## **Juvenile Intake and Assessment Conditions of Release**

th's Name	DOB/_	/ LEO Case #:
	named above are selected. Each selected co xplained and understood. Add notes where CONDITION	
I will follow my home rules and co	ustodian's instructions.	
Notes:		
I will follow my curfew as noted.	weekday	weekends
Notes:		
I will not use any alcohol or drug	īs.	
Notes:		
I will attend school every hour of	f every school day.	
Notes:		
I will follow my safety plan. (attac	ched)	
Notes:		
I will report to and follow the rule	es of my assigned alternative program as no	ted.
Notes:		
I will follow the rules of my electr	ronic monitoring program as noted.	
Notes:		
I will participate in counseling; m	nediation; outpatient treatment or other serv	ices as noted.
Notes:		
Family members will participate in	n counseling; mediation or other services re	ferred for as noted.
Notes:		
O OTHER:		
Notes:		
Notes:		
agree to follow all the conditions initial	ed above and appear in court if summoned.	
Youth Signature		Date:
I,	, am taking custo the proper care, or transfer of care and phys n in following them and ensure this youth w	dy of this youth at: on/_/_ ical custody, of this child. I understand the fill appear in court if summoned.
Custodian Signature	Relationship:	Date:
Witnessed by	Position:	Date:

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