Idaho Department of Juvenile Corrections

PERSONS TO BE NOTIFIED

(for committing offenses)

**Note:** This form is intended to be completed electronically. If you choose to print it and fill it out, then please refer to the legend on the last page for special instructions as it relates to *relationship to juvenile*, *marital status*, and *status* fields.

**Juvenile’s Name:**      **IJOS#:**      **SEX:**  [ ]  Male [ ]  Female

**AKA:**      **Juvenile’s SSN:**      **DOB:**

**Commitment Status** (check all that apply): [ ]  New Commitment**[ ]** Recommitment

 [ ]  District Court Commitment

**Committing Case Numbers:**

If parents’ preferred language is other than English, please identify in the space provided:

***\*****Select from available options or see legend on last page*

**PARENT:** **Relationship to Juvenile:**            **Status:** \*

**Name:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**Street Address:**       **City:**      **ST:**      **Zip:**

**Phone(s): Home:** (     )       **Work:** (     )      **Cell:** (     )

**Marital Status:** \* **SSN:**       **DOB:**       **E-mail address:**

**Notes:**

**PARENT:** **Relationship to Juvenile:**       **Status:** \*

**Name:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**Street Address:**       **City:**      **ST:**      **Zip:**

**Phone(s): Home:** (     )       **Work:** (     )      **Cell:** (     )

**Marital Status:** \* **SSN:**       **DOB:**       **E-mail address:**

**Notes:**

**LEGAL GUARDIAN: Relationship to Juvenile:**       **Status:** \*

**Name:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**Street Address:**       **City:**      **ST:**      **Zip:**

**Phone(s): Home:** (     )       **Work:** (     )      **Cell:** (     )

**Marital Status:** \* **SSN:**       **DOB:**       **E-mail address:**

**Notes:**

**OTHER: Relationship to Juvenile:**       **Status:** \*

**Name:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**Street Address:**       **City:**      **ST:**      **Zip:**

**Phone(s): Home:** (     )       **Work:** (     )      **Cell:** (     )

**Marital Status:** \* **SSN:**       **DOB:**       **E-mail address:**

**Notes:**

**JUDGE and COURT CLERK:**

**Judge:**       **Court Clerk:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**Phone Number:** (     )

**PROSECUTING ATTORNEY:**

**Name:**       **Phone Number:** (     )

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**ATTORNEY FOR JUVENILE:**

**Name:**       **Phone Number:** (     )

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**JUVENILE PROBATION OFFICER:**

**Name:**       **Phone Number:** (     )

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**VICTIM/WITNESS COORDINATOR:**

**Name:**       **Phone Number:** (     )

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**VICTIM(S):**

**Name:**       **[ ]  minor, if so, DOB:**

**Parent Name (if victim is a minor):**       **Notes:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**[ ]** Check this box if the victim has requested that all contact be made through the victim services coordinator.

**Name:**       **[ ]  minor, if so, DOB:**

**Parent Name (if victim is a minor):**       **Notes:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**[ ]** Check this box if the victim has requested that all contact be made through the victim services coordinator.

**Name:**       **[ ]  minor, if so, DOB:**

**Parent Name (if victim is a minor):**       **Notes:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**[ ]** Check this box if the victim has requested that all contact be made through the victim services coordinator.

**Name:**       **[ ]  minor, if so, DOB:**

**Parent Name (if victim is a minor):**       **Notes:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**[ ]** Check this box if the victim has requested that all contact be made through the victim services coordinator.

**Name:**       **[ ]  minor, if so, DOB:**

**Parent Name (if victim is a minor):**       **Notes:**

**Mailing Address:**       **City:**      **ST:**      **Zip:**

**[ ]** Check this box if the victim has requested that all contact be made through the victim services coordinator.

**(If necessary, use additional paper to add more victims with the information as identified above.)**

***Legend***

***Relationship to Juvenile***

* *Write one of the following in the “Relationship to Juvenile” field in the “Parent” and “Legal Guardian” sections:*

*Adoptive father Grandmother*

*Adoptive mother Legal Guardian*

*Aunt Mother*

*Brother Other (Please identify the relationship)*

*Cousin Sister*

*DHW Stepfather*

*Father Stepmother*

*Foster Father Uncle*

*Foster Mother Unknown*

*Grandfather*

***Marital Status***

* *Write one of the following in the “Marital Status” field in the “Parent” and "Other” sections:*

*Single*

*Married*

*Divorce*

*Widowed*

*Unknown*

***Status***

* *Write one of the following in the “Status” field in the “Parent,” and “Other” sections:*

*Abandoned juvenile*

*Deceased*

*DHW*

*Doesn’t live with juvenile*

*Incarcerated*

*Lives with juvenile*

*Other (Please identify “other”)*

*Parental Rights Terminated*

*Unknown*