DISCHARGE CONSIDERATION HEARING ORDER

DATE	YA NUMBER	NAME	HEARING LOCATION	PBD (month/year)

CATEGORY LEVEL	COURT OF COMMITMENT		DATA PROCESSING USE ONLY
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7	☐ Juvenile	☐ Criminal	
CALENDAR	ACT (month/day/year)	Jurisdiction (month/day/year)	
☐ Appearance ☐ Non-Appearance			

VICTIM / WITNESS / OBSERVERS

1767 NOTIFICATIONS						VICTIM NOTIFICATIONS					
Designation	☐ Yes ☐ No	Notice Sent	☐ Yes ☐ No	Response Received	☐ Yes ☐ No	Designation	☐ Yes ☐ No	Notice Sent	☐ Yes ☐ No	Response Received	☐ Yes ☐ No

PRESENT AT HEARING (name & relationship)

_____ _____

_____ _____

JPB DECISION

RELEASE STATUS

☐ Discharge Granted

☐ Discharge Denied

RELEASE CRITERIA

Date of Discharge: _____

County of Discharge: _____

Restitution Balance Remaining ☐ Yes ☐ No

☐ Recommended Conditions of Supervision *(See attached Recommendations for County Supervision - DJJ 1.326)*

☐ Annual Review Conducted

Date of Next Annual Review: _____

Hearing Order of: _____ ☐ Amended ☐ Vacated

PROGRAM COMPONENTS

Complete	Ongoing		Complete	Ongoing		Complete	Ongoing	
☐	☐	ART (Aggression Replacement Therapy)	☐	☐	Counter Point	☐	☐	Criminal Thinking Errors
☐	☐	Gang Awareness	☐	☐	Girls Moving On	☐	☐	IMPACT (Incarcerated Men Putting Away Childish Things)
☐	☐	Inner Wounded Child	☐	☐	Mental Health Unit	☐	☐	Sex Offender
☐	☐	Substance Abuse	☐	☐	Victim Awareness	☐	☐	_____
☐	☐	_____	☐	☐	_____	☐	☐	_____

COMMENTS

BY ORDER OF THE JUVENILE PAROLE BOARD

☐ Full Board ☐ Panel ☐ Referee

SIGNATURE - MOTION	SIGNATURE – CONCUR	SIGNATURE – CONCUR	SIGNATURE – DISSENT