohol/drug intoxication
  - Accidental injury to self
  - Accidental injury by other
  - Suicide
  - Homicide

# Legal and Health Information

## Location of Death

15. Where did the incident causing the death take place?

Incident Location Main:

NOT APPLICABLE-CAUSE OF DEATH WAS ILLNESS, INTOXICATION, OR AIDS-RELATED  
IN THE FACILITY OR ON THE GROUNDS  
OUTSIDE THE FACILITY (E.G. WHILE ON WORK RELEASE OR ON A WORK DETAIL)  
ELSEWHERE

15. Where did the incident causing the death take place?

Incident Location Main:

NOT APPLICABLE-CAUSE OF DEATH WAS ILLNESS, INTOXICAT

15. Where did the incident causing  
the death take place?

Incident Location Main:

ELSEWHERE

Incident Location Main Other:

INCIDENT LOCATION MAIN OTHER

- If the death was Illness, Intoxication, or AIDS-Related, additional location information is not needed
- If 'Elsewhere' is selected, an additional field will display for input
- See the following slides for additional actions based on selection

# Legal and Health Information

## Location of Death (pt. 2)

15. Where did the incident causing the death take place?

Incident Location Main:

Incident Location:

Incident Location Other:

- IN THE CELL
- IN A TEMPORARY HOLDING AREA/LOCKUP
- IN A COMMON AREA WITHIN THE FACILITY
- IN A SEGREGATION UNIT
- IN A SPECIAL MEDICAL UNIT/INFIRMARY
- IN A SPECIAL MENTAL HEALTH SERVICES UNIT
- ELSEWHERE WITHIN THE FACILITY

- If In the Facility or On the Grounds is selected, an additional dropdown will display for selection
- If 'Elsewhere in the Facility' is selected, an additional field will display for input
- See the following slides for additional actions based on selection

15. Where did the incident causing the death take place?

Incident Location Main:

Incident Location:

Incident Location Other:

# Legal and Health Information Medical Services

16. Excluding emergency care provided at the time of death, did the Inmate/Offender receive any of the following medical services for the medical condition that caused his/her death after admission to the facility?

Evaluation by  
physical/medical staff:  Yes  No

Diagnostic tests (x-rays,  
MRI, etc.):  Yes  No

Medications:  Yes  No

Treatments/care other than  
medications:  Yes  No

Surgery:  Yes  No

Confinement in special  
medical unit:  Yes  No

- Indicate the selection for each answer for question 16



# Legal and Health Information

## Pre-existing Condition and Comments

17. Was the cause of death the result of a pre-existing medical condition or did the Inmate/Offender develop the condition after admission? (If multiple conditions caused death and any of the conditions were pre-existing, select pre-existing medical condition)

Preexisting Condition:

▼

- PRE-EXISTING MEDICAL CONDITION
- CONDITION DEVELOPED AFTER ADMISSION
- COULD NOT BE DETERMINED

18. Additional comments regarding the death

Notes:

ENTER ADDITIONAL NOTES

ERROR

Enter DOB if it is known. Otherwise, check DOB UNKNOWN.

OK

- Make a selection from the dropdown for question 17
- Enter any additional comments before submitting
- If all required (\*) information is complete, when clicking  user will receive a confirmation message on the screen
- If any information is missing, an error message will display what information is missing