

**CHRISTIAN COUNTY JAIL ORIENTATION SHEET**

(PRINT) LAST: Landrith, FIRST: Michael

**Medical Services**

**Offender Authorization and Consent to Treatment / Information Release**

Authorize the responsible physician or designee at Christian County Jail to administer medical examinations and /or treatment as necessary while I am incarcerated. I also authorize any medical, dental, or mental health information to be exchanged with medical facilities or providers, or other correctional institutions in which I may be housed as it pertains to my treatment.

Print Name Michael Landrith Signature [Signature] Date 4-17-25

**OFFENDER FEES AND CHARGES**

All offenders housed at the Christian County Jail will be required to pay any fees and charges acquired by the individual while at this facility. Charges and Fees are as follows.

1. Nurse Visits - \$8.00 and Doctor Visits - \$15.00. However, there is no charge for receiving a health screening or a physician visit for a health assessment. Medication refills- \$8.00 per prescription.
2. Indigent items due to no funds are per cost of each item.
3. Damage to jail property – per cost of item & is a Class D Felony. All charges will be taken out of any money brought into the facility, or money sent in for the offender.

If any offender has to leave the facility due to a medical emergency, requiring hospitalization; the offender can and will be billed directly from the hospital. Christian County Jail does not assume responsibility for pre-existing conditions, or medical expenses incurred.

Upon release from the Christian County Jail, I understand that if I have any medical and or mental health conditions, I can contact 911 and receive help; for mental health I may contact a 24 hour mental health crisis line (800)-494-7355. Furthermore, I can visit any walk-in clinic or emergency room and receive treatment.

**ORIENTATION GUIDELINES**

All your property will be placed in a property bin and sealed during the Booking process. The officers **will not** open your bin to retrieve any property once the bin is sealed. You need to inform the Booking Officer of any legal, religious items, or any addresses and phone numbers within your property that you require. Your property bin will be sealed until you leave the facility. Offenders may access medical daily by requesting a medical service request form. See the rulebook for a complete list of medical services.

Offenders will be issued **1 identification wristband** when classified and moved to a permanent housing pod. Removal or destruction of a wristband will result in a \$2.00 charge and may also include lockdown or criminal charges. It is the **offender's responsibility** to read the Christian County Jail Rules & Regulations book located in the permanent housing pods.

**PRISONER RAPE ELIMINATION ACT (PREA) GUIDELINES**

The Christian County Jail has a zero tolerance policy for staff sexual misconduct with inmates-meaning that all allegations are reported and investigated. False accusations will result in disciplinary actions. Agency policy defines specified prohibited behaviors between inmates and employees: and between inmates regarding sexual conduct, sexual assault, and sexual harassment. The Christian County Jail prohibits sexual contact and/or violence between offenders. Definitions included in agency policies are consistent with those used by the Bureau of Justice and relevant state criminal statutes. The Christian County Jail prohibits staff sexual harassment of offenders by employees, as well as defining what constitutes sexual harassment of offenders. The Christian County Jail is committed to investigating all allegations of offender's sexual violence and staff sexual misconduct with offenders. Medical and mental health protocols exist for inmates who allege sexual assault and/or misconduct including referral to the local sexual assault treatment center. The Christian County Jail prohibits retaliation against either an inmate or employee who report allegations of misconduct-whether the misconduct involves employees or offenders. The Christian County Jail policy governs investigations of allegations of staff sexual misconduct, and offender-offender sexual violence/abuse. The results of criminal investigations are referred for prosecutorial review, and if warranted, criminal prosecution. Notify a staff member immediately if you are the victim of a sexual assault. This can be done by submitting a request form or confiding with staff verbally.

By signing below I have read and understand each section listed above to its entirety.

Offender's Signature: [Signature] Date: 4-17-25

Officer's Signature: S. Lawson 663 Date: 4/17/2025



CHRISTIAN COUNTY SHERIFF'S OFFICE  
JAIL DIVISION



ARRESTING OFFICER'S PROPERTY SHEET

NAME: LANDRITH MICHAEL B. DATE: 4-16-2025

MONEY: \$ 56<sup>01</sup> KEYS: 0 KNIFE: 0  
DESCRIPTION

JEWELRY (Description): 1- NECKLACE (COMPASS)

MEDICATION (Amount and Description): \_\_\_\_\_

CREDIT CARDS (Name and Type): VISA DEBIT 5315  
HOTEL/MOTE KEYCARD QUALITY INN

OTHER PROPERTY: GREEN INK PEN 2- ROUNDS "KICK" NICOTINE DOUGHES  
JEANS WHITE T-SHOES WHITE T-SHIRT 1-BLACK BEET  
PLAID SHIRT ANKLE MONITOR

I agree this is a true list of property taken from me upon my arrival at the Christian County Jail.

[Signature]  
ARRESTING OFFICER SIGNATURE

[Signature]  
OFFENDER SIGNATURE

I received all property upon leaving the Christian County Jail.

\_\_\_\_\_  
OFFENDER SIGNATURE

\_\_\_\_\_  
DATE

# CHRISTIAN COUNTY SHERIFFS OFFICE (MO)

110 West Elm Street, Ozark, MO 65721

## Inmate Property List Report


Inmate Name	Inmate Number	Cell Block	Cell No.	Cell Bed
LANDRITH, MICHAEL BRANDON	111913			

Date Received	Qty.	Description	Make	Model	Disposition	Released Date	Released
04/17/2025 0338	1	\$56.00 CASH					N
04/17/2025 0352	1	NECKLACE					N
04/17/2025 0352	2	BANK CARD QUALITY INN CARD					N
04/17/2025 0353	1	GREEN INK PEN					N
04/17/2025 0353	2	ROUNDS "KICK" NICOTINE POUCHES					N
04/17/2025 0354	1	JEANS					N
04/17/2025 0354	1	WHITE T SHIRT					N
04/17/2025 0354	1	BLACK BELT					N
04/17/2025 0355	1	PLAID SHIRT					N
04/17/2025 0355	1	GPS MONITOR					N

I certify that the above is a correct list of items removed from my possession at the time I was placed in detention.

Inmate's Signature

Officer's Signature

 // / S. Lawson 563 4/17/25

I received all of the above listed property (minus any property previously released as indicated on this receipt).

Inmate's Signature

Officer's Signature

// / // /

14 1

40  
54

2.01 CHANGE



IN THE 38<sup>TH</sup> CIRCUIT COURT OF CHRISTIAN COUNTY  
MISSOURI

On the 16 day of April, 2025,

Judge Johnson made the following orders:

Defendant: Michael Landrith

Case Number(s): 24CT-CR00239-01

Next Court Date: \_\_\_\_\_

Bond set at: \$ \_\_\_\_\_

Bond reduced to: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Surety \_\_\_\_\_

Bond conditions: \_\_\_\_\_

To be released date: On own recognizance immediately: \_\_\_\_\_

Released on \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Sentenced to \_\_\_\_\_ years/days in DOC/Jail.

Shock time of 5 days for positive UA

SKC  
\_\_\_\_\_  
Court Clerk

4/16/25  
\_\_\_\_\_  
Date

CR 4/16/25  
\_\_\_\_\_  
Bailiff initial/Date



# COMMITTING OFFICER'S REPORT

CHRISTIAN COUNTY DETENTION CENTER  
110 WEST ELM ST, ROOM 70, OZARK, MO  
PHONE: 417-582-1976 FAX: 417-582-0478



## ARRESTEE INFORMATION

Name: LANDRITH MICHAEL B Male  Female  DOB: 11-21-81 SSN: 488.90.7940 7340  
 Address: 4501 E. 26<sup>th</sup> ST. City: JOPLIN State: MO Zip: 64804  
 Arrestee Taking Medication YES  NO  UNK  If yes, location of medicine: HOME  
 Phone Number: 417-560-6610 Money with Arrestee/amount: \_\_\_\_\_  
 Date: 4-16-25 Time: 1137 Location: CCSO COURT/JOHNSON

## ARREST INFORMATION

Arrestee combative or uncooperative YES  NO   
 Arrestee involved in motor vehicle crash YES  NO

## ARREST TYPE

24 Hour Hold	<input type="checkbox"/>	Will probable cause statement be submitted pursuant to Supreme Court Rule 21	Y/N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Book and Release	<input type="checkbox"/>				
Christian County Warrant	<input type="checkbox"/>	Has warrant been confirmed		<input type="checkbox"/>	<input type="checkbox"/>
P&P Warrant	<input type="checkbox"/>	Has Probation & Parole been contact		<input type="checkbox"/>	<input type="checkbox"/>
Other Agency Hold	<input type="checkbox"/>	Has other agency been contacted		<input type="checkbox"/>	<input type="checkbox"/>

## Use 3<sup>rd</sup> Column of Charge Code Manual

Charge Code:	<u>SHOCK 5 DAYS POSITIVE VA</u>	Charge:	
Charge Code:		Charge:	
Charge Code:		Charge:	
Charge Code:		Charge:	

## FIT FOR CONFINEMENT

Does the arrestee appear to be seriously ill Yes  No   
 Does the arrestee appear to be seriously injured Yes  No

**Note: If any of the above listed criteria are answered in the affirmative, the arresting officer MUST consult with corrections staff prior to releasing custody of arrestee to Christian County Detention Staff!**

I, the below signed peace officer, deliver the above, named person to the Christian County Missouri Detention Center for the above listed charges.

Officer: Print & Sign RICK BRIGHT

DSN: 577 Agency: CCSO

Searching Officer Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



# CHRISTIAN COUNTY SHERIFFS OFFICE (MO)

110 West Elm Street, Ozark, MO 65721

## Booking Report

Inmate Name	DOB	SSN	Inmate No.
<b>LANDRITH, MICHAEL BRANDON</b>	<b>11/21/1981</b>	<b>488-90-7340</b>	<b>111913</b>

**CHRISTIAN COUNTY SHERIFF** **111913**

Arrest Date / Time	Arresting Officer	Arrest Classification	OCN Number	Agency Held For
<b>04/16/2025 1137</b>	<b>577 - R BRIGHT</b>	<b>COURT COMMIT</b>		<b>CHRISTIAN COUNTY SHERIFFS OFFICE (MO)</b>

Cell Block	Cell Number	Housing Status	Reason Confined
		<b>BOOKING</b>	<b>COURT COMMIT</b>

Arrest Location  
**CCSO COURT**

Booking Date / Time	Booking Officer	Sheet #	Convicted Date
<b>04/17/2025 0335</b>	<b>563 - S LAWSON</b>		

Checked Criminal History     OCN/FP Search     Hold Orders

First Miranda

Second Miranda

### Attorney

Attorney	Law Firm	Secretary / Assistant	Public Defender
			<input type="checkbox"/>

StreetAddress	City	State	Zip Code	Country
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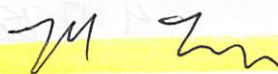
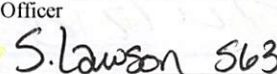
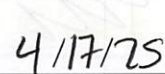
Phone Type	Phone	Ext/PIN	Email Address
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### Charges

Charge / Jurisdiction	Statute	Warrant No. / State Charge Code	Bond Amt / Local Code	Bond Type /	Disposition / Court Date/Time
<b>COURT COMMIT</b>			<b>\$0.00</b>		

### Property

Quantity	Description	Property Returned By	Value	Property Returned Date
1	556.00 CASH		0.00	
	563 - S LAWSON			
1	NECKLACE		0.00	
	563 - S LAWSON			
2	BANK CARD QUALITY INN CARD		0.00	
	563 - S LAWSON			
1	GREEN INK PEN		0.00	
	563 - S LAWSON			
2	ROUNDS "KICK" NICOTINE POUCHES		0.00	
	563 - S LAWSON			
1	JEANS		0.00	

	Officer		
		<b>S. Lawson 563</b>	<b>4/17/25</b>



# CHRISTIAN COUNTY SHERIFFS OFFICE (MO)

110 West Elm Street, Ozark, MO 65721

## Booking Report

Inmate Name	DOB	SSN	Inmate No.
<b>LANDRITH, MICHAEL BRANDON</b>	<b>11/21/1981</b>	<b>488-90-7340</b>	<b>111913</b>

### Inmate

Race	Sex	Age	Juvenile	Moniker	Inmate Status
<b>W</b>	<b>M</b>	<b>43</b>	<b>N</b>		<b>Incarcerated</b>
Caution	Driver License	State	Religion		
<b>TERRISTIC THREATS, VIOLENT</b>	<b>N202323018</b>	<b>MO</b>	<b>NONE</b>		
Marital Status	Resident Status	Ethnicity	Language		
<b>SINGLE</b>	<b>N</b>	<b>N</b>	<b>ENGLISH</b>		



### Addresses

Type	Street Address	City	State	Zip Code	Country
	<b>4501 E 26TH ST</b>	<b>JOPLIN</b>	<b>MO</b>	<b>64804</b>	<b>USA</b>

### Phone Numbers

Type	Phone	Ext/PIN
<b>CELL</b>	<b>(417) 560-6610</b>	

### Physical Description

Height	Weight	Build	Skin Color	Complexion	Eyes	Type of Eyewear	Teeth	Place of Birth	City	State
<b>601</b>	<b>165</b>	<b>1</b>	<b>WHITE</b>	<b>FAR</b>	<b>HAZ</b>	<b>GLASSES</b>	<b>NORMAL</b>		<b>LITTLE ROCK</b>	<b>AR</b>
Hair	Hair Length	Hair Style	Beard	Mustache	Side Burns	Mannerisms		Country		
<b>BRO</b>	<b>SHORT</b>	<b>STRAIGHT</b>	<b>FULL</b>	<b>WALRUS</b>	<b>SHORT</b>			<b>USA</b>		

### Identification Numbers

Local PD #	Local SO #	State #	Military ID #	Branch	Rank		
FBI #	NCIC #	DOC #	Passport ID #	Type	Issued By	Exp. Date	
			Alien Req.	Type	Issued By	Exp. Date	

### Employment

Company Name	Job Title	Schedule					
<b>DISABLED</b>							
Street Address	City	State	Zip Code	Phone No.	Ext		

### Education

Read/ Write	Institution	Last Grade Completed	Status
<input checked="" type="checkbox"/>	<b>GED</b>	<b>12</b>	<b>GED</b>

### Booking

Complaint No	Facility Held At				
	<b>CHRISTIAN COUNTY DETENTION #CCDC</b>				
Arrest #	Arrest Agency	Arrest Agency ORI	Booking Number	Prisoner Type	

<i>[Signature]</i>	Officer			
<i>[Signature]</i>	<b>S. Lawson 563</b>			<b>4/17/25</b>

## Booking Approval

<u>Supervisor initials</u>	<u>Item to be checked</u>	<u>Follow up initials</u>
	Offender Name, DOB, SSN, Address, and alias' correct	
	CCSO warrant(s) retrieved and served	
	All charges correctly entered in Omnigo	
	Court, Bond and Arrest tab completely filled out	
	MULES sheets/ messages in file	
	Copy of warrants match the MULES paperwork and COR	
	Blue card filled out and put in file	
	Ready For Pickup Message Sent	
	New mugshot taken of offender	
	Fingerprints done properly	
	DNA collected	
	Strip Search Report	
	Property inventory signed	
	medical release signed	
	Wristband given	
	Paperwork Scanned	
	old files searched for/combined	

Comments:

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## Release Approval

<u>Supervisor Initials</u>	<u>Items to be checked</u>	<u>Sergeant Check</u>
	Property released to offender	
	MULES sheet for entry and release checked	
	Messages sent	
	Court docket as needed	
	Bond paperwork in file as needed	
	Bond conditions met as stated	
	Blue card- Victim notified	
	Verify COR and MULES with court docket	
	Court commit paperwork complete and turned in	
	Prisoner receipt as needed	
	Property Release Signed	
	Paperwork Scanned	

Comments: