



FLORIDA DEPARTMENT OF JUVENILE JUSTICE SUPERVISION TRANSFER SUMMARY

DATE: _____

JUVENILE'S NAME: _____ DATE OF BIRTH: _____ AGE: _____

SSN: _____ DJJID #: _____ REFERRAL ID: _____

COURT DOCKET #: _____

TYPE CASE: PROBATION POST COMMITMENT PROBATION FURLOUGH
JUDICIAL PLAN CONDITIONAL RELEASE
COMMITMENT PROGRAM _____

LIVING WITH: PARENT GUARDIAN OTHER (SPECIFY) _____

PARENT / GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

JPO/CASE MANAGER: _____ UNIT NUMBER: _____

PHONE: _____ FAX: _____ FPSS DATE: _____ NCIC DATE: _____

A. SUMMARY (Attach additional sheets, if necessary)

B. SUPERVISION ADJUSTMENT

JPO/Case Manager

Signature

Date

JPO Supervisor/Case Manager Supervisor

Signature

Date