

SPECIAL NEEDS:

	Substance Abuse:	Narrative or N/A
	Special Counseling:	Narrative or N/A
	Sex Offender:	Narrative or N/A
	Mental Health:	Narrative or N/A
	Medication:	Narrative or N/A
	Other:	

RELEASER INFORMATION:

SUGGESTED PRIMARY DISCHARGE PLAN:

Obtain Employment:

Employment With:

After Care Counseling:

Other:

DESCRIPTION OF YOUTH:

Ethnicity:

Sex:

Age:

Identification:

Height:

Weight:

Hair Color:

Eye Color:

Identifying Marks/Tattoos:

Location:

GANG AFFILIATION:

Name of Gang:

Moniker:

Activity:

WARRANTS AND DETAINERS:

Outstanding Warrant #:

Current Detainer:

ICE Detainer:

Resident Alien #:

TRUST ACCOUNT/IDENTIFICATION/RESTITUTION:

Trust Account Balance:

Social Security Number:

Card Enclosed:

California DMV Identification Number:

Card Enclosed:

RESTITUTION INFORMATION:

Victim's Restitution Order:

Balance Due:

Date Restitution Paid in Full:

Restitution Fine Ordered:

Balance Due:

Date Restitution Paid in Full:

DRUG/ALCOHOL:

- Follow-up Substance Abuse counseling is recommended after release.
- Follow-up Substance Abuse testing is being recommended after release.

MEDICAL:

See attached form Y.A. 8.248.

REGISTRATION/NOTIFICATION REQUIRED:

- Registration or notification is not required
- Notice of Hearing (WIC1767.1)
- Arson Registration (PC457.1)
- Sex Offender Registration (PC290.008)
- Gang Registration (PC186.30)
- Drug Offender Registration (H&S 11590(a) (Superior Court Cases Only)

VICTIM NOTIFICATION:

- Victim Notification required. Pursuant to W&I 1764.2
- Special Needs Related to Victims: (Narrative)

DUTY TO WARN POTENTIAL VICTIMS:

- Institution staff have not documented any known threat to individuals.
- Institution staff documented threats to individuals. (See Confidential Material.)

NOTIFICATION TO FAMILY OR RESPONSIBLE PERSON OF POTENTIAL SUICIDE RISK:

- Family or responsible person needs to be notified of potential suicide risk.

Suicidal History:

Reviewed by: _____
Parole Agent I/Case Manager

Prepared by: _____
Youth Correctional Counselor

Approved by: _____
Treatment Team Supervisor

AG:rc
020311

Attachments:

SAMPLE