



GEORGIA DEPARTMENT OF JUVENILE JUSTICE SECURITY RISK GROUP QUESTIONNAIRE

The Department of Juvenile Justice is committed to protecting all staff and youth who enter its facilities/programs/offices (owned, operated, or contracted). For your safety, it is important that you answer all of the questions. Disciplinary action will be taken for intentionally providing false information. The form must be completed in its entirety, if a question does not apply to you, write N/A (not applicable).

Are you related to or personally know any employee of the Department of Juvenile Justice? YES NO

Who? _____

Relationship? _____

Do you have any tattoos? YES NO How many? _____

On what part(s) of your body? _____

Are any tattoos gang related? _____

Describe your gang related tattoos: _____

Have you ever been a member of or associated with members of a gang or extremist group? YES NO

Name of the gang or group? _____

What gang nation/ gang set or group does this youth associate themselves with: (circle one)

People Nation (Set _____) Folk Nation (Set _____)

Norteños Nation (Set _____) Sureño Nation (Set _____)

Aryan Brotherhood

What state, city, county, neighborhood (Zone) is this in? _____

What is your nickname? _____

What is/ was your rank or position in the gang or group? _____

What age were you when you first joined or started associating with the gang or group? _____

*Do you still consider yourself a member? YES NO

Date form completed: _____

Youth Name (Print): _____ Youth Signature: _____

SRG Officer Name (Print): _____ SRG Officer Signature: _____

Place the original questionnaire in the youth's facility case record.
Send a copy of the questionnaire to the SRG Coordinator.