IDAHO DEPARTMENT OF JUVENILE CORRECTIONS

Custody Review Board Referral and Eligibility

**DATE:**  **IJOS:**

**NAME OF JUVENILE:**   **DATE OF BIRTH:**

I request that the above-named juvenile be referred to the Custody Review Board (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 §20-532, Idaho Code.

The juvenile is being referred for review under the following:

(*Mark appropriate review*):

**\_\_\_\_\_\_\_19 years of age**

The juvenile is **no more than six (6) months from his 19th birthday or, at the time of commitment, is past age 19 or will reach age 19 prior to the next scheduled meeting of the Board, and** the juvenile’s case management team believes that **the juvenile needs extended time in custody beyond the juvenile’s nineteenth birthday.**

**\_\_\_\_\_\_\_18 months in custody**

The juvenile has **been in custody no less than 15 months**, **and** the juvenile’s case management team believes that **the juvenile needs extended time in custody beyond 18** months.

**\_\_\_\_\_\_\_\_6-month review**

The juvenile **previously appeared before the Board for an 18-month review** **and** the juvenile’s case management team believes that the juvenile needs extended time in custody beyond 6 months after the previous review.

Acknowledgement for Referral to Custody Review Board:

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

SUPERINTENDENT SIGNATURE REQUIRED:

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Superintendent Date