



**CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS  
REPORT ON THE DETENTION OF MINORS IN  
COURT HOLDING FACILITIES - CALENDAR YEAR 2023**

- SEND IN A SEPARATE REPORT FOR EACH MINOR DETAINED SECURELY OVER SIX (6) HOURS IN A COURT HOLDING FACILITY.
- SUBMIT REPORT BY THE 10<sup>TH</sup> OF THE MONTH FOLLOWING THE SIX (6) HOUR DETENTION VIOLATION.

**SECTION I. Court Holding Facility Information**

The "reporting agency" is the agency responsible for the Court Holding Facility. In some facilities minors are supervised by an agency (i.e. Probation) who is not the "reporting agency." Please continue to work with your partners to establish and maintain a method of documenting the necessary information on minors held **securely**.

<b>Reporting Agency Name:</b>	
<b>Facility Name:</b>	
<b>County:</b>	

**SECTION II. Minor's Information**

The JJDPA prohibits the detention of delinquent minors over six (6) hours. Do not include time spent in the courtroom for trial or hearing. Calculate total time using only time spent in **secure** detention **before** and **after** the trial or hearing.

<b>Name:</b>	<b>Gender:</b> M    F	<b>County ID#:</b>
<b>TIME IN SECURE DETENTION</b>		
<b>Court / Incident Date (m/d/yy):</b>		
<b>Arrival Time (Indicate AM or PM):</b>	<b>Departure Time (Indicate AM or PM):</b>	
<b>Total Time in SECURE Detention (do not include time in courtroom) :</b>		
<b>Reason for SECURELY detaining minor for OVER six (6) hours (a reason <i>MUST</i> be provided):</b>		

**SECTION III. Offense Information**

<b>Please Check Reason for Detention Below Indicate Pre- or Post-Disposition at Right</b>		<b>Disposition (CHECK ONLY ONE)</b>	
		<b>Pre- Disposition</b>	<b>Post- Disposition</b>
<input type="checkbox"/> <b>Non Offender</b> (indicate below which type of detention applies): <input type="checkbox"/> WIC §300 Dependent / <input type="checkbox"/> Material Witness			
<input type="checkbox"/> <b>Status Offender</b>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Delinquent Offender</b>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Other</b> (explain):		<input type="checkbox"/>	<input type="checkbox"/>

**SECTION IV. Contact Information**

<b>Name and Title of Reporting Person:</b>	Phone:	Date:
	E-Mail:	
<b>Name and Title of Facility Manager:</b>	Phone:	Date:
	E-Mail:	

**Submit completed form:**

email: [analyst@bscc.ca.gov](mailto:analyst@bscc.ca.gov)  
 fax: (916) 322-2461  
 mail: Board of State and Community Corrections  
 ATTN: FSO Report Analyst  
 2590 Venture Oaks Way, Suite 200  
 Sacramento, CA 95833

This form may be downloaded at  
[https://www.bscc.ca.gov/s\\_fsoservices/](https://www.bscc.ca.gov/s_fsoservices/)

**Questions? Contact the FSO Report Analyst at  
[analyst@bscc.ca.gov](mailto:analyst@bscc.ca.gov) or (916) 323-8621**