

**SAN FRANCISCO JUVENILE PROBATION DEPARTMENT
CITY AND COUNTY OF SAN FRANCISCO
DETENTION HEARING REPORT**

NAME:

DOB:

AGE:

JCN:

PFN:

MINOR'S ADDRESS:

RESPONSIBLE PERSON

NAME

ADDRESS

Attorney of Record
Case Carrying PO

**DETENTION HEARING REPORT FOR CALENDAR,
ALLEGATIONS FILED:**

DEPT.

PROBATION OFFICER'S RECOMMENDATION:

- ☐ Detain in Juvenile Hall
- ☐ Make Findings and Transfer to County of Residence
- ☐ Detain with right to release.
- ☐ Release on Home Detention as follows:
- | | |
|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Electronic Monitoring | <input type="checkbox"/> Other Conditions: |
| <input type="checkbox"/> Evening Reporting Center | 1. |
| <input type="checkbox"/> Shelter Program | 2. |
| <input type="checkbox"/> Walden House Program | 3. |
| <input type="checkbox"/> Community Based Referrals to: | 4. |

The Probation Officer hereby recommends in connection with the petition filed in the matter of the above-named person under 602 of the Welfare and Institutions Code of the State of California, that an order of detention of said person pending this hearing be made by this Court for the following reasons: (check all that apply and provide justification in PO Recommendation and Summary section)

- ☐ The Minor has violated an order of the Court.
- ☐ The Minor has escaped from a commitment of the Court.
- ☐ The Minor is likely to flee the jurisdiction of the Court.
- ☐ It is a matter of immediate and urgent necessity for the protection of the Minor.
- ☐ It is reasonably necessary for the protection of the person or property of another.

PRIOR RECORD

- ☐ Prior Record (see attached Case Summary) ☐ Prior Record in Other County (see below) ☐ No Prior Record

SUMMARY OF CURRENT OFFENSES:

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RESTITUTION AND VICTIM'S STATEMENT / VICTIM IMPACT:

☐ The victim's restitution claim is attached. ☐ Victim restitution letters have been mailed. ☐ Not Applicable

DEPARTMENT OF HUMAN SERVICE AGENCY HISTORY:

Minor is a Dependent Child ☐ Yes ☐ No

Social Worker:

Telephone:

241.1 W&I Referral? ☐ Yes ☐ No Date of Hearing:

COMMUNITY MENTAL HEALTH:

Minor is a Mental Health Client ☐ Yes ☐ No

MH Worker:

Telephone:

Mental Health Records:

SCHOOL HISTORY:

PARENT/GUARDIAN STATEMENT:

☐ Parent/Guardian was notified of the Detention Hearing on:

AGENCY INVOLVEMENT (Past and Current):

Agency	Dates	Report ?		Case Manager	Phone	Compliant?	
		Yes	No			Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Indian Child Welfare Act: See attached ICWA 010(A) Form.

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PROBATION OFFICER'S RECOMMENDATION AND SUMMARY:

(Include minor's strengths and deficiencies)

In matters of secure detention at the Juvenile Justice Center or Home Detention (home or other placements), the Probation Department respectfully requests that the following findings be made based upon the above information:

- Continuance in the home is contrary to the child's welfare
- Reasonable efforts have been made to prevent removal.
- Temporary placement and care is vested with the Probation Department.

Prepared by:

Date

Supervisor's signature

Date

636(c) WIC