

**JUVENILE RESIDENTIAL CENTER RECORD
CONNECTICUT JUDICIAL BRANCH**

JD-JM-67 Rev. 1-22
P.A. 21-104

Distribution:
COPY1 - Intake statistical copy
COPY2 - Release statistical copy
COPY3 - Juvenile Residential Center copy
COPY4 - Juvenile file copy

www.jud.ct.gov

☐ **Bridgeport** ☐ **Hartford** ☐ _____

Juvenile number

Court location

Last name of child First name Sex Age Date of birth (Month, day, year)

Address of child (Number, street, town, state and zip) Height Weight Hair Eyes

Name of parent/guardian Address (If different) Telephone

Medications

Ethnicity
☐ Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown Identifying marks or features of child

Race
☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown

Police complaint (Delinquent acts) ☐ No (Complete Section A below) ☐ Yes (Complete Section B below)

Section A (Detention for other than police complaint) ☐ Take into custody ☐ Order of detention ☐ Warrant ☐ Out-of-state **OR**
☐ Order to detain (Complete Section B)

Section B (Give statute number and title of police complaint)

Statute number (Circle SJO offenses) (Mandatory field)	Title (Mandatory field)	Statute number (Circle SJO offenses) (Mandatory field)	Title (Mandatory field)
1.		5.	
2.		6.	
3.		7.	
4.		8.	
Signed (Person delivering child)		Title/Agency/Town Badge number	

Date admitted (Month, day, year) Time . m. Day of week Admitted by (Juvenile Residential Center Superintendent or designee)

Parent/Guardian advised of child's detention
☐ Yes (State time): . m. ☐ No (State reason):

Child advised of right to
☐ Remain silent ☐ See parents/guardians ☐ Release hearing ☐ Counsel ☐

Advised by (Signature) Date signed

<input type="checkbox"/> Transferred to: <input type="checkbox"/> Received from: <input type="checkbox"/> Temporary release:	Location <input type="checkbox"/> Bridgeport <input type="checkbox"/> Hartford <input type="checkbox"/>	On (Date)	
	Reason	Date out	Date in

<input type="checkbox"/> Release	Released to <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Department of Children and Families <input type="checkbox"/> Other <input type="checkbox"/> Out of state	Name of person child is being released to	
	Signed (Child released to)	Relationship to child	How verified
	Released by (Juvenile Residential Center Superintendent or designee)	On (Date)	Time . m.