

JUVENILE SECURE CUSTODY QUARTERLY REPORT

Facility: _____

Dates Covered: _____ 1/1/17 – 3/31/17 _____ 4/1/17 – 6/30/17 _____ 7/1/17 – 9/30/17 _____ 10/1/17 – 12/31/17

Person Completing Report: _____ Phone: _____

Certification: This form must be signed certifying the accuracy of the information provided

Facility Director's Signature: _____ Date: _____ E-mail: _____

Name	DOB	Sex	Race	Reason for Detention/ Charges	Date & Time Admitted into secure custody	Date & Time Released from secure custody	Release Placement

Forward quarterly to juvenilemonitoring@alacop.gov or fax to 256.782.2298

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Name	DOB	Sex	Race	Reason for Detention/ Charges	Date & Time Admitted into secure custody	Date & Time Released from secure custody	Release Placement

Name of Facility _____

Date _____

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