



FLORIDA DEPARTMENT OF JUVENILE JUSTICE ADULT SENTENCING SUMMARY FORM

DJJ ID#: _____ REFERRAL ID: _____ Secondary Referral: _____

SUMMARY DATE: _____
SSN: _____ COURT DOCKET NUMBER: _____
JUVENILE'S NAME: _____
DOB: _____ AGE: _____
PARENT(S)/GUARDIAN(S): _____
ADDRESS: _____
CITY/STATE/ZIP: _____
TELEPHONE: _____
JPO/CASE MANAGER: _____ UNIT NUMBER: _____
JPO/CASE MANAGER TELEPHONE: _____

A. SUMMARY NARRATIVE:

SUPERVISION/PLACEMENT ADJUSTMENT:

OUTSTANDING RESTITUTION FOR JUVENILE CASES:

Court Docket Number	Restitution Balance

B. MULTI-DISCIPLINARY CONFERENCE HELD: Yes No Date: _____

C. RECOMMENDATION

1. SENTENCING: Adult Juvenile

JUSTIFICATION (NARRATIVE):

2. SANCTIONS/INTERVENTION/TREATMENT PLAN:

a. PUBLIC SAFETY

- Probation with the Following General Conditions:
 - Obey All Laws
 - Report to Juvenile Probation Officer As Directed
 - Attend School and/or Maintain Employment
 - Other (Specify) _____

- Commitment to DJJ
(Check Level Below)
- Minimum-risk Non-residential
- Low-risk Residential
- Moderate-risk Residential
- High-risk Residential
- Maximum-risk Residential

Program Available: Yes No

Approximate Date Available: _____

b. ACCOUNTABILITY:

Restitution: _____
Community Service: _____
Other (Specify): _____

c. COMPETENCY DEVELOPMENT NEEDS:

(Educational, Vocational, Mental Health, Substance Abuse, Developmental Disabilities, Medical, Etc.)

JPO/Case Manager Signature

Name

Date

Supervisor Signature

Name

Date

Program Administrator Signature

Name (Print or Type)

Date