

## JUVENILE RELEASE AUTHORIZATION

NAME OF YOUTH	DOC NUMBER	DATE OF BIRTH
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VICTIM NOTIFICATION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	SEX OFFENDER REGISTRATION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
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**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 a victim/witness with a request on file and to selected community 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 days (excluding weekends/holidays) prior to the youth's placement in the community and obtain supervisory approval.**

DATE OF AUTHORIZATION	NOTICE TO <input type="checkbox"/> LHS <input type="checkbox"/> CLS <input type="checkbox"/> MJTC <input type="checkbox"/> OTHER:
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NAME OF JCI SOCIAL WORKER

CHECK IF COMPLETED:	<input type="checkbox"/> RELEASE ACTION PLAN	<input type="checkbox"/> TRANSITION TEAM MEETING DATE:	<input type="checkbox"/> JCIP FAMILIES COUNT in JCI DATE:
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EXPIRATION OF COMMITMENT – RELEASE FROM DOC SUPERVISION DATE:

RELEASE TO AFTERCARE:  State  County DATE:

TYPE 2 ADMINISTRATIVE TRANSFER:  CSP  SJO  Type 2 RCC DATE:

TRIAL VISIT Number of Days: START DATE:

RELEASE WITHOUT REVOCATION (Youth returned to JCI pending revocation proceedings, but was not revoked) DATE:

RELEASE FOLLOWING TYPE 2 SANCTION DATE:

RELEASE FOLLOWING TYPE 2 ADMINISTRATIVE DETENTION (Youth returned to JCI pending type 2 termination proceedings, but was not terminated) DATE:

NAME OF GUARDIAN OR NAME OF ALTERNATE CARE FACILITY	IF GUARDIAN WHAT IS RELATIONSHIP
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PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE + 4
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MAILING ADDRESS IF DIFFERENT FROM ABOVE	CITY	STATE	ZIP CODE + 4
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DISPOSITION OF FUNDS IN YOUTH ACCOUNT AT JCI

TRANSPORTATION ARRANGEMENTS

NAME/ADDRESS OF SCHOOL TO WHICH JCI SHOULD SEND EDUCATIONAL RECORDS

DOC-1741 SIGNED?  Yes  No

IF 15 DAY TIMELINE CANNOT BE MET, STATE THE REASON AND OBTAIN SUPERVISORY APPROVAL

HAS CURRENT AGENT RECEIVED YOUTH'S FILE FROM PREVIOUS AGENT?  YES  NO

NAME OF CURRENT AGENT	AGENT NUMBER	NAME OF PREVIOUS AGENT	AGENT NUMBER
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SIGNATURE OF SUPERVISOR WHEN DOC-1788 IS COMPLETED LESS THAN 15 DAYS PRIOR TO PLACEMENT IN COMMUNITY	DATE SIGNED
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**DISTRIBUTION:** Original – Social Service File; Copy – Social Worker; Copy – IPC; Copy – Special Benefits Coordinator; Copy – OJOR-Central; Copy- JCI School; Copy – OJOR-Local; Copy – Agent's Supervisor; Copy – Current Agent; Copy – Previous Agent; Copy – County Liaison