Oklahoma Department of Corrections
Revocation of Inactive STG Membership Status

The following inmate no longer meets or has violated the criteria for inactive security threat group (STG) membership status:

Name: _____
ODOC #: _____
Nicknames: _____
Facility/Region: _____
Date Reported: _____

STG Information:

☐ Revoke validated-inactive status with the previously validated STG; or

☐ Inmate is active with a new STG with which they were not previously validated.
If new, specify which STG: _____

Note: Requires completion and submission of a new Attachment A supplemented by Attachments B and C as applicable.

Initial box to certify inmate meets applicable criteria: **Each criteria must be supported with documentation.**

☐ Inmate made a claim they were an active member again.

☐ Inmate has new STG or gang related tattoos.

☐ Inmate was involved in a reportable incident related to contraband introduction, inmate assaults or fights, assaults on staff, or other STG related activity, unless as a victim or witness.

☐ Inmate is guilty of a new Class X Misconduct

☐ Inmate is documented regularly associating with active, validated STG members beyond association as a result of housing assignment.

☐ Inmate is documented with new activity that would meet the criteria to accrue validation points from Attachment A.

_____

Staff Name / Title Certifying Criteria (print) Staff Signature Date

OIG Use Only

Validated-Inactive status **REVOKED** ☐ or **UPHELD** ☐ by Inspector General or Designee.

_____

Name/Title Signature Date