

## AFTERCARE ADMINISTRATIVE DETENTION

NAME OF YOUTH		J-NUMBER	DATE COMPLETED	
SEX OFFENDER REGISTRATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		VICTIM/WITNESS NOTIFICATION <input type="checkbox"/> YES <input type="checkbox"/> NO		
PRIOR PLACEMENT (if State case) <input type="checkbox"/> CLS <input type="checkbox"/> LHS <input type="checkbox"/> MJTC <input type="checkbox"/> OTHER:				
CURRENT AFTERCARE PLACEMENT				
ADDRESS		CITY	STATE	ZIP CODE
NAME OF AGENT		PHONE NUMBER OF AGENT		
PARENT(S)/RESPONSIBLE PARTY		RELATIONSHIP		
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NUMBER	WORK PHONE NUMBER	PARENTS HAVE BEEN CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO		

### REASON FOR RETURN TO INSTITUTION ON ADMINISTRATIVE DETENTION

- Investigation of Aftercare Violation
- Temporary placement in accordance with s. DOC 393.12 (4) (b), Wisconsin Administrative Code

Explanation:

Has the youth been served the Juvenile Aftercare Revocation Notice, Rights, Acknowledgment and Waiver (DOC-1795)

- YES**
- NO**; agent will arrange for youth to be served DOC-1795
- N/A**, for youth temporary placed at JCI pursuant to s. DOC 393.12 (4) (b).

ANTICIPATED DATE OF ARRIVAL AT THE INSTITUTION	ANTICIPATED TIME OF ARRIVAL AT THE INSTITUTION
MEDICATIONS <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE MEDICATIONS ACCOMPANYING THE YOUTH <input type="checkbox"/> YES <input type="checkbox"/> NO

ANTICIPATED DATE OF RELEASE FROM THE INSTITUTION: