

COUNTY JID #:

**STATEMENT OF FACTS AND REASONS ACCOMPANYING THE DETENTION OF A CHILD
BY A PROBATION OFFICER/INTAKE OFFICER PURSUANT TO 42 PA.C.S. § § 6304, 6225, AND 6331.**

I. Name of Child: _____ II. Date of Birth: _____/_____/_____
(Last) (First) (Middle Initial) (Month) (Day) (Year)

III-A. Date Detention Authorized _____/_____/_____
(Month) (Day) (Year) IV-A. Child SID # _____

III-B. Time of Authorization _____ a.m. p.m. IV-B. Social Security # _____

V. There is a reasonable basis to believe that the above named child:

A. has committed:

- 1. _____ count(s) of (_____) _____
- 2. _____ count(s) of (_____) _____
- 3. _____ count(s) of (_____) _____
- 4. _____ count(s) of (_____) _____

If more than four crimes are alleged, list the four most serious crimes. In the parentheses (_____) provide the code letter for the type of crime as follows:
a = the crime of b = an attempt to commit c = solicitation to commit d = conspiracy to commit

B. Other (when **NO NEW** delinquent act is alleged) Explain: _____

If Section B is used, provide Court Status at time of Detention Admission: Informal Adjustment Adjudicated Delinquent
 Consent Decree Other (explain) _____

If Section B is used, list the most serious delinquent act, grading of offense, and date of referral relating to this court status.
Delinquent Act: _____ Grading: _____ Date of Referral: _____

VI. This child is not believed to be excluded from the jurisdiction of Juvenile Court by age or any other reason.

VII. This child's detention is permitted and authorized pursuant to Section(s) _____ of the "Standards Governing the Use of Secure Detention Under the Juvenile Act" as set forth in the JCJC Detention Handbook.

VIII. The alternatives to secure detention which were considered and rejected: parent(s) / guardian(s) relative(s) electronic monitoring
 in-home detention / house arrest foster care shelter care other (specify) _____

IX. The reason or reasons why secure detention is required and alternatives are not appropriate: _____

(If detention was authorized pursuant to Section 701 of the Standards, this statement must include an explanation of why an exception was warranted and why non-secure options were rejected)

Name of Probation Officer/Intake Officer Authorizing Detention:

Print Name _____ Signature _____ Date: _____/_____/_____
(Month) (Day) (Year)

Send WHITE AND YELLOW COPIES of this form completed through Section IX to the Detention Center within one court business day of this child's admission to detention.

COUNTY JID #:

To Be Completed by Detention Staff After Child's Admission to Detention, or After the Informal Detention Hearing:

X. Name of Detention Center _____ XI. Date of admission of above named child _____/_____/_____
(Month) (Day) (Year)

XII. Time of Admission _____ : _____ a.m. p.m.

XIII. Detention/Release Status:

A. Child released prior to informal detention hearing: Date of Release _____/_____/_____
(Month) (Day) (Year) Time of Release _____ : _____ a.m. p.m.

B. Child released at informal detention hearing: Date of Release _____/_____/_____
(Month) (Day) (Year) Time of Release _____ : _____ a.m. p.m.

C. Child continued in detention following informal detention hearing: Date of Detention Hearing _____/_____/_____
(Month) (Day) (Year)

D. Other (explain) _____

Name of Detention Center Staff Completing This Section:

Print Name _____ Date: _____/_____/_____
(Last) (First) (Middle Initial) (Month) (Day) (Year)