



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Supervised Release Review

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| Youth Name: | Date: |
| Current Supervised Release Program: | DJJID: |
| Number of Days on SR: | Release Date: |
| | Next hearing Date: |

Compliance Review

- YES NO Youth has remained arrest free.
If no, list arrest date and new offense(s): _____
- YES NO Youth has attended all scheduled court hearings.
If no, list date youth failed to appear for court: _____
- YES NO Youth followed the rules and complied with all contact standards.
If no, indicate dates of non-compliance with rules and/or contact standards:

Indicate any known barriers to compliance or court appearance and proposed solutions:

- YES NO Graduated responses for technical violations or prevention plan appropriate to resolve non-compliance.
If yes, describe response/plan to be implemented:

- If no, explain and provide next steps:

- YES NO Youth absconded.

Additional Information

Supervising JPO/SRT Input:

Parent/Guardian Input:

Youth Input:

Review Decision

- YES NO Youth eligible for modification.
If yes, Supervised Release program modified to: _____
- Additional Comments:

