

**BUREAU OF JUVENILE JUSTICE – FEDERAL GRANTS UNIT
MICHIGAN DEPARTMENT OF HUMAN SERVICES
MONTHLY JUVENILE DETENTION SUMMARY
(STATUS OFFENDERS/NONOFFENDERS)**

1. Facility Name:	2. Facility Address:	3. Report Month/Year:	PAGE ____ OF ____
--------------------------	-----------------------------	------------------------------	-------------------

						VALID COURT ORDER PROVISIONS									
4. Initials or Case Number	5. Date of Birth	6. Sex M/F	7. Race	8. Current Offense (VCO or Other Charge)	9. Previous Adjudication	10. Due Process		11. Interview		12. Report		13. Hearing		14. Date and Time Entered Locked Area	15. Date and Time Released From Locked Area
						Y	N	Y	N	Y	N	Y	N		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Person Completing Report:	Title:	Telephone:
Signature:	Date:	

INSTRUCTIONS FOR COMPLETING MONTHLY JUVENILE DETENTION SUMMARY

The purpose of this form is to provide specific information on status offenders and nonoffenders held in your facility during the month(s) or year designated on the form. Information on juveniles held for delinquent offenses should not be included.

1. **Facility name.** Enter the name of the reporting facility.
2. **Facility address.** Enter the address of the reporting facility.
3. **Report month/year.** Enter the month or year for which information is reported.
4. **Initials or case number.** Identify the juvenile by initials and/or case number.
5. **Date of birth.** Enter the juvenile's date of birth in numeric (MM/DD/YYYY) format, i.e., 06/19/1988.
6. **Sex.** Enter M (male) or F (female).
7. **Race.** Use the appropriate code: A = Asian, B = Black, H = Hispanic, N = Native American, W = White, O = Other
8. **Current offense (VCO or other charge).** List the offense that resulted in the current detention. If the juvenile was detained for violating a valid court order, then "VCO" would be the appropriate entry.
9. **Previous adjudication.** If the juvenile is a court ward, list the *most serious previous offense* for which the juvenile is under the jurisdiction of the court.
10. **Due process.** Did the juvenile receive the full range of due process rights enumerated in the Michigan Judicial Court Rules?
11. **Interview.** If the juvenile was alleged to have violated a court order, was he/she interviewed in person by an appropriate agency representative within 24 hours of placement in secure detention (excluding Saturdays, Sundays, and court holidays)?
12. **Report (needs assessment).** If the juvenile was alleged to have violated a court order, did the agency representative submit an assessment to the court prior to the hearing regarding the immediate needs of the juvenile?
13. **Hearing.** If the juvenile was alleged to have violated a valid court order, did the preliminary hearing take place within 48 hours of the juvenile's placement in secure detention (excluding Saturdays, Sundays and court holidays)?
14. **Date and time entered locked area.** Enter the date in numeric (MM/DD/YYYY) format, i.e., 03/02/2004, and enter the time in military time, i.e., 1828.
15. **Date and time released from locked area.** Enter the date in numeric (MM/DD/YYYY) format, i.e., 03/02/2004, and the time in military time, i.e., 0931.

Please mail or fax the completed report within five (5) days after the end of the reporting month to: Michigan Department of Human Services, Office of Juvenile Justice, Federal Grants Unit, P.O. Box 30037, Lansing, MI 48909. FAX: (517) 373-2799