

IDAHO DEPARTMENT OF JUVENILE CORRECTIONS
CUSTODY REVIEW BOARD
REFERRAL and ELIGIBILITY FORM

DATE: _____

IJOS: _____

NAME OF JUVENILE: _____

DATE OF BIRTH: _____

I request that the above-named juvenile be referred to the Custody Review Board of the Idaho Department of Juvenile Corrections (Department) to determine whether the juvenile needs extended time in custody of the Department in accordance with §20-520(1)(r), Idaho Code.

The juvenile being referred is eligible for review under either Rule 201.01.a **or** 201.01.b.

(Mark appropriate rule):

_____ **Rule 201.01.a**

If the juvenile is **no more than six (6) months from his 19th birthday and** one (1) or more members of the juvenile's case management team believes that **the juvenile needs extended time in custody beyond that juvenile's nineteenth birthday.**

REASON EXTENDED TIME IS NEEDED: _____

_____ **Rule 201.01.b**

If the juvenile is **past age nineteen (19)**, has **already been retained** in the department's custody based on an earlier determination of the Custody Review Board, **and** one (1) or more members of a juvenile's case management team, the Custody Review Board, or the director of the department believes that an **additional case review is in the best interest of the juvenile** or others affected.

REASON FOR CASE REVIEW: _____

Acknowledgement for Referral to Custody Review Board:

Case Management Team Member (JSC, Rehabilitation Specialist, or JPO)

Date

CLINICAL SUPERVISOR SIGNATURE REQUIRED:

Clinical Supervisor

Date