

TYPE 2 VIOLATION REPORT

Name of Youth:

J-Number (if state case):

D.O.B.

Violations Causing Sanction/Termination:

Violation Date:

Category:

Action:

Violation Date:

Category:

Action :

Assignments to be Completed by Youth during the Sanction/Termination:

Signature of Person Requesting
Sanction/Administrative Detention:

Date:

Supervisor/County Review: Approved Denied

Signature of Supervisor:

Date:

YOUTH APPEAL PROCESS

I understand that I have the right to appeal this disposition to the Regional Chief if I am on a state commitment, or to my County if I am on a county placement. I also understand that this appeal must be made in written form and must be submitted to the Regional Chief or County within five (5) working days of my receipt of this report. My copy of the report must accompany my written appeal. I understand that my written appeal will not delay the imposition of the sanction/ administrative detention.

I wish to appeal I do not wish to appeal.

Signature of Youth:

Date :

REGIONAL CHIEF OR COUNTY RESPONSE TO APPEAL

- I uphold the decision to return youth to a JCI.
 I reverse the decision to return youth to a JCI.

Date Appeal Received

Signature of Regional Chief/County

Date of Decision