

JUVENILE SECURE CUSTODY QUARTERLY REPORT

Facility: _____

Dates Covered: _____ 1/1/16 – 3/31/16 _____ 4/1/16 – 6/30/16 _____ 7/1/16 – 9/30/16 _____ 10/1/16 – 12/31/16

Person Completing Report: _____ **Phone:** _____

Certification: This form must be signed certifying the accuracy of the information provided

Facility Director's Signature: _____ **Date:** _____ **E-mail:** _____

Name	DOB	Sex	Race	Reason for Detention/ Charges	Date & Time Admitted into secure custody	Date & Time Released from secure custody	Release Placement

Forward quarterly to juvenilemonitoring@alacop.gov (secure email) or rnrconsult@cablone.net, or fax to 256.782.2298

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Name	DOB	Sex	Race	Reason for Detention/ Charges	Date & Time Admitted into secure custody	Date & Time Released from secure custody	Release Placement

Name of Facility _____

Date _____

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