

## TYPE 2 SANCTION/ADMINISTRATIVE DETENTION

NAME OF YOUTH	DOC NUMBER	DATE COMPLETED
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SEX OFFENDER REGISTRATION REQUIRED:  Yes  No

PRIOR PLACEMENT (If State Case)  LHS  CLS  Other:

CURRENT PLACEMENT:  LHS  CLS  Other:

ADDRESS	CITY	STATE	ZIP CODE
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COMMUNITY CASE MANAGER OR AGENT	WORK PHONE NUMBER
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### TYPE 2 STATUS - TY2S

PARENT(S)/RESPONSIBLE PARTY	RELATIONSHIP
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ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE NUMBER	WORK PHONE NUMBER	PARENTS HAVE BEEN CONTACTED <input type="checkbox"/> Yes <input type="checkbox"/> No
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NAME OF PERSON REQUESTING SANCTION/TERMINATION	PHONE NUMBER
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### RETURN STATUS TO INSTITUTION

ANTICIPATED DATE OF PICK-UP:

ANTICIPATED DATE OF ARRIVAL AT THE INSTITUTION	ANTICIPATED TIME OF ARRIVAL AT THE INSTITUTION
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MEDICATION(S) <input type="checkbox"/> Yes <input type="checkbox"/> No List Medication(s)	WILL MEDICATION(S) ACCOMPANY THE YOUTH <input type="checkbox"/> Yes <input type="checkbox"/> No
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