



**CALIFORNIA BOARD OF STATE AND COMMUNITY CORRECTIONS
2015 STATUS OFFENDER AND NON OFFENDER DETENTION REPORT**

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

SECTION A. Facility Information

Facility Name:	
County:	

SECTION B. Youth Information

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

SECTION C. Offense Information

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

SECTION D. Reporting 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 or (916) 327-3317
 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 by clicking the
Status Offenders and Federal Youth Expand Button at
http://www.bscc.ca.gov/s_fsoservices.php

Questions? (916) 323-8621 or (916) 323-9704