



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

Supervised Release Review

Youth Name: _____ Date: _____

DJJID: _____ County: _____ PJO YES NO

Current SR Program: _____ Release Date: _____

Number of Days on SR: _____ Next Hearing Date: _____

Proactive Planning Review

YES NO Were any barriers to upcoming court appearance identified? If yes, describe potential solutions:

YES NO Were any barriers to SR supervision or EM monitoring identified? If yes, potential solutions:

Compliance Review

YES NO Youth has remained arrest free while on SR.
If no, list arrest date and new offense(s):

YES NO Youth has attended all scheduled court hearings while on SR. If no, future FTA prevention plan:

YES NO Youth has NOT absconded while on SR.

YES NO Youth followed the rules and complied with all contact standards while on SR.
If no, indicate types and frequency of non-compliance:

Describe progressive/prevention plan for addressing non-compliance where appropriate:

Internal Review

YES NO JJIS Placement Correct?

YES NO Contact Standards Met? This week's contact dates: _____

Information/Comments from SRT/JPO

Information/Comments from Youth & Parent/Guardian

Placement Modification Decision

YES NO Youth eligible for modification Modifications not allowed (court order)
If yes, Supervised Release program modified to: _____

If no and youth is eligible/court order allows, provide a justification:

Meeting Follow-Up Action(s):