



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

DATE & TIME:

June 16, 2023
9:00 a.m. – 12:00 p.m.

LOCATION:

Scott County Sheriff's Office
131 S. New Madrid St
Benton, MO 63736

COST:

Contracted Agency: No Cost
Non-Contracted Agency: \$50.00

Register by

June 2, 2023

Pre-Registration Required

This program may be canceled if registrations are not sufficient. Students are responsible for all lodging, meals, and transportation.

REGISTRATION:

Online: mosheriffs.com/training

Email: gina@mosheriffs.com

Fax: 573.635-2128

For questions contact Jeanne Merritt

573-529-6900

jeanne@mosheriffs.com

6605 Business 50 West
Jefferson City, MO 65109

573.635.5925 | Fax 573.635.2128

MOSHERIFFS.COM

Legal Considerations for Jail Staff

(POST#25348)

Course Description

There are many different state statutes, local court rules and Missouri Supreme Court Rules that directly or indirectly affect jail staff, as well as jail operations. This scenario and video based classroom presentation covers common statutes and rules affecting operations and staff. It also covers case law relating to the duty to attend to the serious medical needs of inmates and the legal duty to intervene to prevent inmates from self-harm, as well as harm at the hands of another, including jail staff.

Who Should Attend

Although geared toward custody staff, any experienced law enforcement officer, firefighter, or EMS personnel, as well as any professional, will benefit from this course.

Topics Include

- RSMo Chapter 221
- Fit for Confinement Considerations
- Inmate Serious Medical Needs
- Deliberate Indifference to Inmate Health & Safety
- The Duty to Intervene
- Elements of a Fail to Intervene Lawsuit
- The 8th Amendment Cruel & Unusual Punishment

POST CLEE CREDIT

3 Hours Legal Studies



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REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
_____ Exp _____
3-digit security code _____ (Located on back)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

Send Registrations To

FOR MORE INFORMATION CONTACT