

OFFICE OF JUVENILE JUSTICE Transfer Request Form

CLIENT INFORMATION

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|---|------|--|
| JETS#: | | |
| Last Name of Youth: | | First Name of Youth: |
| Race: | Sex: | DOB: |
| Does Youth have a Serious Mental Illness (S.M.I.)?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does Youth have an I.Q. below 70?: <input type="checkbox"/> Yes <input type="checkbox"/> No |

TRANSFER REQUESTED BY

| | | |
|--|-----------------------|-----------------------------------|
| Requesting Facility/Unit: | Director's Signature: | Request Date: |
| Housing Assignment: | | Transfer Destination Recommended: |
| Does youth have known enemies at receiving facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter names: | | |

REASON FOR TRANSFER

| Reason | Indicate Rank if more than one reason |
|---|---------------------------------------|
| <input type="checkbox"/> Disciplinary | |
| <input type="checkbox"/> Medical | |
| <input type="checkbox"/> Mental Health/Evaluation | |
| <input type="checkbox"/> Programmatic | |
| <input type="checkbox"/> Hardship | |
| <input type="checkbox"/> Protective Custody/Enemy | |
| <input type="checkbox"/> Administrative | |
| <input type="checkbox"/> Other Specify: | |
| Comments: | |

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| Inter-Disciplinary Team Meeting Date: |
| Team Recommendations: |

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| Give brief summary of youth (include behavior, medical, mental health issues): |
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FOR CENTRAL OFFICE USE ONLY

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|--|---------------------------------|
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn | Approval/Denial/Withdrawn Date: |
| Approved/Denied By: | Title: |
| Transfer Date: | Signature: |
| Transfer Destination: | |
| Comments: | |