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| **JUVENILE RELEASE AUTHORIZATION** | | | | | | | | | | | | | | | | | | | |
| **Instructions:** | | | | | | | | | | | | | | | | | | | |
| GENERAL: | | | Section 938.51, Stats., requires DJC staff to complete this form at least 15 calendar days prior to the youth’s placement in the community to ensure that the legal notification of the youth’s movement is provided to victim / witness with a request on file and to selected agencies. | | | | | | | | | | | | | | | | |
| EXCEPTION: | | | When circumstances beyond the control of DJC do not permit the agent to complete this form within the legally required 15 days, the agent shall complete this form at least 5 business days prior to the youth’s placement in the community and obtain supervisory approval and note the exception in notes. | | | | | | | | | | | | | | | | |
| NAME OF YOUTH (Last, First, M.I.): | | | | | | | | | | | | | | DOC NUMBER: | | | | | DOB: |
| CURRENT LOCATION: | | | | | | | | | | | | | | | | | | | |
| LHS | | CLS | | | | MJTC | | GROW ACADEMY | | | | | OTHER | | | | | | |
| NAME OF CURRENT SOCIAL WORKER: | | | | | | | | | | VICTIM NOTIFICATION: REQURED:  Yes  No | | | | | | | SEX OFFENDER REGISTRATION REQUIRED:  Yes  No | | |
| CURRENT ADJUDICATED OFFENSE: | | | | | | | | | | | | | | | | | | | |
| DATE OF RELEASE: | | | | | | | | | | DISPOSITION OF FUNDS IN YOUTH ACCOUNT AT JCI: | | | | | | | | | |
| **TYPE OF RELEASE** | EXPIRATION OF COMMITMENT – RELEASE FROM DJC SUPERVISION | | | | | | | | | | | | | | | | | | |
| RELEASE TO AFTERCARE:  STATE  COUNTY | | | | | | | | | | | | | | | | | | |
| AFTERCARE PROGRAM: | | | | HOME | | RCC | | GROUP HOME | | | FOSTER HOME | | | | ICJ OUT | | OTHER: | |
| TYPE 2 ADMINISTRATIVE TRANSFER:  CSP  SJO  TYPE 2 RCC  ALT CARE W/ CSP  ALT CARE | | | | | | | | | | | | | | | | | | |
| EMP | | | GPS | | | | | | | PHONE NUMBER: | | | | | | | | |
| TRIAL VISIT | | | NUMBER OF DAYS: | | | | | | | START DATE: | | | | | | | | |
| RELEASE WITHOUT AFTERCARE REVOCATION / ALTERNATIVE TO REVOCATION | | | | | | | | | | | | | | | | | | |
| RELEASE FOLLOWING TYPE 2 ADMINISTRATIVE DETENTION (Sanction, investigation, new placement) | | | | | | | | | | | | | | | | | | |
| APPROVED GUARDIAN OR ALTERNATE CARE FACILITY: | | | | | | | | | | | | | | | RELATIONSHIP: | | | | |
| STREET ADDRESS: | | | | | | | | | | CITY: | | | | STATE: | ZIP CODE: | | | | PHONE NUMBER: |
| TRANSPORTATION ARRANGEMENTS:  CLS/LHS TRIP UNIT  MJTC  AGENT  OTHER: | | | | | | | | | | DROP-OFF ADDRESS: | | | | | CONTACT PHONE NUMBER: | | | | |
| SPECIAL INSTRUCTIONS / ADDITIONAL INFORMATION FOR TRANSPORTATION: | | | | | | | | | | | | | | | | | | | |
| REASON IF 15 DAY TIMELINE CANNOT BE MET | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF CURRENT AGENT OF RECORD: | | | | | | | | | | | | | | AGENT NUMBER: | | | | | DATE SIGNED: |
| SIGNATURE OF SUPERVISOR IF LESS THAN 15 DAYS PRIOR TO RELEASE: | | | | | | | | | | | | | | | | | | | DATE SIGNED: |