



## **Inmate Safety Contract**

I, \_\_\_\_\_, agree that I will not injure myself or other people. I agree that if I have the urge to do this, I will contact the nearest correctional officer or staff member immediately to help me manage these feelings in a more productive manner.

I understand that any information pertaining to my mental health assessment or recommendations will be shared with the correctional facility staff.

I understand that signing this form does not change my suicide watch status. I will be referred to the Psychiatrist for such assessment.

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

\_\_\_\_\_  
ACM Signature

Date: \_\_\_\_\_

Time: \_\_\_\_\_