Division of Juvenile Justice Services

Transfer of Information

Juvenile: ______________________ Case #: ___________ Date: ___________

<table>
<thead>
<tr>
<th>Medication</th>
<th>Type</th>
<th>Released</th>
<th>Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication #1:</td>
<td>Type: *</td>
<td># Released:</td>
<td>#Received:</td>
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<tr>
<td>Medication #2:</td>
<td>Type: *</td>
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<td>Medication #3:</td>
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<td>Medication #4:</td>
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<td>Medication #5:</td>
<td>Type: *</td>
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<td>Medication #6:</td>
<td>Type: *</td>
<td># Released:</td>
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</tbody>
</table>

High Risk Behaviors

- [ ] Assaultive
- [ ] Aggressive
- [ ] Mental health concerns
- [ ] Gang activity
- [ ] Juvenile is currently on suicide watch
- [ ] Previous suicide attempts in current placement.

Attempt dates: ____________ ____________ ____________ Other high risk behavior:

Property

- [ ] Property was searched
- [ ] Property was not searched
- [ ] Property came with the Juvenile
- [ ] Property will follow the Juvenile

Critical Information

Narrative:
This document is for information only and should not be used for long term treatment planning. Follow all intake procedures and assessments.

Released by: ______________________ Facility: ______________________

Released to (print): ______________________ (sign): ______________________

Received by: ______________________ Facility: ______________________