## Survey of Certified Juveniles Detained Pursuant to Section 223(a)(11)(B) of the Juvenile Justice and Delinquency Prevention Act\*

Facility Name:	Circuit #:		
Completed By:	Month of:		
Check box if there were no Certified Juveniles to report this month.	Page:	of _	

Juvenile ID (Number or Initials)	DOB	Race	Gender	Criminal Charge(s)	Court of Jurisdiction	Date/Time of Admission to JJC	Date/Time Youth was Certified	Date/Time of Bond Release	of Transfer	Name of Jail and Date of Transfer (If Transferred)	30-day Hrg. Date

**Instructions: Return Surveys To:** Email:

(573) 526-1931 Fax: Juvenile ID: Include the juvenile's unique identifier or initials. (Do not include names.)

Missouri Department of Public Safety Mail: DOB: List the juvenile's Date of Birth. (Do not use age.)

PO Box 749 Race: Include the juvenile's race. Jefferson City, MO 65102

**Gender:** Include the juvenile's gender.

Criminal Charge(s): Include the offenses that resulted in certification or, if known, the charges filed in the adult criminal case.

**Court of Jurisdiction:** Identify the Criminal Court prosecuting the youth.

Date/Time of Admission to JJC: List the Date & Time the juvenile was placed at the JJC.

Date/Time Youth was Certified: List the Date & Time youth's case was transferred t the court of general jurisdiction.

Date/Time of Bond Release: For youth who post bail/bond, include the Date & Time of release here. Otherwise, report "N/A."

Date/Time of Transfer Hearing: List the Date & Time of the Criminal Court Hearing transferring the juvenile to an adult jail. Otherwise, report "N/A."

Name of Jail and Date of Transfer: Include the name of the Jail where youth is being, or was, transferred and date of transfer. Otherwise, report "N/A."

30-Day Hearing Date: Include the date of the 30-day review hearing for youth transferred to an adult jail. Otherwise, report "N/A."

<sup>\*</sup>Cross references to Chapter 211.072 RSMo.