

Detention Alternatives: Client Form

Name of Program: Evening Reporting Center _____ Electronic Monitoring _____
Staff Secure Shelter _____ Home Confinement _____ Community Outreach Supervision _____

Program Site (ERC or Staff Secure Shelter only): _____

Court Order (Referral) Date: _____ **Program Start Date:** _____

1. Name of Minor: Last _____ **First** _____ **MI** _____ **2. Date of Birth:** _____

3. Minor's Zip Code: _____ **3. Gender:** M _____ F _____

4. Ethnicity: Hispanic _____ Non-Hispanic _____ **5. Race:** Asian _____ Black _____ White _____ Other _____

6. JEMS ID#: _____ **7. Calendar:** _____

8. Most serious charge contained on each petition (select first charge listed on petition):

Pet. #:	Charge:	<u>Adjudicatory Status</u>			<u>JAW</u>		<u>ASA</u> <u>VOP/VOS</u>		<u>PO</u> <u>VOP/VOS</u>	
		Pre-Adj	Pre-Disp	Disp.	Y	N	Y	N	Y	N
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Program Termination Date: _____

10. Termination Type:

- Re-referral to Pre-Adjudication screening on new charge _____
- Failure to appear in court (Warrant issued) _____
- Minor terminated due to non-compliance with program rules* _____
- Successful Termination (attended all court hearings and stayed arrest-free while in program, and was not terminated due to program non-compliance) _____

**For Home Confinement and Electronic Monitoring programs, termination determined only by judicial order*

11. Program Attendance (ERC only): Days attended _____ Days absent _____