

**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
Juvenile number
Court location

<input type="checkbox"/> Bridgeport	<input type="checkbox"/> Hartford	<input type="checkbox"/>	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	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> Not Hispanic/ Latino	<input type="checkbox"/> Unknown	Identifying marks or features of child			
Race	<input type="checkbox"/> American Indian/ Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> 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	Day of week	Admitted by (Juvenile Residential Center Superintendent or designee)
	_____ m.		

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

<input type="checkbox"/> Release	Released to	Name of person child is being 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				
	Signed (Child released to)			Relationship to child	How verified
	Released by (Juvenile Residential Center Superintendent or designee)			On (Date)	Time _____ m.