



**STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE  
STATE ATTORNEY RECOMMENDATION**

DJJID: \_\_\_\_\_ REFERRAL ID: \_\_\_\_\_

<b>TO:</b> <u>State Attorney</u>	<b>DATE:</b> _____
<b>FROM:</b> _____ <i>(JPO/Case Manager)</i>	_____ <i>(JPO/Case Manager Telephone #)</i>
_____ <i>(JPO Supervisor/Case Manager Supervisor)</i>	_____ <i>(Unit)</i>
<b>JUVENILE'S NAME:</b> _____	
<b>JUVENILE'S DOB:</b> _____	<b>JUVENILE'S TELEPHONE:</b> _____
<b>JUVENILE'S ADDRESS:</b> _____	

**ALLEGATIONS:**

Court Docket Number	Statute Number	Offense
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<b>DETAINED:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>RECOMMENDATION:</b>	NJ <input type="checkbox"/>	JUD <input type="checkbox"/>	DIRECT FILE <input type="checkbox"/>	WAIVER <input type="checkbox"/>	INDICTMENT <input type="checkbox"/>
<b>JUVENILE ADVISED OF RIGHT TO COUNSEL AND THE RIGHT AGAINST SELF-INCRIMINATION:</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>JUVENILE HAS PREVIOUSLY BEEN FOUND INCOMPETENT?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>		
<b>IF YES, WAS COMPETENCY RESTORED?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>		
<b>IF DETAINED, JUVENILE'S COUNTRY OF CITIZENSHIP?</b>	U.S. <input type="checkbox"/>	Other <input type="checkbox"/>	_____		
<b>IF NOT U.S., CONSULATE NOTIFICATION PROCEDURES FOLLOWED?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
<b>JPO/Case Manager Initials/Date:</b>	_____	_____			
<b>JPO Supervisor /Case Manager Supervisor: Initials/Date:</b>	_____	_____			

<input type="checkbox"/>	<b>NO PETITION WILL BE FILED</b>			
<input type="checkbox"/>	<b>PETITION WILL BE FILED ON (Date)</b>	_____		
	<input type="checkbox"/>	<b>Judicial (Juvenile)</b>	<input type="checkbox"/>	<b>Direct File</b>
	<input type="checkbox"/>	<b>Waiver</b>	<input type="checkbox"/>	<b>Indictment</b>
<input type="checkbox"/>	<b>APPROVAL OF NON-JUDICIAL RECOMMENDATION</b>			
	<b>JUVENILE REFERRED BY THIS OFFICE TO:</b>			
	<input type="checkbox"/>	<b>Diversiónary Program</b>	<input type="checkbox"/>	<b>Other</b>
				_____
<b>STATE ATTORNEY:</b>	_____			<b>DATE:</b> _____

Level Of Risk \_\_\_\_\_

ACE Score \_\_\_\_\_

**Victim/Community Impact**

**Youth/Family Attitude Towards Offense**

**School/Community**

**Gang Involvement**

**Substance Abuse and Mental Health Issues**

**Law Enforcement Input**

**Justification For Recommendation**