Rockdale Regional Juvenile Justice Center

Authorization for Detention

1. Juvenile's Name:_____

2. Date of Birth:_____

3. Age at time of alleged offense:_____

4. **PROBABLE CAUSE:**
   a. Alleged offense and date of offense:_____
   b. Underlying circumstances of juvenile's involvement in the offense:
      _____
   c. Source of Information:_____

5. Further proceedings in the case are in the best interest of the child or the public:
   YES ( ) NO ( )

6. Check at least one of the following:
   a. ( ) The child is likely to abscond or be removed from the jurisdiction of the court;
   b. ( ) Suitable supervision, care, or protection for him/her is not being provided by a parent, guardian, custodian, or other person;
   c. ( ) The child has no parent, guardian, or other person able to return him/her to the court when required;
   d. ( )The child may be dangerous to him/herself or he/she may threaten the safety of the public if released;
   e. ( ) The child has previously been found to be a delinquent child or has previously been convicted of a penal offense punishable by a term in jail or prison and is likely to commit an offense if released;
   f. ( ) A child who is alleged to have engaged in delinquent conduct and to have used, possessed, or exhibited a firearm, as defined by Section 46.01, Penal Code, in the commission of the offense shall be detained until the child is released at the direction of the judge of the juvenile court, a substitute judge authorized by Section 51.04(f), or a referee appointed under Section 51.04(g), including an oral direction by telephone, or until a detention hearing is held as required by Section 54.01.

REMEMBER: 53.01 (b) If it is determined that the person detained is not a child or there is no probable cause, the person shall be released immediately.

I certify that based upon my preliminary investigation, the above findings are true based upon my knowledge and belief, and I hereby authorize that said child be detained in a facility certified by the Juvenile Board.

SIGNATURE TITLE DATE/TIME OF DETENTION DECISION

PLACE OF DETENTION OF CHILD PHONE NUMBER

ROCKDALE REGIONAL JUVENILE JUSTICE CENTER

In-Processing Form

Circle One: **Pre-Adjudicated** **Post-Adjudicated**

NAME: _____

First **Middle** **Last**

Nickname/Aliases: _____

D.O.B. _____ Age: _____

Race: **A-**Asian **B-**African American **H-**Hispanic **W-**White **I-**American Indian **O-**Other **U-**Unknown
Gender (circle one) **Male** **Female**

Hair Color: _____ Eye Color: _____ Complexion: _____

Height: _____ Weight: _____ Place of Birth (city/state/country): _____

U.S. Citizen? Y / N **Primary Language _____ SS# _____**

Name of Current/Last School: _____Current/Last Grade attended: _____

Juvenile's current/last known address: _____

City: _____ State: _____ Zip: _____

Juvenile resides with: (circle one) **Parent** **Legal Guardian** **Custodian**

Name of person resides with: _____Relationship of that person: _____

Primary Language of Person: _____Phone number: _____

Address of Person who juvenile resides with:

_____City: _____State: _____

Committing County: _____ JPO Name: _____

JPO's Phone Number: _____ Name of Attorney for Juvenile: _____

Referring/Adjudicated Offense: _____

Special Instructions: _____

_____

_____

_____

Name of RRJJC Staff completing the form: _____

Rockdale Regional Juvenile Justice Center

Authorized Contact/Visitation List

Resident's Name: _____

County:_____ **P.O.'s Name: _____**

Admit Date: _____ **List Updated on: _____**

Listed below are telephone numbers authorized by probation officer, parent /legal guardian and primary therapist to be added to telephone contact list through the inmate calling system. Addresses shown are to assist the youth with written correspondence.

Name	Relationship	Address	Phone Number

*****If the name of a person present for visitation does not appear on this list, they may not visit.**

NON-AUTHORIZED CONTACT LIST

Name	Relationship

Rockdale Regional Juvenile Justice Center

Parental Release of Information to Facility

Name of Parent/Legal Guardian: _____ Relationship: _____

Primary Language of Parent/Legal Guardian: _____ Emergency Telephone#(____)_____

Name of Juvenile: _____ **DOB of Juvenile:** _____ (Include Birth Certificate)

Drug/Food Allergies: _____

Current Medications: _____

_____

- I understand that Rockdale Regional Juvenile Justice Center employee will attempt to contact me for to obtain authorization for treatment in the event that the above named juvenile is determined to be in need of medical treatment.
- I authorize the employees of the Rockdale Regional Juvenile Justice Center to seek medical treatment for the above named juvenile in the event that **I cannot be reached or am unable to give written consent prior to treatment**.
- I hereby authorize the Facility Administrator to give consent to medical, dental, psychological, and/or surgical treatment of said juvenile on the advice of a physician duly licensed under the law of the State of Texas should I, _____, **the parent/guardian/custodian of the resident, not be able to**
  PRINT NAME

  be located or contacted to consent prior to the treatment.
- I authorize the Facility Administrator and the RRJJC employees to administer medication to the above named minor as directed and prescribed by a duly licensed physician and trained by a health care professional.
- I hereby give permission for the Rockdale Regional Juvenile Justice Center to obtain all information (medical, school records, psychological, etc) on the above named minor for medical, security, treatment and case management purposes.
- I authorize the Rockdale Regional Juvenile Justice Center employees to administer over-the-counter, non-prescription medication to my child by staff trained in medical administration without prior consultation with a physician. I further understand that my child may take/use non-prescription medications and topical preparations as directed on the label or as directed by the Health Services Authority (a physician).
- Is there any treatment you do not want your child to receive? _____
- This authorization shall remain in effect so long as the above named juvenile is in the physical custody, care, and control of the Facility Administrator, his agents or employees.

_____

Medical Insurance Information

Employer: _____

Insurance Co: _____

Policy #: _____

Medicaid #: _____

Dental Insurance Information

Insurance Co.: _____

Policy #: _____

A COPY OF THE INSURANCE OR MEDICAID CARD MUST BE PROVIDED TO RRJJC.

Signed on this the _____ day of _____, 20_____

Parent/Guardian Name (Print): _____ Signature: _____

Staff Witness Name (Print): _____ Signature: _____