



**STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE
PRE-POST DISPOSITION REPORT**

DJJID: _____

Circuit: _____	Report Date: _____
Juvenile's Name: _____	DOB: _____ Age: _____
Parent(s)/Guardian(s): _____	
Address: _____	
City/State/Zip: _____	Disposition Hearing Date: _____
Telephone: _____	
JPO/Case Manager: _____	Unit Title: _____
JPO/Case Manager Telephone: _____	

Special Alerts:

Current Placements:

Description	Begin Date	County	Program	Begin Date
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Charges and Violations:

Court Docket Number	Offense	ReferralID	Disposition Date
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School and/or Employment:

Youth's Current School	Youth's Current Employer
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School: _____ Employer: _____
 Address: _____
 City/State/Zip: _____
 Grade: _____

Physical, Psychological, Substance Abuse, and Psychiatric:

Attachment(s): Comprehensive evaluation Psychological evaluation Psychiatric evaluation
 Comprehensive Assessment (SAMH-3) Other:

Level of Risk to Re-offend: _____

ACE Score: _____

Supervision/Placement Adjustment:

Recommendation:

Serious offender eligibility, if the youth is adjudicated: SHO Maximum-risk IRT

Alternative Sanctions

Probation DJJ-Supervised Other:

Commitment: Moderate High Max

The Department's estimated cost for the placement and services being recommended in this Pre-Disposition Report is \$. Pursuant to Florida Statute, the Court may order the parents/guardians (or the youth, in some cases) to pay a nominal portion of this cost, not to exceed \$1 per day for probation supervision or home detention, or \$5 per day for residential commitment or secure detention.

Intervention Plan:

Public Safety:

Accountability:

Competency Development:

NEED FOR DNA TESTING BASED ON OFFENSE TYPE

COST-OF-CARE AND RELATED FEES HAVE BEEN DISCUSSED WITH YOUTH AND PARENT/GUARDIAN. IF APPLICABLE, A FINANCIAL AFFIDAVIT IS

JPO/Case Manager

Signature

Date

JPO/Case Manager Supervisor

Signature

Date