



BOARD OF  
STATE & COMMUNITY  
CORRECTIONS

## BOARD OF STATE AND COMMUNITY CORRECTIONS

## JUVENILE PROBATION CAMP FUNDING PROGRAM CAMP ELIGIBILITY FORM FY2016-17

**INSTRUCTIONS:** *Original signature is required.* Please completely fill out form (type or print) and return to: FSO Report Analyst, 2590 Venture Oaks Way, Ste. 200, Sacramento, CA 95833. Questions? Phone: (916) 323-9704; Email: [Camp@bscc.ca.gov](mailto:Camp@bscc.ca.gov); Fax: (916) 322-2461 or (916) 327-3317.

THIS IS AN ANNUAL ELIGIBILITY FORM AND IS DUE BY JANUARY 29, 2017; **PLEASE COMPLETE AND/OR VERIFY ALL SECTIONS**

| A. AGENCY INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
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| AGENCY NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CHIEF PROBATION OFFICER                                                                                  | TELEPHONE NUMBER | E-MAIL:                    |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CITY                                                                                                     | STATE            | ZIP CODE                   |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
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| MAILING ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CITY                                                                                                     | STATE            | ZIP CODE                   |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
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| B. CAMP ELIGIBILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| <p>Counties will receive an allocation for the Juvenile Probation Camp Funding (JPCF) Program through the Enhancing Law Enforcement Activities Subaccount (ELEAS) Local Revenue Fund. The juvenile probation portion of this program is administered by the State Controller's Office. The camp funding portion of this program is administered by the Board of State and Community Corrections (BSCC) and is based upon the county's reported number of occupied camp bed days, <i>not to exceed rated capacity (RC) as established by the BSCC. Beginning in FY2014-15, county allocations for the JPCF Program are calculated based on the average daily population (ADP) of occupied beds in each camp as reported to the BSCC in the previous fiscal year.</i></p> <p>A camp, for the purpose of allocation of funds pursuant to subdivision (c) of Section 18220.1 of the Welfare and Institutions Code (WIC), is defined by WIC Section 881:</p> <p><i>881. The board of supervisors of any county may, by ordinance, establish juvenile ranches, camps, or forestry camps, within or without the county, to which persons made wards of the court on the ground of fitting the description in Section 602 may be committed. As far as possible, the provisions of this chapter relating to commitments to the probation officer shall apply to commitments to those juvenile facilities, except that where any ward proves to be unfit to remain in any facility, in the opinion of the superintendent or director thereof, the superintendent or director shall make a recommendation to the probation department for consideration for other commitment. Complete operation and authority for the administration shall be vested in the county.</i></p> <p>Services to be provided from the camp allocation, fully or in part, as authorized under WIC Section 18221:</p> <table border="0"><tr><td>1. Educational advocacy &amp; attendance monitoring</td><td>13. Respite care</td></tr><tr><td>2. Mental health assessment &amp; counseling</td><td>14. Counseling, monitoring, &amp; treatment</td></tr><tr><td>3. Home detention</td><td>15. Gang intervention</td></tr><tr><td>4. Social responsibility training</td><td>16. Sex &amp; health education</td></tr><tr><td>5. Family mentoring</td><td>17. Anger management, violence prevention, &amp; conflict resolution</td></tr><tr><td>6. Parent peer support</td><td>18. Aftercare services as juveniles transition back into the community &amp; reintegrate into their families</td></tr><tr><td>7. Life skills counseling</td><td>19. Information &amp; referral regarding the availability of community services</td></tr><tr><td>8. Direct provision of, and referral to, prevocational &amp; vocational training</td><td>20. Case management</td></tr><tr><td>9. Family crisis intervention</td><td>21. Therapeutic day treatment</td></tr><tr><td>10. Individual, family, &amp; group counseling</td><td>22. Transportation related to any of the services described in WIC §18221(b)</td></tr><tr><td>11. Parenting skills development</td><td>23. Emergency &amp; temporary shelter</td></tr><tr><td>12. Drug &amp; alcohol education</td><td></td></tr></table> <p>Based on these definitions, do you anticipate that your county will be eligible for a camp allocation in this fiscal year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does your county choose to participate in this program for FY2016-17? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |                                                                                                          |                  |                            |            | 1. Educational advocacy & attendance monitoring | 13. Respite care | 2. Mental health assessment & counseling | 14. Counseling, monitoring, & treatment | 3. Home detention | 15. Gang intervention | 4. Social responsibility training | 16. Sex & health education | 5. Family mentoring | 17. Anger management, violence prevention, & conflict resolution | 6. Parent peer support | 18. Aftercare services as juveniles transition back into the community & reintegrate into their families | 7. Life skills counseling | 19. Information & referral regarding the availability of community services | 8. Direct provision of, and referral to, prevocational & vocational training | 20. Case management | 9. Family crisis intervention | 21. Therapeutic day treatment | 10. Individual, family, & group counseling | 22. Transportation related to any of the services described in WIC §18221(b) | 11. Parenting skills development | 23. Emergency & temporary shelter | 12. Drug & alcohol education |  |
| 1. Educational advocacy & attendance monitoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13. Respite care                                                                                         |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 2. Mental health assessment & counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14. Counseling, monitoring, & treatment                                                                  |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 3. Home detention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15. Gang intervention                                                                                    |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 4. Social responsibility training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16. Sex & health education                                                                               |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 5. Family mentoring                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17. Anger management, violence prevention, & conflict resolution                                         |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 6. Parent peer support                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 18. Aftercare services as juveniles transition back into the community & reintegrate into their families |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 7. Life skills counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 19. Information & referral regarding the availability of community services                              |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 8. Direct provision of, and referral to, prevocational & vocational training                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 20. Case management                                                                                      |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 9. Family crisis intervention                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 21. Therapeutic day treatment                                                                            |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 10. Individual, family, & group counseling                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 22. Transportation related to any of the services described in WIC §18221(b)                             |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 11. Parenting skills development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23. Emergency & temporary shelter                                                                        |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 12. Drug & alcohol education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| C. ELIGIBLE FACILITY(IES) INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| Name of Camp(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BSCC Number                                                                                              | Rated Capacity   | For BSCC Verification Only |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
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| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                  | <input type="checkbox"/>   |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                  | <input type="checkbox"/>   |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                  | <input type="checkbox"/>   |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| 5.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                  | <input type="checkbox"/>   |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| Is the facility information shown above accurate for FY2016-17? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
| D. CHIEF PROBATION OFFICER'S SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                  |                            |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |
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| CHIEF PROBATION OFFICER ( <i>original signature is required</i> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                  | DATE                       |            |                                                 |                  |                                          |                                         |                   |                       |                                   |                            |                     |                                                                  |                        |                                                                                                          |                           |                                                                             |                                                                              |                     |                               |                               |                                            |                                                                              |                                  |                                   |                              |  |