Juvenile Intake and Assessment Conditions of Release

y (youth, parent or customan) once it is ex	xplained and understood. Add notes where applica CONDITION	INITIAL
I will follow my home rules and cu	ustodian's instructions.	
Notes:		
I will follow my curfew as noted.	weekdayweek	ends
I will not use any alcohol or drug.	S.	
I will attend school every hour of Notes:	every school day.	
I will follow my safety plan. (attac Notes:	ched)	
I will report to and follow the rule Notes:	s of my assigned alternative program as noted.	
I will follow the rules of my electronomy Notes:	onic monitoring program as noted.	
I will participate in counseling; m	ediation; outpatient treatment or other services as a	noted
Family members will participate in Notes:	a counseling; mediation or other services referred for	or as noted.
O OTHER:		
O OTHER:		
I agree to follow all the conditions initial	ed above and appear in court if summoned.	
Youth Signature	Date:	
I, I acknowledge that I am responsible for t assigned conditions, will assist this youth	, am taking custody of th he proper care, or transfer of care and physical cus in following them and ensure this youth will appe	is youth at: on/ tody, of this child. I understand ar in court if summoned.
	Relationship:	
	, Position:	

_, believe that it is in the best interest of this youth to be released from Juvenile Intake and I, _ Assessment with the conditions as selected above.

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