

PaJCMS CASE PRE-CLOSING FORM

OUTCOME MEASURES REPORTING

Close date _____

Juvenile Name: _____ JID#: _____

Outcome Measure:

1) Was the juvenile under supervision by our department?

Yes No * Note – If “No” do not complete remainder of this form

Start Date Of Supervision: ____/____/____

Did you accept “Courtesy Supervision” for this juvenile?

Yes No

*Note – If “Yes” report the remainder of this form to the “Originating County” & do not complete Outcome Measures questions for this juvenile in your county’s PaJCMS system.

Community Protection

2) Did juvenile successfully complete supervision without a new offense resulting in a Consent Decree, Adjudication of

Delinquency, ARD, a plea of Nolo Contendere, or finding of guilt in a criminal proceeding?

Yes No

3) While under supervision was juvenile charged with a “direct file” offense that subsequently resulted in an ARD, a plea of

Nolo Contendere, or finding of guilt in a criminal proceeding?

Yes No

4) While under supervision was juvenile charged with a new offense that is pending in criminal court?

Yes No

5) Was this a “direct file” offense?

Yes No

6) Was there a judicial finding that this juvenile had a technical violation of probation while under supervision?

Yes No

Accountability:

7) Was juvenile ordered/assigned community service?

Yes No

Hours Ordered:

Hours Worked|

Accountability Continued:

8) Was juvenile ordered to pay restitution?

Yes No

Amount Ordered: \$ Amount Collected: \$

9) Was juvenile directed/ordered to participate in a victim awareness curriculum/program while under supervision?

Yes No

10) Did juvenile successfully complete a victim awareness curriculum/program while under supervision?

Yes No Not Applicable if previous answer if "No"

11) Was juvenile ordered to pay Crime Victim's Compensation Fund costs?

Yes No

Amount Ordered: \$ Amount Collected: \$

Competency Development:

12) Was juvenile directed/ordered to participate in any competency development activity while under supervision?

Yes No

13) Did juvenile successfully complete a competency development activity while under supervision?

Yes No Not Applicable if previous answer if "No"

14) Was juvenile directed/ordered to participate in any licensed substance abuse treatment program while under supervision?

Yes No

15) Did juvenile successfully complete, or was actively involved in a licensed substance abuse treatment program at case closing (in-patient or out-patient)

Yes No Not Applicable if previous answer if "No"

16) Was juvenile employed or actively engaged in an educational or vocational activity at case closing?

Yes No

Placement Summary:

17) Was juvenile committed to out-of-home placement for 28 or more consecutive days? (excluding: detention, shelter care, and diagnostic placement.)

Yes No

18) Total number of days in out of home placement?