



JUVENILE REHABILITATION ADMINISTRATION (JRA)
Administrative Report of Incidents
 Parole Programs

DIVISION DIRECTOR			
TO:			
TODAY'S DATE		TIME OF REPORT	
		REGION	
Youth's current status: <input type="checkbox"/> Parolee <input type="checkbox"/> Parole Absconder <input type="checkbox"/> Former Parolee <input type="checkbox"/> Other If absconder, date warrant was issued: _____ If former parolee, date of discharge: _____			
Youth's Name:			Aggregate Length of Sentence:
JRA Number:			County of Commitment:
Date of Birth:		Age:	Committing Offense(s):
Date of Most Recent Commitment:		Most Recent Residential Placement(s):	
Release Date		Parole Type:	
Minimum: _____ Maximum: _____			
Date Released to Parole:		Parole Length of Stay:	
Previous Commitments:			
DATE OF INCIDENT		TIME OF INCIDENT	
		PLACE OF INCIDENT	
Type of Incident: <input type="checkbox"/> Robbery <input type="checkbox"/> Sex Offense <input type="checkbox"/> Attempted Murder <input type="checkbox"/> Murder <input type="checkbox"/> Death of Client <input type="checkbox"/> Serious Injury to Client <input type="checkbox"/> Staff Sexual Misconduct (staff on youth) <input type="checkbox"/> Staff Sexual Harassment (staff on Youth) <input type="checkbox"/> Other			
Was Law Enforcement assistance required? <input type="checkbox"/> Yes <input type="checkbox"/> No Law Enforcement Notification? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which law enforcement agency: _____ Date/time: _____ Outcome:			
Law Enforcement Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which law enforcement agency: _____ Date/time: _____ Outcome:			
Was a CPS report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name/phone of contact person: _____ Date/time: _____ Outcome:			
Was youth's family contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No Outcome:			

Description of Incident:	
Adjustment to Parole:	
Media Attention: <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please describe and attach related articles)	
NAME OF STAFF COMPLETING FORM	REVIEWED BY : (REGIONAL ADMINISTRATOR OR DESIGNEE)

NOTE – applies when ACT is not available: When completing follow-up reports, attach copy of initial incident report. Updates can be done in memo format. Complete a separate incident report for each JRA youth involved. Enter information in ACT when it returns on line.

cc: Director's Assistant