



**CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS
REPORT ON THE DETENTION OF MINORS IN
COURT HOLDING FACILITIES - CALENDAR YEAR 2022**

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

SECTION I. Court Holding Facility Information

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

Reporting Agency Name:	
Facility Name:	
County:	

SECTION II. Minor's Information

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

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

SECTION III. Offense Information

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

SECTION IV. Contact Information

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

Submit completed form:

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

This form may be downloaded at
https://www.bscc.ca.gov/s_fsoservices/

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