## **Section I – Contract Provider**

Juvenile Name:      IJOS #:       Date:

Contract Provider Name:

Anticipated Departure Date:       Mode of Transportation:

Type of Movement:

Program Transfer  Transfer to Level 1/In Custody Home Placement or other home-based placement

Release from IDJC custody

If staging pending release or transfer; describe staging points and dates:

Name, Address, & Phone of Person/Facility to Which Juvenile Will be Transferred/Released:

Name:       Phone: (     )

Address:       , State       Zip

*I confirm that the address above is correct as shown on this form for delivery of any juvenile funds due to the juvenile.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Administrator Signature Date IDJC File Manager

## **Section II – Contract Provider**

Medical Date Accounting/Fiscal Date

Medication Upon Leaving? Yes  No

✓ 30-day supply of medication upon leaving

✓ Prescription sent to local pharmacy  Juvenile has funds upon leaving? Yes  No

If yes, attach bank statement

Juvenile’s Fund Balance: $

Case Manager/Therapist Date Less Restitution Paid: $

Total Balance:

Restitution Balance:\_\_\_\_\_\_\_\_\_ Case #

Achievement post-testing completed? Yes  No  County

## **Section III – Contract Provider/Juvenile/IDJC**

I, the juvenile named above, hereby affirm that I have received all personal possessions, clothing, belongings, medication, and medical records (if applicable) and money or funds due me from the contract provider.

1. 1.

Juvenile Date & Time Staff Witness Date & Time

1. 1.

Staff Transporter (if applicable) Date & Time Parent/Guardian Date & Time

Additional signatures are collected at final check-out point if traveling to another IDJC facility for release. If releasing in the community, IDJC transport staff will collect final signatures on Transport form (DJC-241).

2. 2.

Juvenile Date & Time Staff Witness Date & Time

2. 2.

Staff Transporter (if applicable) Date & Time Parent/Guardian Date & Time

3. 3.

Juvenile Date & Time Staff Witness Date & Time

3. 3.

Staff Transporter (if applicable) Date & Time Parent/Guardian Date & Time

**Contract Provider:** Immediately upon a juvenile leaving, please fax this form to the appropriate district Juvenile Services Coordinator’s office.

## **Section IV – IDJC**

Juvenile’s Fund Balance: $

File Manager Date

Date Warrant(s) Mailed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Staff Signature Date

## **Section V – IDJC**

Standard release from contract provider

Release from Level 1 In Custody Home Placement or other in-custody home-based services.

JSC Signature Release Date