



BOARD OF STATE AND COMMUNITY CORRECTIONS 2013 STATUS AND NON OFFENDER DETENTION REPORT

- SEND IN A SEPARATE REPORT FOR EACH STATUS OFFENDER OR NON OFFENDER HELD IN DETENTION.
- SUBMIT REPORT BY THE 10TH OF THE MONTH FOLLOWING STATUS OFFENDER'S OR NON OFFENDER'S RELEASE.
QUESTIONS? Call 916.323.9704

Section A-Facility Information

Facility Name:

County:

Section B-Youth Information

Youth's Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Youth's County ID#:
Intake Date (m/d/yy):	Intake Time (Please indicate if this time is AM or PM):	
Detention Hearing Date (m/d/yy): <i>Indicate N/A if not applicable.</i>	Detention Hearing Time: <i>(Please indicate if this time is AM or PM)</i>	
Release Date (m/d/yy):	Release Time (Please indicate if this time is AM or PM):	
TOTAL TIME IN SECURE DETENTION:		
Less than 24 Hours <input type="checkbox"/>		24 Hours or More <input type="checkbox"/>

Section C- Offense Information

Please Check Reason for Detention Below Indicate Pre or Post Disposition at Right	Disposition (CHECK ONLY ONE)	
	Pre-Disposition	Post-Disposition
<input type="checkbox"/> Runaway <small>Indicate Residency: <input type="checkbox"/> CA Resident <input type="checkbox"/> Out of State Resident (Interstate Compact Filed? YES <input type="checkbox"/> NO <input type="checkbox"/></small>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Truancy	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Curfew	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Beyond Control of Parents	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Possession of Alcohol - B&P Code 25662(a)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bench Warrant	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Committed to Juvenile Hall (<i>Found in Contempt of Court</i>) Court Date _____ Court Time _____ <i>**Attach a copy of the Minute Order specifying terms AND the Valid Court Order Checklist. Please submit separate form for each admission if youth is committed to several weekends.</i>	N/A	<input type="checkbox"/>
<input type="checkbox"/> Non Offender (WIC 300 Dependent, Material Witness)		

Section D-Reporting Information

Person Reporting (Name and Title):	Date:	Phone:
		E-Mail:
Facility Manager (Name and Title):	Date:	Phone:
		E-Mail:

Submit Completed Report to:

E-Mail: analyst@bscc.ca.gov / FAX: 916.322.2461 or 916.327.3317

Mail: ANALYST, Board of State and Community Corrections * 600 Bercut Drive * Sacramento CA 95811

This form may be downloaded at: <http://www.bscc.ca.gov/programs-and-services/fso/services>