



## B1. POST DISCHARGE HEARING PACKET CONTENT CHECKLIST (PRESIDING JUDGE OF THE JUVENILE COURT)

**I.**

\_\_\_\_\_  
 YOUTH NAME

\_\_\_\_\_  
 YA NUMBER

\_\_\_\_\_  
 FACILITY

**II.**

	Checklist
<input checked="" type="checkbox"/>	✓
<b>Post Discharge Hearing Attachments:</b>	
<i>One (1) Copy (Required)</i>	
Discharge Consideration Order (DJJ 1.327)	
Recommendations for County Supervision (DJJ 1.326)	
Summary of Medical Record (DJJ 8.248) (Updated)	
<i>One (1) Copy (If Applicable)</i>	
1767 Notification Case (Notification Letter Included)	
Victim Notification Case (Notification Letter Included)	
Sex Offender Registration Notification (Notification Included)	
Arson Registration Notification (Notification Included)	
Summary of Mental Health Care (DJJ 8.225) (Updated)	

**III.**

\_\_\_\_\_  
*Signature / Case Records Staff*

\_\_\_\_\_  
*Printed Name & Title*

\_\_\_\_\_  
*Date*

For additional information related to the above youth contact:

\_\_\_\_\_  
 Casework Specialist/Parole Agent/Case Manager

at \_\_\_\_\_  
 Telephone Number

## B2. POST DISCHARGE HEARING PACKET CONTENT CHECKLIST (CHIEF OF PROBATION)

**I.**

\_\_\_\_\_  
**YOUTH NAME** **YA NUMBER** **FACILITY**

**II.**

	Checklist
<b>Post Discharge Hearing Attachments:</b>	✓
<i>One (1) Copy (Required)</i>	
Discharge Consideration Order (DJJ 1.327)	
Recommendations for County Supervision (DJJ 1.326)	
Summary of Medical Record (DJJ 8.248) (Updated)	
<i>One (1) Copy (If Applicable)</i>	
1767 Notification Case (Notification Letter Included)	
Victim Notification Case (Notification Letter Included)	
Sex Offender Registration Notification (Notification Included)	
Arson Registration Notification (Notification Included)	
Summary of Mental Health Care (DJJ 8.225) (Updated)	
Other (Miscellaneous)	
<i>Original (If Available)</i>	
DMV Card	
Social Security Card	

**III.**

\_\_\_\_\_  
*Signature / Case Records Staff* *Printed Name & Title* *Date*

For additional information related to the above youth contact:

\_\_\_\_\_ Casework Specialist/Parole Agent/Case Manager

at \_\_\_\_\_  
 Telephone Number