MONTHLY STATUS OFFENDER/NON-OFFENDER SECURE DETENTION MONITORING SURVEY

Facility Name: _____

Circuit # _____

Completed By: _____ Date: _____

☐ Check box if no Status/Non-offenders were held for the month shown.

For the Month of: _____

Juvenile's ID Number or Initials	Age	Gender/ Race	Most Serious Offense	Date/Time of Admission	Date/Time of Probable Cause Hearing	Date/Time of Release	Detained		Detaining Jurisdiction (if different)	Out of State Juveniles	Federal Ward	Reason for Violation (office use)
							PRE Adjud	POST Adjud				

For questions contact: Chris Yeager, Compliance Monitor at (573) 526-1931 or by email

Return Surveys to: Fax: (573) 751-5399 Email: Chris.Yeager@dps.mo.gov

Mail: Missouri Department of Public Safety
PO Box 749
Jefferson City, MO 65102

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