

# Juvenile Intake and Assessment Conditions of Release

**Youth's Name** \_\_\_\_\_ **DOB** \_\_\_/\_\_\_/\_\_\_ **LEO Case #:** \_\_\_\_\_

Conditions of release that apply to the youth named above are selected. Each selected condition must be initialed by the responsible party (youth, parent or custodian) once it is explained and understood. Add notes where applicable.

CONDITION	INITIALS
<input type="radio"/> I will follow my home rules and custodian's instructions. Notes: _____	_____
<input type="radio"/> I will follow my curfew as noted. _____ weekday _____ weekends Notes: _____	_____
<input type="radio"/> I will not use any alcohol or drugs. Notes: _____	_____
<input type="radio"/> I will attend school every hour of every school day. Notes: _____	_____
<input type="radio"/> I will follow my safety plan. (attached) Notes: _____	_____
<input type="radio"/> I will report to and follow the rules of my assigned alternative program as noted. Notes: _____	_____
<input type="radio"/> I will follow the rules of my electronic monitoring program as noted. Notes: _____	_____
<input type="radio"/> I will participate in counseling; mediation; outpatient treatment or other services as noted. Notes: _____	_____
<input type="radio"/> Family members will participate in counseling; mediation or other services referred for as noted. Notes: _____	_____
<input type="radio"/> OTHER: _____ Notes: _____	_____
<input type="radio"/> OTHER: _____ Notes: _____	_____

I agree to follow all the conditions initialed above and appear in court if summoned.

**Youth Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_, am taking custody of this youth at \_\_\_:\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_.  
 I acknowledge that I am responsible for the proper care, or transfer of care and physical custody, of this child. I understand the assigned conditions, will assist this youth in following them and ensure this youth will appear in court if summoned.

**Custodian Signature** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witnessed by \_\_\_\_\_, **Position:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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