

JUVENILE REHABILITATION (JR)
JR Authorized Leave Order

Leave Plan

_____, _____, is authorized to leave _____
YOUTH'S NAME JR NUMBER FACILITY

by _____, on _____ and must return at _____ on _____.
TIME DATE TIME DATE

PURPOSE OF THE LEAVE (IN ACCORDANCE WITH RCW 13.40.205)

PLAN TO ACCOMPLISH THIS PURPOSE (BE SPECIFIC)

Terms and Conditions of Authorized Leave

While I am on leave, I will stay with _____
NAME

at _____
STREET / MAILING ADDRESS INCLUDING CITY, STATE, ZIP CODE

I can be reached at _____;
TELEPHONE NUMBER

While I am on leave, I will:

1. Obey all local, state, and federal laws;
2. Not leave Washington State without prior approval;
3. Not use alcohol or drugs (except as prescribed by a doctor); and
4. Follow the special conditions listed below:

I will carry this form with me at all times while on authorized leave.

I understand and will follow the terms and conditions of the authorized leave. Failure to meet all conditions may result in immediate termination of this leave. I agree to return by the time stated or immediately upon termination of this leave. I understand if I fail to do so, the state may prosecute me for escape.

YOUTH'S SIGNATURE	DATE
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Parent / Supervising Adult Agreement

I agree to supervise and to assist the youth in accomplishing the plan and following the terms and conditions stated above.

I will immediately report infraction to the facility at _____.

I know I must sign and return this form no later than _____.

PARENT / SUPERVISING ADULT'S SIGNATURE	DATE
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Facility Authorization

CASE MANAGER'S SIGNATURE	AUTHORIZED BY:	DATE
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