BRUCE NORMILE JUVENILE JUSTICE CENTER

DETENTION ADMISSION FORM

1. PERSONAL INFORMATION

|  |  |
| --- | --- |
| Juvenile’s Full Name:       | SSN#       |
| Age:       | DOB:       | Gender:       | Race:  | Medicaid Number:  |
| Mother:       | Telephone:       |
| Address:       | City:       | State:       | Zip:       |
| Father:       | Telephone:       |
| Address:       | City:       | State:       | Zip:       |
| Legal Guardian:       | Telephone:       |
| Address:       | City:       | State:       | Zip:  |

Mark below if parents and legal guardian are approved to visit and have phone calls. List any additional approved contacts with name, their relationship to the juvenile, and their phone number. We will contact both parents and the legal guardian if all 3 are approved.

[ ]  Mother [ ]  Father [ ]  Legal Guardian

ADDITIONAL APPROVED VISITORS/RELATIONSHIP/PHONE NUMBER

|  |  |
| --- | --- |
| Approved Visitor’s Name and Relationship to Juvenile | Phone Numbers: |
|       |       |
|       |       |
|       |       |
|       |       |

1. LEGAL INFORMATION

|  |  |
| --- | --- |
| Offense:       | Felony or Misdemeanor:       |

If offense is a probation violation you must also list the original offense that placed them on probation.

 Original Offense (if applicable):

[ ]  PLEASE COLLECT A UA FROM THE JUVENILE FOR A FIELD DRUG TEST

Copies of the following information shall be attached to this form:

1. Authorization for Temporary Detention
2. JDTA Assessment Form (bring with paperwork or email as soon as completed)
3. Application/Motion for Order of Detention (if applicable)
4. Order of Detention (if applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Circuit:  |       | County: |       | JO/DJO: |       |
| Phone Number: |       | Emergency Contact Number: |       |
| Date of Next Hearing: |       |

1. PREVIOUS HISTORY OF JUVENILE

Has the juvenile had any prior placement at any of the following or a history of sexual behavior while in a facility? (Please check all that apply and list where and when)

|  |  |
| --- | --- |
| [ ]  Acute Care       | [ ] Residential       |
| [ ] Foster/Relative care       | [ ] Detention      |
| [ ] Protective Custody       | [ ] FIRST SECURE CONFINEMENT OF ANY KIND |
| [ ] History of Institutional Predatory Behavior       |  |
| [ ] History of facility consensual sex       |  |

Does the juvenile have a history of any of the following? *(Please check all that apply)*

[ ] Gang involvement, if so name of gang:

[ ] Suicide threats / attempts (please circle)

[ ] Alcohol / Drug Dependency: Drug of Choice

[ ] Assaultive behavior

[ ] Sexual Abuse Victim [ ] Sexual offending behavior

[ ] Bullying Victim [ ] Bullying behavior

What can be expected regarding the juvenile’s attitude during detention placement?

[ ]  Angry [ ] Unaffected [ ] Depressed [ ] Crying / sullen

[ ] Cooperative [ ] Suicidal ideation [ ] Hostile [ ] Other

Juvenile is or is perceived to be:

[ ] Gay [ ] Lesbian [ ] Bisexual [ ] Transgender [ ] Intersex [ ] Gender nonconforming [ ] Heterosexual [ ] Unknown to JO

IV. MEDICAL HISTORY

1. Is the juvenile currently impaired by the influence of alcohol/drugs? [ ] Yes [ ] No

 If yes, who has deemed juvenile “Fit for Confinement”?

Physician Name:       at

2. Does the juvenile have any physical or developmental disabilities or special dietary requirements or other special needs? [ ] Yes [ ]  No

Please List:

3. Is the juvenile currently on prescribed medication(s)? [ ] Yes [ ] No

Please list medicines, dosages, and why they are taking each medication.

Medications:

4. Does the juvenile have a history of any of the following? Explain marked areas

 [ ] Allergies- (soap, foods, medications, dyes) [ ] Heart trouble

[ ] Asthma –(constant or exercise induced) [ ] Diabetes- (Type and treatment)

[ ] Seizures—(epileptic or other) [ ] Reaction to medicine

[ ] Any kind of Infectious Disease(s) (HIV, lice, Hepatitis, TB)

[ ] Pregnancy: Currently       months pregnant, any prenatal health concerns?

 AUTHORIZATION TO TREAT

The Bruce Normile Juvenile Justice Center staff is authorized to provide non-prescription medication(s) as needed for ailments such as headaches, fever, stomach cramping, sinus congestion, colds, or upset stomach. The Bruce Normile Juvenile Justice Center staff is authorized to obtain medical/dental treatment as needed.

\* List any allergic reactions to prescription or over the counter medications.

 Medication Allergies:

V. SCHOOL INFORMATION

The Bruce Normile Juvenile Justice Center is authorized to enroll the above said juvenile in school and to obtain any records necessary on behalf of said juvenile.

Last school attended to obtain current records       Grade

Does the juvenile have an I.E.P or 504 Plan? [ ] Yes [ ]  No

List any special education needs (BD, LD., etc.) or educational disabilities:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Authorizing Authority / Title Date*